



11th ICN NP/APN
Network Conference

VIRTUAL
2021

npapn2021.com



E-POSTER PRESENTATIONS

August 29 - September 1, 2021

Last update: August 26, 2021

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Knowledge and Readiness for Inter Professional education and collaboration among nursing students

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Background

Inter professional collaborative practice (IPCP) happens when different health care providers from various health care professions delivers best quality, comprehensive and holistic health care services and by functioning with individual sick patients, family members, care takers, and community to render the best and highest health care in various health care settings.

Purpose

The study was conducted to assess the level of knowledge and readiness for Inter professional education and collaboration (IPEC) among nursing students.

Methods

The knowledge questionnaire comprised of 20 items and demonstrated a reliability score 0.8. RIPLS questionnaire having 19 items was used to assess the readiness of nursing students towards IPEC. 125 nursing students from level 2 to level 4 participated in the study. The collected data was coded and was analyzed with SPSS version 21.

Results & Significance

The results revealed that the mean level of knowledge was 7.54 with SD of 3.19. This data informs us that the knowledge of nursing students on IPEC was poor. The readiness score was 79.09 with the SD of 11.76. Thus, it shows that majority of nursing students had high level of readiness for IPEC. 55.2 % of participants expressed that communication skills should be learned with other health care students and team-working skills are vital for all health care professionals to learn from each other. Of the samples, 41.6% of nursing students reported that the patients would ultimately benefit if medical and nursing students work together. 40% of participants agreed that they would welcome the opportunity to share some generic lectures, tutorials or workshops with other professionals. 12% expressed that they don't want to waste time learning with other professionals. 11.2 % of nursing students said that it is not necessary for Nursing/ medical professionals to learn together.

Target audience

Nursing students, Nursing faculty, Nurse practitioners/ CNS

Effectiveness Educational Intervention on Gestational Anemia

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Objectives

To assess the risk factors of gestational anemia and evaluate the effectiveness of a culturally tailored nutritional educational intervention on hemoglobin status among pregnant Omani women.

Methods

The study was conducted in two phases. The first phase investigated the risk factors associated with gestational anemia in 206 Omani women who were ≥ 20 years old and had at least completed 12 weeks of gestation. A suitable sample was recruited at a tertiary teaching hospital in Muscat, Oman. Hemoglobin (Hb) status was recorded, and backwards linear regression was used to analyze the demographic and obstetric variables associated with Hb levels. In the second phase, a specially designed culturally tailored nutrition educational intervention was delivered to women in the study group whereas women in the control group received only the routine care.

Results

The prevalence of gestational anemia among 206 pregnant Omani women was 41.7%. A significant negative relationship was found between Hb and parity whereas a positive relationship was found between Hb and gestational age. The Hb level increased as the gestational age advanced ($\beta = 0.31$, $p < 0.050$) and decreased as the parity increased ($\beta = -0.22$, $p < 0.050$). The pre-post mean difference of Hb levels in the study group was 11.0 g/dL and in the control group was 10.7 g/dL. The difference between the pre- and post-test Hb levels for the study group was significant ($t = 3.58$, $p = 0.001$), indicating that the culturally-tailored nutrition education intervention was effective in improving the Hb level in pregnant Omani women. No significant difference was found with respect to birth outcomes.

Conclusion

The prevalence of gestational anemia is high in pregnant Omani women. Culturally-tailored nutrition education intervention for pregnant women supplemented with follow-up reminders can reduce the occurrence of gestational anemia.

The Cultural Competence of Mental Health

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Background

Nursing education has successfully integrated cultural competence into nursing curriculum. Students learn to navigate their challenges when approaching diverse patients' cultural needs while healing. Yet, having cultural competence must include proficiency in the culture of mental health. In addition to challenges related to access to care, socio-economics, and other health disparities, clients with mental health illness can also present with a stigma attached, that may impact health outcomes from clinicians not proficient in this culture. Approximately one in five adults in the U.S. (46.6 million) experiences mental illness in a given year. With these statistics, it is incumbent upon nursing education to proficiently prepare nurses in the culture of mental health.

Purpose

This presentation will explore the importance of incorporating mental health competency into an APRN curriculum and strategies to decrease personal bias and improve patient care experiences for this vulnerable population.

Method

Literature Review

Conclusion

Work in Progress

Significance

With mental illness on the rise globally, it is incumbent upon nursing education to proficiently prepare nurses in the culture of mental health.

Integrating Mental Health into Short Term Global Health Trips

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Background

Short term global health trips to provide healthcare to developing nations are becoming increasingly common. Lough (2015) reports over 1 million individuals participated in an international short term volunteer effort between 2004 -2015.

The population affected by mental health disorders is estimated at 1 billion globally. The World Health Organization (WHO) reports that the number of people who are living with depression exceed 300s million worldwide with anxiety affecting similar numbers of people. Depression is ranked as the most significant contributor to global disability. In addition to challenges related to access to care, socio-economics, and other health disparities, patients with mental illness can present with a stigma attached, that may impact health outcomes from clinicians not proficient in their culture. Because health care providers for short term medical trips may lack cultural competency in mental health for the population they are serving, it is encouraged to engage with local health care providers to provide sustainable mental health support

Purpose

This presentation will focus on the implementation of a culturally appropriate mental health screening process, the establishment of a referral base to local health care providers, and development of appropriate patient education materials for this patient population.

Approach

Case Study Exemplar

A primary care clinic which included mental health screenings was offered as part of a short term global health excursion. This presentation will focus on the implementation of a culturally appropriate mental health screening process, the establishment of a referral base to local health care providers, and development of appropriate patient education materials for this patient population.

Conclusion

Use of a culturally appropriate mental health screenings promote improved clinic outcomes.

Significance

A clearly delineated mental health screening process and incorporation of mental health competencies can improve patient experiences in a short-term global health excursion

Detecting Cardiac Autonomic Neuropathy in T2DM Patients Using Heart Rate Variability Monitoring in Primary Care

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Purpose

To expand the ability of Primary Care Practitioners (PCPs) to effectively identify and treat patients with Diabetic Cardiac Autonomic Neuropathy (CAN) through education and a call for universally accepted diagnostic guidelines.

Method

Review

Background

Internationally, Type II Diabetes Mellitus (T2DM) has reached pandemic heights, straining the health care systems of low-, middle-, and high-income countries. Diabetic CAN is a common, under-appreciated complication of T2DM that causes poor patient quality of life, increased morbidity and mortality, and significant health care expenditures. However, CAN is currently not screened for in primary care, as there are no guidelines to direct practice.

Significance

CAN develops quickly and silently in T2DM patients, and correlates to substantial risk of developing resting tachycardia, exercise intolerance, abnormal blood pressure regulation, silent myocardial infarctions, orthostatic hypotension, and a three times higher risk of five-year mortality compared to those without autonomic dysfunction. Screening for CAN in primary care would result in early disease identification, treatment, and intervention. This would allow PCPs to slow or even reverse disease progression through specific, tailored, and researched treatment modalities.

Conclusion

Heart Rate Variability (HRV) monitoring is a cost-effective, easy to use, in-office method that can be used in a primary care setting to identify CAN. Early utilization of HRV monitoring in diverse urban and rural care settings has been shown to reduce or reverse CAN burden, improve patient morbidity and mortality, and ease T2DM complication strain on the health care system. Educating PCPs and creating guidelines for utilization of HRV monitoring could reduce the limitations PCPs face in preventatively identifying and treating this significant T2DM complication.

The role of NP in the differential diagnosis of amyotrophic lateral sclerosis

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Background

Amyotrophic lateral sclerosis (ALS) is a rare with a rapid progression and fatal neurodegenerative disease. Early clinical manifestations of ALS are diverse and lack specific diagnostic criteria, allowing patients to seek treatment in different departments. In USA, the average time from onset to diagnosis is about 10 months, but the average survival of ALS patients is only 3 to 5 years after diagnosis.

Purpose

This study proposes the neurological NPs are responsible for the differential diagnosis of ALS in hospital.

Approach

When the hospital has patients with limb weakness or/and difficulty in swallowing, the NPs use the shared decision-making illustrations to explain the general and neurophysiological examination items to the patients and families to reduce the patient's anxiety before diagnosis. If the possibility of ALS is not ruled out, refer the patient to a neurologist for a nerve conduction test such as EMG, which is expected to reduce the period of ALS diagnosis. If the ALS is diagnosed, the NP is responsible for integrating the interdisciplinary team to provide a continuing care plan for the patient. This includes allowing the patient to complete a PEG, personalized rehabilitation plan, and introducing support groups to enable patients to have a better life.

Conclusion

Our hospital in Hsinchu Taiwan, has used this strategy to help many patients from 2015-2019, and 1 patient with limb weakness and dysphagia was diagnosed with bulbar-onset ALS in 7 days.

Significance

Such a strategy may significantly increase the workload of the NP, however, shortening the diagnostic cycle and allowing patients and their families to calmly face the life after the illness is also a reward for NP.

Develop pre-anesthesia education content based on evidence and Chinese users' opinion: a mixed method research

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Background

An effective preoperative anesthesia education (PAE) is necessary for patient to improving their understanding of anesthesia, decreasing their anxiety, and increasing their satisfaction. However, content of PAE was not integrated, with less consideration of patient opinion and evidence comprehensive, could not meet patient information need.

Purpose

To develop an evidence-based, users' opinion involved PAE contents for general anesthesia adult patients.

Methods: Scoping review, provider-experts individual interview and patient individual interview were conducted for developing the draft of PAE content. Focus group interview were used to obtain revision from users and identify the PAE contents finally.

Results

PAE contents were finally identified, including five categories, 18 sub-categories and 72 items.

Conclusion

The final version showed that PAE plays a significant role in supporting patient engaged in their perioperative care and decision making. The "overview of anesthesia" helped patient have a basic knowledge of anesthesia, create the foundations for further engagement. In order to let patient knowing what they will experience, to encourage patient engaged in their peri-anesthesia care and decision-making, information in categories "preparation based on preoperative assessment results", "procedure and experience on day of surgery day", and "experience of postoperative recovery" were provided. Category "risk and benefit of general anesthesia" were given to make patient understanding meaning of "shared risk", let them knowing importance of reporting true medical history and preoperative preparation status for safety, which can also help patient make their willing medical decisions.

Significance

For advanced practice nursing, this research fills the gap in the topic of anesthesia patient education content. The results could be used to guiding providers clinical practice, especially for anesthesia nurses. Patient anesthesia safety and peri-operative satisfaction probably positively influenced by using this education content. Further high-quality research could be conducted to explore the effect of different education categories by using unified education content.

CA-MRSA among Indigenous children in rural and remote Canada: Best practices for nurse practitioners

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Background

Community-associated methicillin resistant staphylococcus aureus (CA-MRSA) is a major public health concern for Indigenous children worldwide. It is the leading cause of skin and soft tissue infections (SSTIs) in this population. Risk factors for CA-MRSA include overcrowded living conditions, frequent skin-to-skin contact, compromised skin integrity, sharing of contaminated personal care items, and lack of general cleanliness. Specific clinical practice guidelines to manage CA-MRSA in rural and remote settings were not located.

Purpose

The purpose of this project was to describe best practices in the management of CA-MRSA and SSTIs among Indigenous children in rural and remote Canada.

Methods

A review of the literature was conducted to develop an evidence-based algorithm for the management of CA-MRSA and SSTIs among Indigenous children. The algorithm was adapted from the Northern Saskatchewan management pathway for SSTIs in community settings.

Conclusion

Nurse practitioners must consider key aspects within this algorithm including epidemiology, microbiology, risk factors and an understanding of the differences between SSTIs and invasive diseases caused by streptococcal bacteria and CA-MRSA. When children present with SSTIs, nurse practitioners must obtain a thorough history and physical assessment.

Significance

Nurse practitioners must collaborate with community leaders to address health equity, social determinants of health that contribute to the high rates of CA-MRSA among Indigenous children. Nurse practitioners are also in an ideal position to educate community members on the significance of CA-MRSA, prevention and treatment as well as the impacts of overusing antibiotics. Nurse practitioners can empower communities to be more informed about the issues that impact their children's health.

Low and lower middle-income countries Advanced Practice Nurses: An integrative review

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Background

Advanced practice nurse roles have the potential to address insufficient healthcare resources in low and lower-middle-income countries. This integrative review highlights advanced practice nurses' roles in the delivery of healthcare services in low and lower-middle-income countries.

Purpose

To review published literature descriptions of advanced practice nurses' roles to healthcare service delivery and outcomes in low and lower-middle-income countries.

Methods

Three electronic databases PubMed, CINAHL complete and ProQuest Health & Medicine were searched. No limits by year or language were set. The names for low and lower-middle-income countries and combinations 'related to advanced practice nurses' titles were used to identify papers. In addition, a review of publication type was performed. Themes found within the publications were assessed against the International Council of Nurses' definition and description of nurse practitioner advanced practice nurses' characteristics. An integrative review facilitated an appraisal of the papers identified.

Results

The initial search identified 5778 publications in 16 languages. This number was reduced to 23, from 18 LIC and/or LMICs once exclusion criteria were applied. Six publications were from 1977 to 1999, and six between 2000 and 2010, with the remaining 11 from 2011-2018. Zambia had the most publications. Notably, 63 countries were not represented. Of those meeting inclusion criteria, the majority addressed education, with a lesser extent focusing on practice and regulation of advanced practice nurse's roles. The majority were published during the last decade.

Conclusion

The published literature that referred to advanced practice nurses' identified their contribution to positive impacts on healthcare over the last 40 years. However, with only 11 publications identified in the last seven years further review is required to understand the current state of advanced practice nurses' roles in these countries.

APN-led training program promotes high-quality patient care and evidence-based nursing

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Background

The Magnetic hospital model emphasizes the continuous training of nursing staff, their professional growth. For over 20 years, the Finnish Aura model has been the reference framework for HUS competence management. Participants in the training (n = 75) and their supervisors (n = 59) participate in the survey before and after the training. The training took place in 2016 - 2018 in Helsinki. The planning, implementation and evaluation of the training was done under the leadership of APN.

Purpose

The aim on this study is to evaluate the self- and managers assessment of nursing competence and described differences between these two. The purpose of the study was to describe the role of APN in the hospital-based training program.

Methods

Data was collected with online survey by Meretoja's (2004) Nurse Competence Scale. The scale is formed from seven competence categories, which are helping role, teaching and coaching, diagnostic functions, managing situations, therapeutic interventions, ensuring quality and work role.

Data were analyzed statistically using descriptive and mean values. The scale was VAS 0-100.

Conclusions

The professional competence assessed by nurse's managers were higher than self-assessed. Nurse Competence Scale is found to be relevant for reviewed nursing competence. Proficient nurses has developed nursing role as ensuring quality as well as the work role. The best sub-categories of competence assessed by nurses were also used more often in their work. The previous studies support this result.

Through self-assessment, nurses can strengthen their own qualification in nursing and find out their weaknesses. APN can support and facilitate nursing managers with knowledge management on the different departments in HUH. The results can be utilized in the development of nursing management and follow up.

Primary Care Virtual Visits for Transgendered Persons

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Background

Transgendered persons face a myriad of barriers to accessing quality primary care services. This, as well as other social determinants of health, contribute to worse health outcomes. As specialized health care services tend to be centralized within major cities, patients who live outside of these areas struggle to access appropriate care.

Purpose

The author argues that telehealth, specifically the use of video-conferencing virtual visits, is an effective method for increasing access to knowledgeable and compassionate primary care services for transgendered persons across North America.

Methods & Format

This poster presentation outlines existing data regarding the feasibility and efficacy of telehealth services for transgendered persons. As evidence specific to this population is limited, the data regarding primary care virtual visits for the general population is also explored. The challenges faced with this method of care are weighed against the benefits noted by patients and providers.

Significance

The ubiquitous nature of smartphones and video conferencing provides a unique opportunity to improve patient care. The lack of need for transportation, childcare, and time off work reduces patient costs and barriers to care. At this time there have been no studies exploring the feasibility and efficacy of primary care virtual visits for transgendered persons. Evidence regarding the general population is heterogeneous in quality but indicates that the service appeals to patients, results in modest cost savings, and does not result in increased adverse outcomes. A trial of a primary care virtual visit program for transgendered persons is warranted.

Target Audience

All NPs who provide care to marginalized populations and policymakers.

APNs in Low and lower-middle income countries. A search of nursing regulatory and association websites

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Background

Literature examining workforce initiatives involving Advanced Practice Nurse roles in Low-and Lower-Middle Income countries is limited.

Purpose

This paper seeks to identify and compare how National Nursing Associations and Nursing Regulatory Authorities websites in these countries represent these roles.

Method

Between April and May 2019 searches of the Global Regulatory Atlas, the International Council of Nurses membership list and targeted internet searches were used to identify required National Nursing Associations' websites and Nursing Regulatory Authority were reviewed against the International Council of Nursing's characteristics of the Advanced Practice Nurse.

Conclusion

Limited data regarding Advanced Practice Nurse roles were found on websites searched. Further research is required to determine the presence and nature of Advanced Practice Nurse roles in the delivery of healthcare in these countries.

Significance

Nursing regulatory Authorities and National nursing associations have a responsibility for both protecting the public and advance the nursing professional. Where APNs are present these organisations will have information pertaining to their existence.

Comparison of APN Competencies in Latin America and Jordan as Reported by Nursing Leadership

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Background

Deep sternal wound infection (DSWI) is a major complication for patients undergoing cardiac surgery despite advances in prevention.

Purpose

To determine if there was a difference in glycemic state, graft conduit choice, gender, age, BMI, and history of diabetes in patients who developed a DSWI and those who did not.

Methods

Our longitudinal descriptive-comparative study was conducted from January 2010 through July 2017 in an academic medical center. One hundred twenty cardiac surgery patients who developed a DSWI were matched with 120 patients who did not. Regression analysis compared differences in glycemic control, graft choice, gender, age, BMI, and history of diabetes between the two groups.

Results

The majority of the sample were male (61%) white (62%), and obese (52%); 76% underwent a coronary artery bypass graft procedure. Patients were 2.8 times more likely to develop a DSWI ($p < .001$) when their mean blood glucose on the day of surgery was above 160 mg/dl. Mean blood glucose on post operative day #1 ($p = .70$) and #2 ($p = 1.00$) were not significant. No differences were found in the relationship of graft choice and DSWI ($p = .61$). Females were two times more likely to develop a DSWI than males ($p = .02$). 72% of the sample with a BMI of 30 and above developed a DSWI ($p < .001$). There was no difference ($p = .19$) in the relationship of history of diabetes and DSWI.

Conclusions

Improved blood glucose management targeting a mean blood glucose below 160 mg/dl may help prevent DSWI.

Development and utilization of master's prepared Omani nurses: a multiple case study research proposal

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Introduction

In Oman, there are more than 130 Omani nurses who hold a master's degree or are in a master's program, and most of them participate in graduate training internationally. In 2016, the College of Nursing at Sultan Qaboos University launched a master's in acute care nursing program for the first time in Oman in order to train nurses locally. Consequently, it is expected that the number of Omani nurses with a master's degree will significantly increase in the coming years. Nothing is known regarding how Omani nurses are being developed and utilized appropriately within the health care system after completing their graduate degree. Advanced practice nursing roles are still in its infancy in Oman. This proposed research aims to explore how master's prepared nurses are being developed and utilized in Oman and what factors, facilitators and barriers, impact their development and utilization.

Methods

qualitative multiple Case study methods using Robert Stakes' and Sharan Merriam approach will be used. Focus group interviews will be conducted with Omani nurses holding a master's degree. Semi-structured interviews will be conducted with coworkers of the nurses and policy makers. In addition, a policy review will be conducted.

Anticipated Result

It is anticipated that results will provide evidence about the roles of master's prepared nurses in Oman and facilitators and barriers that impact their development and utilization.

Significance

The results will be used to develop recommendations for stakeholders on how to support these nurses and utilize their competencies appropriately. This research will also provide insight on how to best utilize master's prepared nurses in other developing countries.

The relation among empowerment, eHealth literacy and self-management in type II diabetes patients with nephropathy

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Background

Chronic kidney disease (CKD) has become a global health issue, with most CKD cases arising as a complication of DM. The degree of patient empowerment has an important bearing on the motivation and confidence in performing self-management for diseases. In recent years, the rapid advancement of medical care technologies has led to the employment of artificial intelligence to assist in the care, thus, the methods by which patients implement self-management are also being transformed. eHealth literacy (eHL) of patients influences their abilities to utilize the diverse functions of information technology in the self-management of diseases.

Purpose

To investigate and analyze the relationships among empowerment, eHL, and self-management behaviors and exploring the predictors of self-management behaviors.

Methods: A descriptive cross-sectional design study. The patients with nephropathy were recruit through purposive sampling from a medical center in north Taiwan. Data were collected through the inspection of medical records and the administration of structured questionnaires.

Results

Among 127 subjects, 68 had early-CKD and 59 had pre-ESRD. The results of the study indicated the following: (1) Personal factors, disease factors, number of chronic comorbidities, utilization of IT, and perception of IT were strongly correlated with self-managements (2) A higher degree of empowerment and higher level of eHL was associated with better self-management behaviors. (3) Empowerment as major predictor of self-management behaviors. It also acts as a complete mediator role between eHL and self-management behaviors.

Conclusion

With the gradual and large-scale application of IT to health care service, the enhancement of a patient's eHL level promotes a more positive perception of empowerment and effectively enhances self-management behaviors.

Significance

To improving the perception of empowerment by patients, appropriate IT-smart care services should be provided in consideration of the eHL level of patients, to allow the patients to engage the eHealth care of diseases care.

Surgically treated ankle fracture patients transition from physician to nurse practice on outpatient clinic

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Background and aim

Suitably trained nurses may provide follow-up for selected fracture clinic patients. This study was designed to evaluate the cost effectiveness and explore nurses' roles within nurse-led orthopaedic clinics.

Methods

This is an observational retrospective study. We assessed workflow of nurse-led follow-up of surgically treated ankle fracture patients. The assessment included 228 visits between January and December 2017. Workflow was assessed using self-assessment instrument for nurses. The overall costs of the nurse-led clinic visits was compared to previously used physician-led system. The data is presented as percentage for dichotomous variables and as mean (\pm standard deviation) for continuous variables.

Results

There were more females (57, 5 %) and the mean age was 47 years. Additional nursing activities were required in 19, 7 % of patients. 25 % of patients were referred to the orthopedic consultation. The transition to nurse-led clinic resulted a saving of 130 € / per patient

Conclusions

The 2-week postoperative follow-up without x-rays can be managed by nurse-led clinic. Every fourth patient required orthopedic consultation, but the transition still resulted cost saving.

Improving Quality of Nursing Documentation: a Swiss Public Home Care Service Experience

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Background

Inadequate nursing documentation generate poor patient care by other healthcare team members, compromise patient safety and often lead to litigation. Quality improvement of nursing documentation is motivated by the need to comply with cantonal laws, to justify the care costs and to assess patient outcomes. Advance practice nurses in their commitment to generating, synthesizing, critiquing and applying research evidence are able to identify and implement research-based innovations thus improving healthcare outcomes and quality of care.

Purpose

The project aims to improve the quality of nursing documentation in a Swiss public home care service (ALVAD Locarno-Canton Ticino).

Methods

The project consists of conducting a review on auditing instruments of nursing documentation and to identify a validated tool suitable for home care setting. We performed an audit on a random sample of 100 patient health records (ALVAD) using D-Catch instrument. This tool has quali-quantitative characteristics and allows to explore three dimensions of nursing documentation: structure, process and content. It has already proved to be a valid and reliable measurement instrument to assess nursing documentation in general hospital settings.

Results

D-Catch has demonstrated to be reliable in assessing accuracy of nursing documentation in home care setting even if further studies are necessary to test its validity in contexts other than the hospital one.

Conclusion. Assessment of quality of nursing documentation helps to identify development areas of nursing documentation and it supports the flow of factual and precise information between healthcare providers.

Significance

Documentation in nursing plays an essential role in providing quality and safe care to patients. Advance practice competencies are crucial in order to critically examine research for quality, relevance to practice and effect on health care and system outcomes focused on improving quality of nursing documentation.

CNS's Role in Implementing Defusing to Help Staff Recover Stressful Incidents in Patient Care

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Background

The staff expressed the need for support in emotional stress. Emotionally stressful situations in OR/intensive care can be i.e., emergency surgery, resuscitation or unexpected death. The adverse effects caused by stress can affect coping and well-being. Depending on person the effects can cause absence from work or choosing another profession. Nurse`s well-being and commitment is one of the biggest challenges in the future, as the discipline will be struggling to have enough workforce.

Purpose

The CNS`s impact in the process of implementing evidence-based practice is viewed. The purpose is to show how CNS can add value by implementing a practice to optimize health care professional`s well-being.

Methods

CNS searched the literature to find evidence about defusing. She compared the concepts of defusing and debriefing and their use in health care professions. Results were viewed by nurse executives who decided it would be beneficial to implement the defusing method.

A group of professionals (29 nurses, one doctor) was formed. Education was organised for them to become defusing instructors.

CNS as a coordinator organized a meeting with defusing instructors, superiors, hospital chaplains and representatives of other hospitals already using the method, to discuss, to formulate instructions and to implement the method. CNS informed the whole personnel.

Key learnings/ results

Already in 6 months there has been defusing discussions held every month (N= 9) and the method has been found useful. The staff will be further questioned how this kind of support has affected their well-being and absences.

Conclusion

It is essential to ensure the well-being of nursing staff to keep the patient care quality in high standard. The CNS/APN has an important role in implementing new practices.

Significance

The project is reaching the whole personnel in patient care of these units. CNS role in the project is vital.

Advanced Clinical Practice Apprenticeship in the UK - A Multi-Disciplinary Approach

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Background

It has been recognised that the health care workforce needs to address the population health care needs to care individuals with complex multi morbidity ensuring patient centred and safety and enable individuals to stay at home where they can maximise their own health lifestyle.

The definitions/regulation of ACP that has been lacking in the historical picture across England for a number of decades. The apprenticeships scheme has historically been viewed as vocational training for a skill or trade e.g., construction, plumbing for 16-24-year-old. Higher apprenticeship was introduced after 2010 general election. Training is achieved while working for an employer who help the apprentices learn a trade/profession in exchange for labour for an agreed time after they have achieved measurable competencies

Purpose

ACP's have been recognised in transforming key members within the workforce who can be upskilled and broaden their skill set, and a career pathway for the future work force, and create self-actualization and liberate the profession.

The ACP apprenticeship is one stream of training that involves the apprentice, employer and an educational institution. It involves work-based learning addressing the needs of the population, co-produced with patients and the wider multi-professional work force.

Methods or Approach

The ACP apprenticeship has 25 standard's that the apprentice needs to evidence to be awarded MSc Advanced clinical practice. Educational institutions have designed a programme of study in collaboration with employers that maps to the standard and addresses service/population need.

Conclusion

The output of the ACP apprenticeship will create a level of practice where a practitioner can deliver complete episodes of care, addressing patient and service needs. Case studies will be shown to demonstrate the concept.

Expediting an Acute Advanced Practice Nursing Service in Rural Scotland

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Background

Medical staffing is challenging in rural Scotland which impacts on healthcare service delivery. Expediting availability of Advanced Nurse Practitioners (ANPs) to reduce dependence on trainee Doctors for service delivery provided a solution. We commissioned a 1-year academic post-graduate diploma in advanced clinical practice from a partner University, and negotiated rotational clinical placements within all affected service areas which would use ANPs.

Purpose

To evaluate the 1 year “Fast Track” ANP development programme:

- Identify gaps in the learners’ knowledge or experience.
- Evaluate the integration of the new roles into the healthcare delivery teams.
- Inform future delivery of “Fast Track” ANP development.

Methods

A triangulated approach was taken to a three-phase evaluation of trainees, supervisory ANPs, and supervisory doctors/clinical leads experiences.

1. Informed ongoing programme support and phase 2 and 3 evaluations. It was conducted after completion of core clinical assessment skills.
2. We refined and modified the questions based on the phase 1 results and stage of training. An academic supervisor questionnaire was added. We undertook phase 2 after 1 year, immediately following the end of the academic programme and planned clinical rotations.
3. Planned for 6 months post qualification with increased focus on service delivery.

Results

8 trainees started. Four completed on time. Three will complete 2 months late. One withdrew.

Preliminary findings

- Factors which influence trainees’ progress
- Challenges and solutions to providing adequate clinical supervision for competency assessment and portfolio completion.

Conclusion

Enabling qualified ANPs on an expedited 1-year programme is possible but with caveats. It requires dedicated financial and clinical support, and does not accommodate significant adverse life events. The full evaluation results are due following completion of phase 3 (March 2020).

Significance

Transferable learning to inform development of Advanced Practice roles and appointing trainees to these roles.

Effect of a self-management intervention on the adherence to oral anticoagulant therapy in AF patients

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Background

Inconsistent anticoagulation therapy in AF patients is associated with a higher risk of stroke and abnormal bleeding.

Purpose

The purpose of the study is to investigate the efficacy of a health belief model based self-management of oral anticoagulant therapy intervention on the outcome of medication adherence and the mediators of knowledge, professional support, health belief, and self-efficacy.

Methods

The study is a randomized clinical trial with repeated measurements. The health belief model based self-management intervention comprised two main components: a 60-minute individual face to face instruction and six follow-up telephone calls.

Results

The mean age of the participants was 71.38 years (range: 55 to 93). Sixty participants were treated with NOACs and 51 were treated with warfarin. Results of a generalized estimating equation showed significant group by time interaction effects on warfarin treatment knowledge and NOACs treatment knowledge. The warfarin treatment knowledge of the intervention group at week 12 was 1.63 higher than it of the control group at baseline ($p < .001$); the warfarin treatment knowledge of the intervention group at week 24 was 1.56 higher than it of the control group at baseline ($p = .004$). The NOACs treatment knowledge of the intervention group at week 12 was 2.14 higher than ($p < .001$) it of the control group at baseline; the NOACs treatment knowledge of the intervention group at week 24 was 1.89 higher than ($p < .001$) it of the control group at baseline.

Conclusion

Results of the study support the effects of health belief model-based anticoagulation therapy self-management program on improving knowledge of anticoagulation treatment among patients with atrial fibrillation.

Significance

The health belief model based self-management of oral anticoagulant therapy intervention can be used to enhance anticoagulation therapy knowledge in adults with atrial fibrillation.

A systematic review of patient- and/or visitor-perpetrated workplace violence-related coping, turnover intention, and mental health

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Clinical nurses tend to cope inappropriately and have high turnover intention related to patient- and/or visitor-perpetrated workplace violence, leading to deteriorating mental health. However, there is a paucity of systematic reviews on this issue globally.

The aim of this systematic review was to examine coping, turnover intention, and mental health related to patient- and/or visitor-perpetrated violence in the workplace for nurses.

A systematic review was conducted using the databases of CINAHL (1996–2019), PubMed (1981–2019), Embase (1994–2019), and PsycINFO (1993–2019). Studies that investigated nurses assaulted by patients and/or visitors, incidents that occurred at work, and were published in journals in English were included. Those studies involving only one or none of the items meeting the quality standards were excluded. For assessment of risk bias, the quality of all selected studies was assessed by using the international checklist and guidelines. Data extraction was completed by identified citations using a tool, Endnote x9. Any disagreement was resolved by discussion or by contacting a third researcher.

By screening a total of 1,707 papers and assessing 22 full-text articles for eligibility, 7 papers from six countries were selected at the final decision. Patient- and/or visitor-perpetrated workplace violence against nurses was found to consist of verbal, physical, and sexual violence and to be most frequent in emergency room, psychiatric, neurologic, and general clinical settings. We identified 2 papers, 1 paper, and 5 papers that delved into coping, turnover intention, and mental health, respectively.

The findings demonstrate that there might be factors such as coping and turnover intention, as well as an impact on mental health, related to patient- and/or visitor-perpetrated workplace violence. Further research on the inter-relationship is needed to investigate the underlying mechanism.

This study can contribute by providing a synthesis of results as evidence for fostering a safe work environment and implementing effective policy.

Cognitive debriefing findings on the English-Korean translation of coping orientation to problems experienced (Brief-COPE)

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Most nurses might lack help-seeking with low awareness and cope immaturely with workplace violence such as tolerance and avoidance. However, there have been few Korean tools pertinent to workplace violence and coping strategies, despite Korea having the highest prevalence globally.

The aim of this study was to report the translation and transcultural adaption of the traditional Korean versions of the workplace violence questionnaire and coping orientation to problems experienced (Brief-COPE) among nurses.

For translation and transcultural adaption, two native Koreans translated into Korean the 10-item workplace violence questionnaire and the 28-item Brief-COPE, followed by a back-translation of the consensus version by a bilingual Korean. A native English Korean confirmed all items had English consistency. Five Korean nurses and experts tested these instruments, underwent cognitive debriefing interviews, and evaluated the completion time, length, relevance, clarity, and comfort. After conducting a pilot test with 10 Korean nurses to ensure administration feasibility through the online survey, the final Korean version after modification and refinements was notarized by the Consulate General of the Republic of Korea in Hong Kong.

After an evaluation of clarity and relevance, proper conceptual and content equivalence was achieved by employing international standards of cross-cultural translation and validation of patient reported outcome (PRO) measures. Apart from the open-ended workplace violence questionnaire by content analysis, Cronbach's alpha for measuring the reliability of the Brief-COPE was .706.

The findings suggested that the English-Korean translation of the workplace violence questionnaire and Brief-COPE can be adapted for the Korean context. Further studies are needed to validate these compelling instruments.

This study can contribute to undertaking cross-cultural studies investigating the inter-relationship between workplace violence and coping strategies and coping mechanisms to encourage nurses themselves to detect and prevent workplace violence in a timely manner and effectively, as well as to seek helpful resources proactively.

Diagnosis and management of chronic lung-diseases: perspectives of healthcare providers in Kenya, Malawi and Uganda

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Background

Every year, 3.5 million deaths occur due to undiagnosed and poorly controlled chronic lung diseases, accounting for approximately 6.5 percent of deaths globally. A majority of these deaths (80-90 percent) occur in low- and middle-income countries. sub-Saharan Africa has a particularly high chronic lung disease burden, and management has been undermined by weak health systems.

Purpose

This research project aims to better understand both the enablers and barriers to diagnosing and treating chronic lung diseases in Kenya, Malawi and Uganda healthcare system. The information collected during the study's interviews provides a new perspective on reparatory health policies, influencing improving national strategies to tackle chronic lung diseases.

Methods

The qualitative analysis is based on interviews with key informants working on chronic lung diseases to gather country-specific data around the six building blocks under the WHO's Health System Framework. Comparing the results from interviews and the literature search, comparing what groups of clinicians said to policymakers and researchers in Kenya, Malawi and Uganda.

Results

The key informants demonstrated partial understanding regarding the diagnosis and treatment; no single interviewee had a complete grasp of the national context. This has hindered policymakers' capacity to establish adequate public health policy and, therefore, created gaps in the existing non-communicable disease care delivery programmes and the national strategic plan.

Conclusion

From this study, we can better understand context-specific opportunities and challenges. The study's main findings identified a cycle of neglect in the healthcare system affecting the government's ability to plan health services.

Significance

Lack of data means lack of response chronic lung disease is absent from the agenda in all three, and its burden continues to go unrecognized. This has hindered policymakers' capacity to establish adequate public health policy and created gaps in the existing non-communicable disease care delivery and national strategic plan.

Fact or Fiction? The Role of Bio-identical Hormones for Menopausal and Post-menopausal Women

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Background

Many menopausal women use hormone replacement therapy [HRT] to relieve vasomotor symptoms [VMS], prevent cardiovascular [CV] disease, and promote health and well-being. Synthetic, non-compounded or compounded bio-identical hormone therapies [BHRT] are now on the market. Despite growing interest in BHRT, believed to be safer, there is still a lack of clarity regarding potential risks and benefits.

Purpose

The aim of this narrative review is to synthesize literature regarding BHRT effectively relieving VMS, preventing CV complications, and promoting well-being amongst menopausal and post-menopausal women.

Methods

A literature search was undertaken within key databases (PubMed, CINAHL, Cochrane Systematic Reviews, and Scopus) using keywords (See Table 1). Inclusion criteria included English, human studies, and publications from 2009-2019. Only systematic reviews, meta-analysis, or randomized clinical trials were included. Using narrative review methodology, data was extracted from eligible studies and systematically compared, contrasted, and synthesized.

Results

Fifteen articles (2 systematic reviews, 13 randomized clinical trials) met the inclusion criteria. Non-compounded BHRT (primarily oral micronized progesterone or transdermal 17-beta estradiol) were commonly studied, as well as combination therapy, 17-beta estradiol plus conventional drospirenone. Each of these therapies demonstrated effectiveness in lowering VMS frequency or severity; yet small samples, limited generalizability, and brief treatment protocols meant no firm conclusions could be drawn. Transdermal 17-beta estradiol showed promise in slowing atherosclerosis development, however, studies had substantial limitations and higher quality evidence is required to confirm findings.

Conclusions

This review found insufficient evidence to support BHRT use in menopausal and post-menopausal women managing VMS and protecting against CV complications. Larger rigorous trials are required to determine the efficacy and safety of BHRT to ensure clinicians and women are properly informed.

Significance

Evidence-based information about BHRT in menopause and post-menopause is essential to ensure accurate and safe decision-making among clinicians, patients, and their families, across Canada, seeking improved health.

RESSCU - Nurse Practitioner Led Urgent Care Cancer Clinic

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Background

Individuals with Cancer patients undergoing chemotherapy and radiation therapy can develop numerous complications, either related to their underlying oncologic diagnosis or side effects related to treatment. Despite improvements in treatment many patients have uncontrolled side effects which impact their patients' well-being and quality of life.

Patient needs are multifaceted and unpredictable. Patients often present to outpatient cancer clinic appointments with urgent care issues (eg. pain crisis, bowel obstruction, nausea and vomiting, dehydration or thrombosis) resulting in delays in clinic flow and multiple referrals to emergency. The RESSCU (Rapid Evaluation Symptom Support Cancer Unit) was developed at a large regional cancer center to address urgent care needs issues of individuals receiving cancer treatment oncology patients. The overarching purpose for the development of RESSCU is to improve accessibility for individuals with cancer to highly specialized oncology care providers. RESSCU is a Nurse Practitioner led urgent care clinic which sees oncology patients with a range of acute and chronic symptoms. Patients present with complex issues, requiring in depth assessment and plan of care.

Purpose

To highlight the role of the Nurse Practitioner in an urgent care clinic within a cancer center.

Approach

We will review the conceptual development of the RESSCU unit and the evolution of the NP role and competencies. Case studies will be used to demonstrate the depth and breadth of symptoms managed by the NPs. Discussion of further evolution of this NP role will be introduced.

Conclusions

Nurse practitioners are skilled and knowledgeable health care providers that can safely and efficiently manage the urgent care needs of complex cancer patients.

Impact of a Diabetes Specialty Clinic for Uninsured and Underinsured Patients in A Suburban County

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Background

Diabetes and its complications are a major cause of disability and premature mortality, causing a considerable economic burden for health care systems and society. Health equity is the provision of care that does not vary in quality due to the social determinants of health. Health insurance provides access to diagnosis and treatment of diabetes. In the United States, nearly five percent of uninsured patients have a diagnosis of diabetes. Management of diabetes and prevention of its complications primarily depends on outpatient care. Access to quality diabetic care is a key component in attaining health equity. However, diabetic patients without insurance are less likely to meet quality-of-care measures.

Purpose

The purpose of this study was to determine if an Advanced Practice Nurse (APN)-led diabetes clinic could improve equitable access to care and positively impact vulnerable patient outcomes.

Methods/Approach

In this pilot study, data were collected over 1.5 years on thirteen patients who required frequent monitoring and continued regular follow-up. A structured visit and educational plan were developed using the American Diabetes Association's Standards of Medical Care in Diabetes Guidelines. The following quality outcomes for lab monitoring was implemented and monitored: two or more HA1C tests in the last year, LDL, microalbumin, and GFR within the last year. Assessment of the feet and blood pressure at every visit and completion of a dilated exam in the last year were also monitored.

Results

Prior to admission average HA1C was 10.4%. This declined to 8.1% (range: 7.3-8.5%). Additionally, all screenings compliance increased to 100% (except eye exam).

Conclusion

A comparison of care measures pre- and post-implementation found significant improvement in quality outcomes. Further work is required to expand these services to a wider patient population.

Significance

These findings demonstrate the positive impact of an APN-led diabetes specialty clinic has on meeting quality-of-care measures.

Establish perioperative nursing quality indicators of type A aortic dissection by evidence-based medicine

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Establish perioperative nursing quality indicators of type A aortic dissection on the basis of evidence-based
Liping Tan, Yi Zhou, Fang Fang, Lan Chen

Background

Type A aortic dissection (TAAD) accounts for 60-70% of the aortic dissection (AD), with acute onset, rapid progression, multiple perioperative complications, and high mortality.

Purpose

To establish evidence-based perioperative nursing quality indicators of TAAD which assess and monitor the quality of nursing care in Chinese hospitals.

Methods

The nursing quality sensitivity indicators include their calculation formulas and data collection methods were summed up based on the rigorous retrieval strategy, using the Johns Hopkins level of evidence and quality evaluation method to analyse literatures. Using Delphi method according to the 5 Likert scale method, the initial formation of importance of indicator entries, rationality of calculation formula and operability of data collection methods were evaluated by two rounds consultation of 11 experts in four Chinese hospitals. The enthusiasm coefficient of experts, authority coefficient of experts, coefficients of variation and harmonization coefficient W were used to examine the reliability and representation of expert consultation.

Results

Seventeen quality-sensitive indicators of TAAD were established. For the two rounds of expert consultation, enthusiasm coefficient of experts was 91.6% and 100%, authority scores were 0.93. After two rounds of questionnaire, coefficient of indicator importance was 0.084-0.278, coefficient of calculation formula rationality was 0.000-0.205, coefficient of data collection reliability was 0.125-0.236.

Conclusions

The seventeen items of perioperative TAAD nursing quality sensitivity indicators with connotation, calculation formula and data collection were established. The reliability of the 2 rounds expert consultation showed that the expert consultations had good reliability and representation .

Significance

To help clinical nurses to identify nursing priorities and monitoring points, motivate nursing teams to cope with timely and effective strategies, reduce perioperative complications and mortality, shorten hospital stays, and promote patient rehabilitation by establishing a perioperative sensitivity indicator for TAAD.

Elements of a Good Death for Residents of Long-Term Care with Dementia: An integrative Review

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Background

Dementia is a terminal disease characterized functional decline which starts gradually and progresses over several years. Millions of people worldwide suffer from dementia and the majority with advanced dementia in developed countries are residents of long-term care institutions during their final days.

Purpose

The aim of this study was to review the factors related to a 'good death' for someone who is a resident of a nursing home with dementia.

Methods or Approach

An integrative review was undertaken. After a comprehensive literature review and evaluation of quality, 37 primary research articles of varying designs were analyzed using a constant comparison method.

Key Learnings or Results

Two overarching themes emerged. In the first, Planning for a Good Death, studies showed that a lack of thorough advance care plans, developed before the resident reached advanced dementia, left family and health care providers to make decisions related to the dying process without an understanding of the resident's wishes. In the second theme, Appropriate Management of the Dying Process, research showed that many residents receive medical interventions, rather than palliative care, in their final days. The most salient component of both themes is the lack of understanding of dementia as a life-limiting illness, and subsequent failure to plan appropriately for, and manage death. The presence of an NP in a nursing home as well as specialized dementia units in long-term care, had a positive impact on the quality of death of residents.

Conclusion

A good death for residents of long-term care who are suffering from dementia requires comprehensive advance care planning at early stages of dementia and a recognition of the trajectory of dementia as a terminal illness.

Significance

NPs and APNs both in primary and long-term care have the potential to be instrumental in facilitating good deaths for nursing home residents.

Supporting Nurse Advanced Practice Transitions (SNAPT) Fellowship

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Background

The National Center for Health Workforce Analysis predicts the shortage of primary care physicians to be 23,640 by 2025 (HRSA, 2016), making it necessary for well-prepared nurse practitioners (NP) to assume the roles of primary care providers (PCP). Currently, with little funding for graduate nursing education, new NPs are expected to emerge as fully functioning clinicians upon graduation. The IOM (2010) advocated for the development of transition-to-practice programs for all nurses to “improve nurse retention, expand nursing competencies, and to improve patient outcomes across all settings and levels of practicing nurses” (p. 707). NP post-graduate training is nothing new (Flinter, 2012), but all such programs begin after graduation. The financial commitment of the hiring organization has proven to be an obstacle to the development of these vital programs. The SNAPT Fellowship established partnerships between academic and community practice partners to collaborate in a curriculum-to-career transition program.

Methods or Approach

Through review of literature, focus groups, working with clinical partners and modeling national accreditation standards a novel curriculum-to-career transition program was developed. The Fellowship begins in the final semester of the NP program and continues through the first year of practice. Transitional education occurs before formal entry into clinical practice, allowing Fellows to start providing patient care and generate revenue to support the training program.

Conclusion

This novel approach addresses the much desired academic–community partnerships, including a decrease in financial burden, while supporting the smooth transition from student to practicing advanced care clinician. Supporting students from their last semester of school through the first year of practice results in a continuum of growth and a financially sound transition.

Significance

The SNAPT Fellowship provides a novel approach to support advanced practice nurses’ transition from school to practice. The program can be replicated and adapted for all settings and specialties.

Health literacy within cancer nursing, a systematic literature review

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Background

The concept of health literacy, which comprises the measurement of patients' abilities to access, understand, appraise and apply health information, can be crucial for patient outcomes and the understanding of equity care. The concept of health literacy is growing but within the field of oncology it is noticeably underrepresented. Considering sociodemographic variables such as level of education can be useful to keep our obligations to the patient in relation to their right to informed consent. The measurement of health literacy might contribute to more reliable healthcare assessment and the development of more person-centered care.

Objective

The aim was to describe the concept of health literacy in relation to education level in cancer care.

Method

A systematic literature review was performed. The databases of PubMed, CINAHL, PsycINFO, and ERIC were searched using the MeSH-terms: health literacy, education level and neoplasms. A total of 490 titles was found, and from these 40 abstracts were selected. Twenty-two articles were read in fulltext, of which seven were excluded, leaving 15 in the final selection. The risk of bias was assessed using the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) tools.

Results

The result indicates a relationship between education level and health literacy. Low education level seems to be an indicator of low health literacy and this may affect the care before, during and after cancer treatment.

Conclusion

Being unable to understand and apply health information may not only jeopardise individuals' health, it also means the absence of the statutory right to informed consent in care. A lack of knowledge and understanding of the concept by professionals may contribute to inequalities in cancer care.

Establishment of an Advanced Nurse Practitioner Research Forum – Connecting and Supporting

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Background

A key role of the advanced nurse practitioner (ANP) is in the area of research and the integration of research into practice. However, this is an area that ANPs find challenging after they have completed their course of academic study. There are mutual benefits for the University/School and for ANPs through a continued connection after completion of academic studies.

Purpose

- To support ANPs in their professional scholarship role
- Assist with publication and dissemination of research work
- Provide continuing professional development in research
- Facilitate alignment of ANPs with academic staff
- Assist with accessing the ‘tools’ of research

Methods/Approach

- The establishment of an ANP research forum to address the following agenda items:
- ‘Get it out there’ – celebrate group publications, advise publication, conference/presentation opportunities
- Research CPD – education e.g., writing for publication, grant writing
- Research ‘SOS’ – opportunity to raise issues with research projects and seek advice
- Research ‘Dragon’s Den’ – opportunity to pitch a proposed study to gain collaborators

Key learnings

The inaugural forum meeting, held in November 2019. Both ANPs and academic staff were invited to the forum via e-mail with good attendance. Feedback from participants was positive with a number of ideas generated for future meetings and collaborations. A subsequent meeting was scheduled for May 2020.

Conclusion

In order to drive quality evidence-based practice and to maximize the involvement of ANPs in research, academic institutions need to reach out to ANPs and support them in this role. There appears to be a gap in this area with an appetite to engage on both the academic and clinical sides of this relationship.

Significance

This describes a means of supporting ANPs and academic staff in engaging in collaborative research towards maximizing the capacity to enhance care for patients and communities.

Pediatric Neurology Dyad: An Effective Practice Model Improving Access to Specialty Care

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Background

Health care systems are facing increasing pressure to improve access to care, quality of care and continuity of care. The complexity of patient care is also increasing and often includes multiple diagnoses, many of them chronic. With increasing patient complexity comes the need for increased specialty care but access to specialty care can be limited with prolonged wait times. Pediatric neurology is a specialty struggling to meet current demands resulting in prolonged wait times for consultation. Nurse Practitioners have been utilized for decades as an alternative option to improve access to care in many healthcare fields. Adding a nurse practitioner to a specialty service is an option but requires authentic collaboration between the physician and nurse practitioner.

Purpose

Describe a successful physician-nurse practitioner dyad practice model in pediatric neurology.

Methods

Data on the number of new consult visits and follow-up visits within this physician-nurse practitioner dyad was collected from 2016-2018 from the electronic medical record.

Results

The number of completed new consult visits increased by 39% over 3 years. The number of completed follow-up visits increased by 41% over 3 years.

Conclusions

The addition of a nurse practitioner to a pediatric neurology practice increased the number of new consult and follow-up visits per year over a 3-year period thereby improving access to specialty care.

Significance

Increasing demand for specialty services require health care practitioners to conceive, discuss and employ alternative practice models. Practice models with multiple practitioners require the utilization of collaboration concepts to be successful and produce results.

Factors Related to ICU Elderly Patients developing delirium with Pre-Existing Dementia

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Background

The risk of developing delirium in patients with dementia prior to admission is higher than those of patients without dementia at the intensive care units. ICU Patients occurring delirium can lead to prolonged length of stay, cognitive impairment, and even increased costs.

Purpose

To examine the difference between elderly patients occurring delirium with or without pre-existing dementia.

Methods

All subjects were divided into the group with dementia or without dementia, based on the Mini-Mental State Examination and the Informant Questionnaire on Cognitive Decline in the Elderly. The Confusion Assessment Method-ICU was used twice a day to identify the development of delirium.

Results

Totally, 142 subjects were involved. The incidence rate of delirium among elderly patients at ICU was 75.4%. The incidence rate of delirium for elderly patients superimposed on dementia was 94.6% (n=74), but the other was 54.4%(n=68). The mixed type of delirium was the most seen in both groups (n = 34, 45.9%, vs. n = 19, 27.9%). Most of them develop delirium within 24 hours as they admitted to ICU. The average medical costs in the demented group was 104,480.24 NT dollars (SD = 101792.21), which was significantly higher than the other group (mean =78,221.64 NT dollars, SD = 76716.64).

Conclusions

The ICU elderly patients with dementia are at greater risk of having delirium. The medical cost is higher in the group of patients with pre-existing dementia.

Significance

Most elderly patients admitted to ICU but having dementia are prone to develop delirium and have poor health outcomes. The health care providers should be able to detect this group of patients at earlier stage to gain the better health outcomes.

Nurse Practitioner Roles and Activities in the Delivery of Care to Transgender Individuals

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Background

Transgender individuals experience barriers accessing primary care, and experience additional barriers around medical transition, such as hormone therapy and surgeries. Access to a practitioner who is knowledgeable about transgender healthcare is a major barrier. Nurses receive little education about transgender health needs in their formal education programs. Literature supports interdisciplinary team involvement in the delivery of primary care for transgender individuals, yet little is known about the roles and activities of nurse practitioners (NP) in the provision of care.

Purpose

To demonstrate the key roles of NPs in the delivery of primary care services for transgender individuals.

Approach

Case study methodology was used to explore the roles and activities of nurses in the delivery of primary care to transgender individuals. Registered nurses and NPs involved in the delivery of care were invited to participate. Qualitative interviews were conducted, a survey administered and documentary evidence and field notes were collected.

Key Learning

The advanced scope of practice of NPs have situated them in key positions in the delivery of healthcare services for transgender individuals. Through advanced knowledge and skill NPs can advocate for improved access to healthcare and ensure services are inclusive and safe.

Conclusion

Findings from this study show NPs were working to full scope of practice and contributed most to the delivery of care and are generalizable to be APN role. The advanced scope of practice allowed NPs to diagnose, prescribe therapy, and monitor patients as well as provide episodic and preventive care. These key components in the provision of care for transgender individuals further support and recommend the continual involvement of NPs in caring for this population.

Significance

NPs play an important role in the delivery of primary care services for transgender individuals and can help to reduce barriers to services commonly encountered by this vulnerable population.

Improving Health Literacy: The Status and Demand of The Chinese Public's Access to Health Knowledge

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Background

The WHO points out half of adults in the world are expected to have inadequate or incorrect health literacy skills. Social health knowledge education is one of the most important ways to improve people's health literacy.

Objective

Investigate the status and needs of Chinese citizens' health knowledge, better provide health knowledge, thereby improving social health literacy.

Methods

A multi-center research method was used to survey Chinese citizens using an electronic questionnaire. A total of 675 questionnaires were received, with an effective rate of 99.7%.

Results

The main ways for the public to obtain health knowledge are network (74.7%). 51.0% were basically satisfied with the health knowledge they received. They believe the main problem with health knowledge is poor practical application (24.8%) and uncertainty of content (22.0%). 99% want to know more knowledge about health, they want to know first aid knowledge (68.8%), the knowledge of stress management (65.7%) and sleep improvement methods (63.2%) also wants to learn. For the knowledge dissemination channel, the online media (41.8%) is still the most popular for the public, 99.0% don't object to publishing health knowledge through the online platform. People think the most suitable time for health knowledge dissemination is 5-15 minutes (45.6%), 98.1% of them would share their new health knowledge with their relatives and friends. 98.5% are willing to apply health knowledge to their lives.

Conclusion

Chinese public have a strong need for health knowledge. At the same time, online media has become the most important and popular way for people to receive health knowledge. Therefore, it is essential to use Internet technology to provide health education to the public.

Significance

Social health knowledge education is an important way to improve health literacy and one of the most fundamental, economical and effective measures to improve the health of the whole people.

Role of advanced practice nurse in the management of heart failure patients out of hospital

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Background

Heart failure is a complex pathology with a high prevalence. Acute decompensation is a major cause of hospitalization, leading to significant readmission and mortality rates, with a significant impact on quality of life. It requires a well-framed care course, within a multidisciplinary team, including advanced practice nurses. Through their skills, Advanced Practice Nurses (APN) would contribute in improving outcomes of readmissions, quality of life and costs related to with this disease.

Purpose

Based on Case and colleagues (2010) systematic review, describe the field of intervention and skills related to the practice of APN, and then describe the role and benefits of APN in this follow-up, in relation to the various existing means.

Method

An integrative review was conducted to have an overview of current practice. 516 articles were identified from Pubmed, Cochrane, Embase and CINHALL databases were surveyed between 2009 and 2019. In the end, 10 articles were included in the review, after having made a selection based on eligibility criteria related to the objectives. The quality of the articles was evaluated, before developing an analysis grid to synthesize and thematize the results.

Results

The role of APNs, according to the interventions, was identified and articulated around their skills such as collaboration, consultation, expertise and leadership. Allowing to evaluate their mainly positive effects on quality of life and perception of self-care behaviors, resource use and costs.

Conclusion

This research supports the value of involving APNs in the follow-up of patients with heart failure. Their skills, combined with the key factors of an efficient medical care, make it possible to consider their place within the current health system.

Total Contact Cast - The Gold Standard for Diabetic Foot Ulcers

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Background

Diabetes mellitus (DM) and diabetic foot ulcer (DFU) complications is a growing concern with an estimated 642 million individuals being affected by DM, and 50% of this population experiencing a DFU by year 2040. Effective and efficient management of DFUs must be a priority for patient health and well-being.

Purpose

The poster disseminates the research on total contact cast (TCC) treatment of DFUs, which is the gold standard of treatment and within the scope of practice for nurse practitioners. The discussion centres on current practices, highlighting the need for broader implementation of this evidence-based treatment. Several practice suggestions are proposed to improve patients' quality of life, while optimizing healthcare costs.

Approach

A literature review was conducted using PubMed, Medline, SCOPUS, CINHALL, and Cochrane databases.

Key Learnings: The key component of healing neuropathic, non-ischemic, non-infected plantar DFUs is offloading mechanical pressure on the foot. TCC treatment is safe and promotes compliance among patients. Patients with DFUs can be effectively managed in primary care settings by well-trained and well-supported practitioners who can offer the gold standard TCC application. Primary care practitioners must advocate for the procurement of equipment and supplies, technical training, and trained cast technicians.

Conclusion

The rates of individuals with DM and complications of DFUs is increasing and TCC treatment is vastly underutilized despite being the gold standard treatment. Nurse practitioners are key in providing care for these individuals and improving health outcomes by implementing evidence-based practices.

Significance

Nurse practitioners can effectively minimize treatment costs and amputation rates through early identification and initiation of appropriate DFU treatments.

Global Health Threats in Florence Nightingales Time Compared to 2020

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Background

The world is facing many healthcare challenges and threats. Major challenges include increasing 1. resistance to antimicrobial agents from antibiotic overuse, 2. noncommunicable chronic diseases like diabetes, hypertension, cancer that account for 70% of the world's deaths, 3. outbreaks of vaccine-preventable diseases, such as measles, 4. opioid epidemic, 5. lifestyle issues like obesity and inactivity and 6. global impact of air pollution and climate change. Florence Nightingale also faced many healthcare challenges including war, poor working conditions, lack of food and water, communicable diseases, and lack of supplies and medications.

Purpose

The purpose of this presentation is to compare the threats to healthcare in Ms. Nightingale's time to current threats.

Approach

Statistics and current research will be presented on trends, threats and challenges in global healthcare today and in Ms. Nightingale's time.

Conclusion

Threats in Ms. Nightingale's time and now coupled with fragile, vulnerable healthcare settings and nations without access to basic care, put much of the globe's population at high risk for increased morbidity and mortality.

Significance

This session emphasizes the role of Advanced Practice Nurses (APNs) and Nurse Midwives in impacting healthcare around the world and in their own communities. APNs and Midwives are necessary for the support of the World Health Organization's mission to "promote health, keep people safe and serve the vulnerable". Nurses make a difference in people's lives every day by promoting healthy life styles, advocating for better health care and collaborating with other health care workers to make a healthier and safer world. The 29 million nurses and midwives in the world will continue to make a difference in the health in the international community.

The Introduction of Nurse Practitioners in Japan in Response to Demographic Change

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Background

Japan is facing a medical crisis in the coming years owing to its aging population and low birth rate. This is further exacerbated by the low infant mortality rate leading to an increasing number of children with special needs. Japan's health system is currently ranked in the top ten worldwide by the WHO, and to maintain quality health care in the face of such challenges requires, amongst other measures, the adoption of the nurse practitioner role.

Purpose

The focus of this study is on the impact that the visiting nurse practitioner has in the context of the nursing station which provides both home and daytime inpatient care. This is of crucial importance to prepare for the forthcoming shortage of doctors available to deal with the rapidly aging population.

Methods or Approach

We analyzed the activities of the visiting nurse practitioner in typical visiting nurse stations in the Greater Tokyo area. We identified key differences between the role of the nurse practitioner and the registered nurse, and the tangible benefits derived from the nurse practitioners' clinical training.

Conclusion

Even without the authority to prescribe medication and order examinations, the nurse practitioners working at visiting nurse stations greatly contribute to a decrease in the incidence of decubitus. Furthermore, we found that the urgent consultation rate also decreases, as does the need for unscheduled hospitalization.

Significance

We found that nurse practitioner clinical training makes a significant contribution to quality health care in an increasingly overworked industry. Clinical reasoning and astute physical assessment are essential qualities of the nurse practitioner and will be crucial in the many challenges which face the Japanese medical system.

Japanese Nurse Practitioners: Difficulties in institutionalization and confusion in training for specific medical procedure

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Background

Japan is currently having to cope with two serious demographic problems shared to perhaps a somewhat lesser extent by many other developed countries: the birth rate is declining and at the same time the population is aging rapidly. Because of this, medical doctors are required to work excessively long hours, and so work style reforms for medical staff are currently being considered.

Purpose

To explore the path of integrating nurse practitioners and special nurses into the Japanese medical system.

Methods and Approach

Examining the role of nurse practitioners in Japan, clarifying differences from nurses who have completed only specific medical procedure training, and exploring paths for future institutionalization

Conclusion

The introduction of the nurse practitioner role in Japan began barely 10 years ago. However, in spite of initial opposition from the Japan Medical Association, many academic societies are now supporting the introduction of nurse practitioners. It seems inevitable that to alleviate the strain on the medical system, a more comprehensive adoption of the nurse practitioner role in Japan can't be avoided.

Significance (Impact and Reach)

- Articulating the issues that have been overcome in the introduction of nurse practitioners in Japan could well serve as a reference for other countries considering the introduction of nurse practitioners.
- Learn about the current state of nurse practitioners in Japan

Pilot test of a self-assessment tool to evaluate advanced practice nurse competencies in palliative care

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Background

Palliative care aims to improve the quality of life of patients with life-threatening illness and their families. In Finland, the development of palliative care education is one of the national priorities due to variation in the education preparation of the health care professionals. The EduPal- project started in 2018, and its goal is to increase quality of palliative care by developing palliative education for professionals working in different levels of palliative care. In the master education, the aim is to prepare master students to work in the specialist level of palliative care. This requires assessment methods to ensure the competence development during their education.

Purpose

To create a new instrument for evaluation of students' self-assessed advanced practice nurses' competencies in palliative care.

Method

An expert panel developed a new instrument "Self-Assessment of Advanced Practice Nurses' Core Competencies in Palliative Care" (APN-CCPC) based on results of a literature review and core competences of the Finnish APN education. The APN-CCPC is piloted with master students (N=51).

Results

Instrument includes 4 dimensions: a) research and service development, b) professional leadership, c) patient education and staff development and d) clinical expertise and direct clinical care. The data is collected in November 2019 and it will be repeated at the end of the studies in 2020. The results of the pilot test will be presented in the conference.

Conclusion

Self-assessment provides one method for evaluating outcomes of the education and a tool for the students to identify their development in palliative care. Results can be used to develop the education.

Significance

The results make the palliative care competences visible in the development of advanced level expertise and roles in palliative care. The APN-CCPC instrument can be used in international context.

Serious Illness Conversations – Carving out a bedside nursing role in a physician driven program

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Background

Developed in the oncology outpatient setting, Serious Illness Conversations (SIC) is a credible program focused on meaningful conversation with patients about their wishes, values and goals. SIC is structured, requiring patient preparation and reflection, a communication guide and physician facilitation. In the Intensive Care Unit (ICU) where roughly a quarter of patients die, it is critical to know patient wishes and goals in order to best align care. Often this guiding knowledge is unknown as most critical care patients are unable to communicate due to the severity of illness, and may not have shared their wishes with family.

Purpose

To adapt and customize the SIC program to the ICU tailoring its application to the family (versus patient) and define the nursing role. The intent was to improve team communication skills, purposefully navigate conversations, and capture patient personhood through reflection and the corresponding advocacy of families - all to guide patient-centered care.

Approach

We modified the original SIC program to create an ICU pathway, carved out a unique nursing role, tailored resources to meet the needs of ICU patients/families, built physician supporting documents, developed educational content and plans for both trainers and nursing, and constructed an improvement focused evaluation strategy.

Results

Sixty-six nurses were trained in 10 four-hour sessions. Evaluation of the educational content reported notable increases in skills, knowledge and confidence levels.

Conclusion

Education on SIC was seen as valuable and useful. The readiness of nurses for SIC was not replicated by physicians.

Significance

Communication skill building is a significant gap, but essential to fostering therapeutic relationships, patient-centered care, and truly partnering with patients and families in their journey.

Is communication the main culprit of Critical Care conflict? A quality improvement initiative's preliminary findings

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Background

Conflict within the Intensive Care Unit (ICU) is an issue presenting globally with significant consequences to team dynamics, health system functioning, and most notably endangers the provision of patient-centered care. Within our 66-bed Critical Care program, conflict concerns were widely acknowledged. In the literature, the most common causes of ICU conflict discussed were decision making with life sustaining-treatments and a dissatisfaction in communication. Using a communication lens, the quality improvement initiative Communication for Shared Understanding was developed. Its purpose is achieving excellence in family and provider communication to optimize quality of care, patient safety and the experience of all.

Purpose

To outline a structured approach to identify and prioritize three conflict associated communication improvement opportunities. Dissemination enables sharing the initiative's technical process map and the delicacy, depth and richness in its communication findings.

Methods

Several quality tools were utilized to determine current state, capturing provider and patient/family perspectives and themes: Affinity Diagram, Root Cause Analysis, Process Map, Failure Mode Effect Analysis, Pick Chart and Experience-based Design Questionnaire.

Results

Despite a multifocal assessment, across the spectrum analysis and comparison of results offered similar themes. Findings define two overarching themes: lack of understanding and inconsistent interpretations.

Conclusion

Results align with ICU conflict reports in the literature. Nine problem statements were formalized, and three chosen by majority vote to begin improvement work using front-line expertise.

Significance

Communication related conflict is a complex, multifactorial problem with significant presence and hefty impacts to team functioning, and the ability to establish therapeutic relationships. In the ICU where patients are at their most vulnerable, focused improvement efforts are required to optimize communication strategies and understanding.

Applicability of the Advanced Practice Nurse's Educational Program in Hepatocellular Carcinoma patients

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Background

Systemic therapy management in hepatocellular carcinoma patients requires dose modifications due to adverse events. Advanced Practice Nurses (APN) for patient education and counseling are key to improve treatment compliance and reach the tolerated dose.

Purpose

To evaluate the impact of APNs in handling patient inquiries/events via unscheduled phone-call visits (UPCV) during the first 60 days of sorafenib treatment.

Method

A descriptive retrospective study based on prospective data of the nurse educational program. It includes two on-site educational appointments before starting sorafenib, on-site monthly visits and UPCV. We collected the number, causes, type of issues raised by patients and the resolution of those UPCV.

Results

From Jan/2015 to Sept/2018 101 patients started sorafenib at BCLC, 93 of them made 357 UPCV. We excluded 163 calls due to their administrative nature or lack of information. The remaining 194 UPCV from 76 (75.25%) of the patients were analyzed.

The median number of issues for each UPCV was 1 (range; 1-4) and 261 issues were registered. 52.5% (n = 137) of the issues were solved entirely by nurses and were classified as sorafenib-related/non-related (43% vs 53%) and cirrhotic decompensations (4%). The most frequent treatment-related AEs solved by nurses were hypertension 13.9% (n = 19) and deposition alterations 12.4% (n = 17). The main nurse interventions were care counseling (50%), educational intervention (28%) and resource management (22%).

5% of the patients were referred to the emergency department; 60% of them were admitted to the hospital.

Conclusion

92% of sorafenib-treated patients within the APN's educational program used the UPCV service. The APN solved more than 50% of all issues.

Significance

This program optimizes health resources reducing on-site visits, and secures patient compliance to treatment. Our results demonstrate the key role of the APN in the optimal management of patients under systemic treatment.

The Role of APNs in Developing an EBP Culture: the ARCC Model in Switzerland

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Background

Inadequate and delayed implementation of best scientific evidence into practice contribute to clinical errors, safety issues and patient deaths. Clinical practice based on scientific evidence increases the quality and safety of care and consequently improves patients' outcomes. Furthermore, nurses working in an organisational environment that promotes and supports evidence-based practice (EBP) are more empowered and satisfied with their work. Despite this, in many contexts the implementation of EBP at the patient's bedside is not yet a reality. The key solution to the barriers highlighted in the literature is a real cultural change within each individual health institution, with nurse leaders and APNs that are called to promote and implement a EBP culture.

Purpose

The aim of this study is to implement an EBP model in a cardiology and cardiac surgery acute care hospital in Ticino, Switzerland. The role of APNs in the implementation of an evidence-based culture is also explored.

Methods

Implementation of an EBP model, the Advancing Research and Clinical practice through close Collaboration (ARCC) model, involves conducting an initial organisational assessment of staff to evaluate the staff beliefs (EBPB scale), implementation (EBPI scale) and organisational and cultural readiness for EBP (OCRSIEP). Findings and potential EBP strategies to be implemented are then explored in a focus group with a sample of nurses.

Results

The data collection is currently undergoing, however, findings from the initial organisational assessment will facilitate the development of a series of EBP strategies tailored for the specific context of care, including for examples ongoing educational activities (workshops and journal clubs).

Conclusion

Findings of the study and the role of APNs as EBP mentor are discussed.

Significance (impact and reach)

Results from this study can inform the implementation of a EBP culture and the leading role of APNs in embracing the EBP paradigm shift.

Infectious Disease: An Impending Global Health Crisis

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Background

Annually, infectious diseases are responsible for over five billion infections and 17 million deaths worldwide. Issues of poverty, displacement and loss of infrastructure needed for prevention are all confounding issues that must be addressed. Advanced Practice Nurses (APNs) are valuable assets in the global effort to stem the tide of this looming health crisis.

Purpose, Methods and Format

The purpose of this symposium is to engage the energy and intellect of APNs in addressing the global infectious disease crisis. Through discussion of the historical context, epidemiology and distribution of various infectious diseases, geopolitical aspects of illness, infrastructure challenges, causative agents, mode of transmission, prevention, treatment and resistance, the scope of the issue will be illuminated. During open discussion time, participants will work together to create a rubric for infectious disease engagement for APNs and to strategize ways APNs may become involved in prevention and control efforts. The session will cover information on the following: Malaria, dengue, Ebola, tuberculosis, infectious diarrhea, sexually transmitted infections and HIV.

Significance

During the discussion, participants will become empowered to engage infectious disease threats at home and abroad. APNs are uniquely qualified to lead in community health and wellness, advance health promotion and disease prevention efforts and impact communities.

Target Audience

The target audience would include all levels of training in a balanced format so the voices of students, faculty and seasoned APNs are represented. The target number of participants would be approximately 100.

HIV Getting to Zero: Nurse Practitioners Role, Opportunities and Challenges

Dr. Karen Moore¹

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Background

The UNAIDS' goal of getting to zero new HIV infections prioritizes prevention efforts, including Pre-Exposure Prophylaxis (PrEP). Issues of economic disparity and access to healthcare continue to impact PrEP uptake with the lowest uptake seen in under-resourced communities. The 2018 American Association of Nurse Practitioners (AANP) National Survey found 93.5% of NPs care for patients living below the poverty line. The availability of NPs working in under-resourced communities provides a ready-resource of healthcare providers able to provide PrEP, if they are trained and willing to provide this valuable healthcare intervention.

Purpose

A national survey of NPs sought to explore individual NPs knowledge, attitudes and beliefs regarding PrEP; individual practice behaviors; institutional opportunities and an assessment of individual religious beliefs, practices and spirituality.

Method

The survey was administered to a convenience sample of NPs that attended the AANP 2018 National Conference. Of the 292 initiated surveys, 271 were included for analysis.

Results

The survey findings suggest there are both individual and institutional barriers to the provision of PrEP. A significant knowledge gap was identified with over half reporting that they had never received training or education on PrEP. Of the NPs who responded with low knowledge and confidence of PrEP provision, 61% reported willingness to prescribe if they received training. Thus, implementing NP PrEP training is urgent and impactful.

Impact

In spite of widely available online training, more education and encouragement needs to be directed to NPs in primary care settings. Through expansion of PrEP providers in under-resourced communities, the UNAIDS goal can be achieved. This session is an effort to address NP education regarding PrEP and to present a novel education program with a goal of increasing NPs trained in PrEP provision in under-resourced communities.

Welcome to the new digital age: hospital nursing perceptions of networked blood glucose meters

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Background

Digitising the health care system in Australia has been a slow process.

The Royal Melbourne Hospital (RMH) aims to improve inpatient diabetes care by being the first hospital in Australia to implement networked blood glucose meters across most wards, which was achieved in the absence of an electronic medical record.

Purpose

To assess the perceptions of nursing staff towards the importance of glucose monitoring and the importance of tight glycaemic control pre and post education sessions on the networked AMSL StatStrip blood glucose meters

Methods with the implementation of these meters at RMH, all nursing staff received training on the use of the blood glucose meters. Staff completed a pre and post education survey on use of the meters and the importance of glycaemic control giving 5-point Likert scale responses. The survey sought nurses' perception on the importance of aspects of glucose monitoring, ease of bedside glucose testing, glucometer fragility, glucometer burden on nursing staff, and glucometer connectivity.

Conclusion

The majority of nurses rated the six tested aspects on the survey as either important or very important (4 or 5 out of 5). Timely management of abnormal glucose was considered the most important, but was rated as less important with increasing nursing experience.

Significance

This research has significant importance for the design of inpatient glucose management – while most nurses' aim for timely glucose management, there appears to be reduced importance attached to this aspect by more experienced nurses. Is there complacency towards adverse glycaemia as nurses become more experienced? Is there the need for more education on timely glucose management? Who is the best team person to be recruited to become a glucose champion?

Match Day: Finding a Solution for Preceptor Placements Through Academic and Practice Collaboration

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Background

Precepting is an essential component of nurse practitioner (NP) education. As the number and size of NP programs have grown tremendously, the need for qualified preceptors has intensified. Concurrently, NPs are under greater revenue generating demands, causing healthcare institutions to limit the number of students they allow their providers to precept because of additional time requirements for student learning. Additionally, healthcare institutions are concerned about return on investment of their provider's time related to prospective graduate hires.

Purpose

The purpose of this session is to explain the collaborative partnership between the University of Iowa (UI) College of Nursing and UI Healthcare in developing and implementing a priority preceptor placement process.

Approach

We will explain the APRN match process including periodic assessment of provider willingness to precept, followed by the 'Match Day' process between the academic and practice partners using a devised priority system.

Key Results

Outcomes gained by this strategic priority preceptor placement process include the assurance of high-quality patient care, achievement of excellence in academic advanced practice nursing learning, integration of interprofessional practice, and implementation of value-based project initiatives.

Conclusion

Academic faculty leadership and guidance related to appropriate scope of practice and population specific clinical placements based on the national consensus model, proved to be an instrumental piece to complete the matching process.

Significance

According to the Manatt report by the American Association of Colleges of Nursing, an enhanced partnership between academic health centers and academic nursing will benefit all parties and enhance the academic health systems to transform health care. This model of matching students to preceptors by aligning and building strong academic and practice partners strategically leads to collaborative learning, research and care models, nimble structure and accountable culture, reasonable financial use of resources, and positive patient outcomes.

Non-viral Sexually Transmitted Infection Treatment: An Update for Primary Care Providers

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Background

Sexually transmitted infections (STIs) are a leading public health concern. Chlamydia trachomatis and gonorrhea are the most frequently reported STIs in the United States.¹ Trichomonas vaginalis is the most prevalent non-viral STI worldwide.^{2,3} STI rates are on the rise globally and timely treatment is imperative.

Purpose

The purpose of this presentation is to educate primary care nurse practitioners on current treatment for non-viral STIs. STIs that will be discussed include chlamydia trachomatis, gonorrhea, syphilis, chancroid, pediculosis pubis and trichomonas vaginalis.

Methods or Approach

A literature review was completed on current treatment guidelines for non-viral STIs.

Key Learnings or Results

In the United States, healthcare providers are required to report incidences of chlamydia, gonorrhea, chancroid and syphilis to health departments.¹ This is to ensure that treatment is appropriately carried out and partners are contacted and treated.¹ Chlamydia is treated with azithromycin or doxycycline.⁴ Currently dual treatment with ceftriaxone and azithromycin is recommended in the US for treatment of gonorrhea related to frequent coinfection with chlamydia.⁴ First line treatment of syphilis is with Benzathine penicillin G.^{4,5} Preferred chancroid treatment is with azithromycin, erythromycin or ceftriaxone.^{1,7,8} Pediculosis pubis is treated with Permethrin 1% cream rinse or Pyrethrins with piperonyl butoxide.⁴ Trichomonas vaginalis treatment is with Metronidazole or Tinidazole.⁴

Conclusion

Antimicrobial therapy for non-viral STI's must be carefully selected to eradicate disease and to prevent antimicrobial resistance.

Significance

As antimicrobial resistance is on the rise, treatment recommendations are constantly evolving. Inadequate or out of date treatment further promotes antimicrobial resistance. It is imperative that primary care providers are up to date on current pharmacologic recommendations in the treatment of non-viral STIs.

Creation of the advanced practice nursing profession in France

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In France, the profession of advanced practice nurse was created in July 2018 to take up health challenges. The Groupement d'intérêt commun du réseau de la pratique avancée en soins infirmier (GIC RÉPASI) is a CII-affiliated ANFIIDE working group that lobbies strongly to bring out advanced nursing practice. It was therefore able to take part in the negotiations on the legislative and training framework.

Object

In the context of the French health system, the practice of Advanced Practice Nurses (APNs) is mixed, including two main roles: clinical specialist and practitioner. The training take place in universities at master degree level, combined with a state diploma. It is structured around six activities and six skills. The APNs supports and trains healthcare teams based on its clinical expertise and evidence base knowledge. It creates and participates in research work. Following the referral by the referring doctor, the ensures patient follow-up, clinical evaluation, renewal and adaptation of therapies. There are four field of expertise: chronic stabilized polypathologies in primary care, onco-hematology, nephrology and mental health.

Approach

In our health system, the medical prevalence in decision-making imposes a vision fragmented by pathology that impacts advanced practice. During the deliberations at the Ministry of Health, Répasi provided its vision based on international evidence. With the opening of the emergencies work, a new challenge is emerging for the Répasi, which will be APN as first point of access.

Conclusion

The main objective of Répasi, which was to develop APN in France, has been achieved. In the light of this success, Répasi stays vigilant about the implementation and evolution of APN framework for the benefit of the patient. In fact, Gic is evolving and is becoming the Association Nationale Française des Infirmières en Pratique Avancée (ANFIPA) to represent all APNs at the national and international level.

Task Sharing Between General Practitioners and Nurses in Outpatient Dementia Care - A Quantitative Survey

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Background

In Germany, Advanced Practice Nursing is in its infancy though it could be a solution for current and future challenges regarding the treatment and care for people with dementia (PwD).

Purpose

The aim of the quantitative study was to assess the current opinions and views regarding a redistribution of general tasks between General Practitioners (GPs) and nurses. In particular, we determined which tasks could be shifted from GPs to nurses to improve the quality of outpatient care of PwD.

Methods

The analysis based on a mixed-methods observational study. Using a questionnaire, we asked GPs, nurses, PwD and their relatives about their opinions regarding delegation and substitution of different tasks. Additionally, we assessed the necessary qualification for nurses, the acceptance and financing of the redistribution of tasks. We analysed the data of 865 questionnaires with a response-rate of 19%.

Results

A higher proportion of GPs agreed to the delegation of tasks (41.3%) compared to substitution (33.3%), whereas the opinion of nurses did not differ (delegation 36.1%; substitution 35.2%). The majority of PwD (48.6%) and relatives (53.3%) agreed to substitution. For delegation, the participants considered a dementia-specific training, as necessary. Substitution required further training or an academic education. Both professions saw more advantages than problems in the redistribution. A redistribution of tasks does not weaken the physician-patient relationship.

Conclusion

At present, GPs can transfer only a few medical tasks in compliance with the law in Germany. These findings show the potential of the development of a modern, inter-professional care concept for outpatient dementia care.

Significance

We gained data on tasks, acceptance and necessary qualification for the transfer from GPs to nurses in Germany from the legislation and perspective of GP's, nurses, patients and caregivers. The results could be important for future health policy decision making in Germany.

Successful Strategies to Implement Advanced Nursing Practice in a Swiss University Hospital

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Background

The need for adaptations in the healthcare system due to demographic changes is recognized in Switzerland. The promotion of new roles allows addressing unmet population healthcare needs. Yet, while Master's education focusses on advanced nursing practice, nurse practitioner (NP) roles are still scarce and legal regulations lacking. Nevertheless, the Inselspital Bern University Hospital has successful strategies to develop NP roles.

Purpose

We will show 1) how NP roles are developed in order to achieve sustainable, evidence-based, continuous care and positively impact patient outcomes, and 2) how NP roles are defined on a continuum between NP and clinical nurse specialist (CNS), with different scopes of practice.

Approach

We establish an NP role if evidence shows unmet care needs for a specific patient/family group. Using project management and a stepwise approach, we start with a stakeholder analysis, followed by role development, including the definition of the specific scope of practice, and implementation as well as evaluation regarding structure, process and, if feasible, outcomes.

Results

Exemplarily, three NPs address adult patients with atopic dermatitis, sarcoma, and children with cancer. Patients with moderate to severe atopic dermatitis are assigned to the NP for continuous outpatient care. She replaces the changing residents, while still providing nursing care. The second NP coaches patients with sarcoma and their families from the diagnostic procedure to survivorship or palliative care. The third NP, while attending to children and families throughout the illness trajectory, is also responsible for oncology nursing development on the hospital unit and in the outpatient clinic.

Conclusion

We successfully implemented specific NP roles for defined patient/family groups. The NPs' domains of practice are based on the supportive needs of patients and families as well as nursing teams.

Significance

Stakeholders value the NP as constant contact person for patients and families and as interprofessional care coordinator.

Strengthening the Reach and Impact of Advanced Practice Nursing Education through Preceptor Engagement

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Background

Globally, advanced practice nurses (APNs) and nurse practitioners (NPs) are needed to fill workforce gaps in healthcare. The education of APN/NPs requires preceptor-mentored clinical experiences. Preceptors commit time and energy, and most preceptors do not get workload reductions or payment for taking students. Competition among schools of nursing for limited numbers of engaged preceptors is stressful for all education programs.

Purpose

Grant funding from the State of Maryland Higher Education Commission is supporting an initiative at Johns Hopkins University (JHU) School of Nursing to strengthen the reach and impact of NP education by increasing the school's support of preceptors.

Approach

1. An online survey was sent to all JHU preceptors asking them to rank order barriers and incentives to precepting APN students.
2. Easy access to a Preceptor Portal that allows any interested preceptor to utilize a compendium of resources that support their practice and education of students.
3. Development and post of 3 initial out of 6 planned learning modules on topics related to care of vulnerable populations for preceptors to take for free continuing education (CE) credits.
4. Written Preceptor Guide, in print and online in the portal, describes the roles and expectations of preceptors and best practices for giving feedback to students.

Key Learnings and Results

The top two reasons preceptors indicated they precept is because they enjoy teaching and feel a professional obligation to educate NP students. Outcome data on numbers of preceptors accessing and completing CE modules and their evaluation of the learning activities will be shared.

Conclusion and Significance

The clinical training of NPs and APNs requires preceptors. Preceptors give-back to nursing through precepting. Faculty can give-back to preceptors through educational offerings and support, thus strengthening the preceptors' ability to educate students.

Small Group Virtual Learning – Building Community in Online Education

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Athabasca University is Canada's exclusively on-line university and has graduated more than 50% of Canadian Nurse Practitioners (NPs). One of the challenges in distributed learning is finding effective methods to provide structured interactive academic learning activities across vast distance and multiple time zones. The Foundation for Medical Practice Education (FMPE) Practice-Based Small Group Learning (PBSGL) modules have been validated and implemented in many in-person NP training programs and almost all family medicine (FM) residency programs in Canada. A key element of the small group format is the development of a community of learners where each member feels comfortable and safe.

The purpose of this study is to determine if the benefits of in-person small group learning (specifically using the FMPE PBSGL modules) can be achieved in virtual learning groups.

Objectives

- Introduce FMPE PBSGL modules into online NP education.
- Foster communities of inquiry within the Athabasca University NP program.
- Compare the experience of PBSGL between online NP students and in-person FM residents.

Approach

Three virtual groups from the AU NP program will be compared to three in-person groups from a standard FM Residency program. While the disciplines being compared are different, establishing group cohesion is universal and the most important factor in building a community of learners. Participants will be surveyed electronically after a minimum of 4 sessions exploring knowledge acquisition beyond module content, the learning environment, and group function. Virtual learners and facilitators will be invited to participate in separate focus groups to determine barriers, enablers and supports needed for technology enabled small group learning.

Results

Preliminary results of this innovative quality improvement project running between January and April 2020 will be presented.

Conclusions

Will be determined by results.

Significance

Validating the FMPE PBSGL modules in the online environment may support virtual communities of practice.

Registered nurses having limited right to prescribe medicines in Finland - establishing an expert group

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Background

The legislation concerning registered nurses' (RNs) limited right to prescribe medication came into force in Finland in 2011. Education consists of 45 ECTS post-graduate training. Further requirements include sufficient practical experience and an authorization from the physician-in-charge. National Supervisory Authority for Welfare and Health (Valvira) maintains a record of these RNs. There is a national list of medicines which may be prescribed.

Purpose

RNs, who had limited right to prescribe medicines, wanted to network and to promote their roles as well as their position at national level. Therefore, the expert group was established in 2013. The size and the activities of the group have expanded from year to year.

Approach

There are now approximately 470 RNs who have completed this education. Of them, over 400 has joined the expert group. The Union of Health and Social Care Professionals in Finland, Tehy, supports this group financially and by providing expert assistance.

Key Learnings

The main activities of the expert group are:

- bring together and give professional support for RNs having limited right to prescribe medicines,
- promote the professional status of its members,
- contribute to the development of social and health care for example by giving statements related to the legislation and nursing education,
- organize educational events and member meetings,
- maintain an active discussion forum in the internet.

Significance

It is important that RNs having limited right to prescribe medication receive support from one another. However, the activities and interaction of a growing group needs to develop continuously.

Conclusion

The expert group has been very important when developing advanced practice nursing in Finland. Legislation still needs to be developed, prescription practice needs to be expanded and wage levels need to be raised.

The Mediating Role of Resilience in the Relationship between Work-Family Balance and Advanced Practitioner Engagement

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Background

Advanced practice providers (APPs) represent the least-studied group of professionals for research focused on burnout, engagement, and resilience. Burnout, an epidemic that is international in scope, has numerous consequences. Today, turbulence and uncertainty in healthcare persists. Resilience (the ability to adapt to and overcome challenges) is suggested as a way to improve effectiveness, to increase worker motivation, and to improve practitioner engagement. However, personal resilience alone may not be enough to ward off burnout and disengagement from work. While benefits of work-family balance have been demonstrated in previous studies, few researchers have investigated its impact among advanced practice nurses (APNs). The health and well-being of providers is a priority.

Purpose

The research purpose was to explore resilience as a mediator, specifically in its relationship to APP work engagement and work-family balance as APNs and physician assistants (APPs) are the ones targeted to fill the shortage gap of practitioners.

Methods

Using an exploratory cross-sectional design, an online survey comprised of well-validated and reliable instruments and free-text questions, measured the constructs of work engagement, resilience, and work-family balance. APPs (N=1,253) from four Magnet[®] hospital/health systems in the United States participated. To test potential mediating properties of resilience, and to examine these relationships, we employed a regression-based path modeling approach and qualitative analyses.

Results

Resilience has significant direct positive relationship with work engagement ($p < .01$). Work-family balance positively impacts both the practitioner resilience relationship ($p < .01$) and the work engagement relationship ($p < .01$). Identified themes included: Reduce job stressors, promote APP well-being, and improve leadership/operations.

Conclusion

Our study results create a foundation for future research involving interventions designed to improve resilience and provider well-being.

Significance

Healthcare leaders can work collaboratively with APPs to implement strategies to redesign work environments, which may ultimately increase APP engagement and prevent burnout.

Three pathways of seclusion reduction programs to sustainability: ten years follow up in psychiatry

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Background

In the past decades several seclusion reduction programs (SRP) were developed, implemented and evaluated in the Netherlands, encouraged by a governmental funding program. Little is known about the sustainability of these programs. In this study we compared three different Dutch SRP's in their short-term reduction and in sustainability of the reduction of seclusion events over a ten years period. We are especially interested in the sustainability after governmental funding ended.

Purpose

Investigating the association between short-term program results with their sustainability.

Methods

We monitored seclusion rates, trends and patterns by using the Dutch Argus database over a period of ten years (2008-2017). To evaluate the sustainability, we focused on the period after the end of the national funding program, which ran between 2006 and 2012. Primary outcomes were number of seclusion events and seclusion days per year.

Results

One mental health institute did not show short term reduction, and showed fluctuation in the frequency of seclusion events over time. Two mental health institutes showed evident short-term reduction. However, only one of these institutes showed a continuous decline in seclusion rates, even after governmental funding ended. Different from the other initially successful institution, this institution maintained an active policy to decrease seclusion rates.

Conclusion

A continuous policy in mental health care to reduce seclusion, including leadership, continuous awareness and monitoring of seclusion events is needed to sustain results of SRP's. This can even lead to a continuous reduction.

Significance

This study adds to the limited evidence for sustainability in SRP's in mental health care.

Outcomes of Nurse Practitioner's intervention for postoperative patients with mechanical ventilation in ICU

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Background

Nurse Practitioner (NP) is an emerging role in Japan and NPs were included in ICU team at a University hospital. In this study, outcomes are compared before and after NP was included in ICU team.

Methods

This is a retrospective study and postoperative patients with mechanical ventilator in ICU are studied. Before NPs were included in the ICU team was from April of 2015 to March of 2016. After NPs were included April of 2016 to March of 2017. Two NPs were included in the ICU team. ICU length of stay, total hospital length of stay and mechanical ventilator days were compared as primary outcomes. Student T test was used for comparison between the two groups, and multiple regression analysis was conducted to investigate the degree of impact on outcomes.

Results

There were 174 patients before and 213 patients after NPs were included. The mean of ICU length of stay was 6.7 in the before and 4.8 in the after which was statistically significant ($p = .02$). There was no difference in hospital length of stay as well as mechanical ventilation days. The mean of APACH II score was significantly after NPs were included. ICU length of stay was influenced by the APACHE II score ($p = .03$) and the NP included in the team ($p = .003$).

Conclusion

This study revealed the following in the practice of NP with postoperative mechanical ventilator patients in ICU.

1. The mean of ICU length of stay was shorter when NPs were included in ICU team.
2. The mean of ICU length of stay was influenced by NPs practice

Value-based Care: Quality, Cost, Pitfalls? What does the Patient Value?

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Background

As healthcare costs continue to rise, many healthcare systems are seeking ways to reduce costs. A move toward a Value-based healthcare model is increasing globally. This bundled payment (procedure-based/episode based) system, assigns a set fee for managing multiple services for a single condition or is a model where processes (algorithms) are established for care. Under this model, the provider assumes the risk and may be paid an incentive when quality and cost care metrics are achieved below cost. However, is value-based care done at the expense of patients?

Purpose

The goal of this qualitative study was to identify what “value” means to patients. Patients also shared what an ideal healthcare system should look like.

Method or Approach

Female focus groups were conducted in three different states of the U.S. with racially/ethnically diverse patient populations, to better understand the patient’s perspective.

Key Learnings or Findings

- Among these 3 different focus groups, (African American, Hispanic and Rural communities) stories of their encounters shared very common themes.
- Patients frequently encounter a lack of professionalism, and perceived biased care from healthcare practitioners.
- Patients seek respect, unbiased care and clear communication. They want to engage in shared decision-making and become partners in their care.

Conclusion

Nurse Practitioners and Advanced Practice Registered Nurses must not lose sight of the fact that humanism is an integral part of care and aides in healing.

Significance (Impact and Reach)

As payment models place increasing pressure and demands on the practitioner, it is incumbent on the NP/APRN to remember that humanism, effective communication and concern for the patient are essential to their patient encounters.

Learning Objectives

Demonstrate understanding of the potential impact payment systems may have on patient/provider encounters and patient care decisions.

Identify two strategies nurse practitioners can implement to assure quality, effective patient encounters.

Importance of Screening for Social Determinants of Health in Advanced Practice Care

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Background

Globally, advanced practice nurses (APNs) care for patients in all settings with a vast variety of personal experiences. It is essential that APNs recognize the impact of social determinants of health (SDOH) on the well-being of patients under their care. Multiple screening tools are available for easy use in the practice setting. Evidence shows that incorporating screening into patient encounters leads to improved provider-patient relationships and less difficulty with adherence to treatment plans.

Purpose

APNs deliver quality care to patients. However, despite prescribing proper medication and treatment for an illness, people may have difficulty achieving optimal outcomes due to a variety of barriers. Things such as finances, access to healthy foods, adequate social networks, and other factors can strongly influence health outcomes. Excellent screening tools for SDOH are readily available, but there is not universal use of these tools to identify the obstacles that stand in the way of improved health outcomes.

Approach

1. Review SDOH and how it impacts health outcomes.
2. Discuss current assessment practices for SDOH and the problem with lack of screening.
3. Demonstrate availability and ease of use of common SDOH screening tools.

Key Learnings and Results

Participants will be encouraged to examine screening tools for SDOH. APNs will have the knowledge of SDOH and the screening tools to take back to practice for consistent use with patients.

Conclusion and Significance

SDOH have been recognized as deterrents to self-management of disease and resultant negative health outcomes. It may be difficult to quickly recognize the impact of SDOH. By consistent use of screening tools by APNs, treatment and management decisions can be directed to the patient's needs and result in better health.

Motion Analysis of Tracheal Suctioning on a Manikin with Simulated Vital Reactions

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Background

The number of technology-dependent children has been doubled with the rapid development of medical technology for premature babies in this decade. It is expected to increase; thus, the provision of safe technique is required for all nurses. Recently, simulator education for the technical acquisition attracts attention, but much less is known about the quantitative evaluation criteria for proficiency.

Purpose

This paper aims to extract the quantitative criteria for tracheal suctioning techniques, using a simulator with vital reactions.

Methods

Eight nurses who have more than three years of clinical suctioning experience and thirteen nursing students from a university were participated. Body motion of expert nurses and nursing students during suctioning was compared, using a motion capture system called perception neuron (Noitom, USA). Sampling rate was set at 100 Hz. Participants performed suctioning twice without the vital reactions of the simulator, and twice with the vital reactions of the simulator. Obtained data were analyzed by two-way ANOVA with repetition, “proficiency” and “vital reactions of the simulator” as two factors.

Conclusion

As a result, from two-way ANOVA, main effect was found for performance time, fixation time and fixation frequency in both bilateral dorsum manus, but not for vital reactions of the simulator as the vital reactions was slight for several participants. These findings support previous studies, our result implied that these measurement items could utilize as proficiency evaluation for simulator training.

Significance

We suggest performance time and fixation time and fixation frequency in both bilateral dorsum manus as a part of quantitative measurable criteria for proficiency.

Increasing Access to Sexual Assault Nurse Examiner Care: An Innovative Student Nurse Practitioner Training Program

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Background

There are significant gaps in access to sexual assault nurse examiner (SANE) care for patients who live in rural and underserved areas. Key barriers include the lack of SANE training available to providers living and working in these areas and the absence of ongoing support systems and competency training. Research demonstrates that patients that receive care by a trained SANE have improved psychosocial and physical outcomes as well as increased rates of successful evidence collection.

Purpose

To increase the training and support of sexual assault nurse examiners and the development of a SANE training program for nurse practitioner students.

Methods or Approach

A pilot project will offer comprehensive SANE training to selected nurse practitioner students working in rural and underserved areas. A program for clinical skills training and competency testing is currently being developed.

Key Learnings or Results

A key gap identified in the research on access to SANE care is the lack of a comprehensive educational system that supports nurses through each of the training components—didactic, skills training, and competency testing—and provides for ongoing support and competency maintenance for nurses practicing as SANE's.

Conclusion

The aim of the pilot program is to train and complete competency testing for five nurse practitioner students by their graduation in December of 2020. Support systems and competency maintenance are also being developed for SANE nurses working in rural and underserved areas.

Significance (Impact and Reach)

The purpose of the pilot program is to create a sustainable SANE training and support program that will increase the number of sexual assault nurse examiners working in rural and underserved areas.

Best Practices for Nurse Practitioners Working with Farmworkers – Interventions to Address Disparities

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Background

Farmworkers often have unmet healthcare needs due to limited access to care, low income and health literacy, uninsured, language/cultural barriers, discrimination/isolation and food/housing/transportation limitations along with the migratory movement. Common health concerns include occupational health risks, accidents, muscular/skeletal injuries, pesticide/tobacco sickness, mental health/substance abuse, chronic diseases such as hypertension and diabetes, infectious diseases along with often unmet needs for routine preventive care. There are health inequities associated with being a migrant farmworker, for example Hispanic farmworkers are about 50% more likely to die from diabetes or liver disease than whites (CDC, 2015) and occupational accidents are highest in this population. Stress and depression are often experienced when separated from their families and culture; there is both psychological and physical trauma associated with migration. Barriers to referrals and follow up care is often problematic, making management of mental health, infectious diseases such as TB and/or chronic diseases such as diabetes difficult to manage. Additionally, recovery from a natural disaster, such as a hurricane with flooding, impacts health due to injuries, loss of jobs/income, health care, medications, unhealthy water, increased mosquito-borne diseases and increased stress and depression.

Purpose of this presentation is to disseminate best practices for advance practice nurses working with migrant farmworkers to improve health equity and outcomes, following the guidelines of the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Methods

Several team-based quality improvement projects will be exemplified such as understanding and supporting the role of the community outreach workers, providing self-management support to farmworkers with diabetes, hypertension, and depression and using screening results to improve services such as telehealth and follow-up care.

Results and Impact

CLAS team-based care can target common health conditions such as diabetes, hypertension, and depression to improve services provided, self-management and better outcomes in farmworkers.

Train and Advanced Practice for the First Peri Anesthesia Nurse in Japan

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Background

There has not been trained a nurse anesthetist in Japan until now. For the purpose of improving the quality of perioperative care, our graduate school has offered the Japan's first nursing program of perianesthesia care in advanced practice nursing since 2010. Creating a fusion of an anesthesiologist's point of view and a holistic point of view in nursing can potentially improve patient safety and healthcare quality.

Purpose and Methods

We report our practice and training for becoming new nurse specialists offered through our graduate school. Supervisor approval was obtained, and an individual was not identifiable.

Results

In our graduate school, the curriculum focused on clinical inference and safety management was developed, and students must complete 44 or more credits in 2 years. The workload includes specialized lectures by an anesthesiologist, nursing theory, research methods, simulation exercises, along with clinical practice in the hospital setting and a research project. After completing graduate school, graduates start working as certified perianesthesia nurse in the perioperative setting. They, at the department of anesthesia, collaborate with anesthesiologist and engage in work associated with anesthesia as nurses. Major roles, which include pre-anesthesia clinic, surgical anesthesia, acute pain service, painless delivery, etc., vary widely from inside to outside the operating room.

Conclusion

Perianesthesia nurse who work in the perioperative setting are trained through a curriculum that enables them to work immediately, and in clinical settings, they become members of an interprofessional collaborative team which emphasized patient safety.

Significance

In the future, a role of perioperative care will expand, and a contribution towards improving patient safety and healthcare quality is expected.

Clinical Nurse Specialists' Core Competencies: Construct Validity Study

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Background

Clinical nurse specialists' (CNS) competency development dates back to the late 20th century; however, there is a lack of CNS competency descriptions from outside Northern America. Furthermore, little knowledge is available on the previous research-driven efforts to develop and validate CNS competencies. In Finland, a rigorous research-driven process has been conducted to structure the content and test the validity of CNS core competencies.

Purpose

To conduct construct validity testing of the CNS core competency scale.

Methods

A descriptive cross-sectional study using an online self-report questionnaire was conducted in three Nordic countries in 2019. The surveys were carried out among a population sample comprising CNSs in Finland (n=72), Denmark (n=275), and Iceland (n=77). Exploratory factor analysis using principal axis factoring and Rotation Method: Oblimin with Kaiser Normalization was undertaken to examine the factors in the scale.

Results

In total, 185 responses were obtained (Finland n=52, Denmark n=96, Iceland n=37), making the overall response rate 44%. The results provided construct validity evidence of the underlying theoretical structures of the four competency spheres of patient, nursing, organization, and scholarship. Furthermore, underlying dimensions between the measured variables and latent constructs were examined and established. Cronbach's alpha coefficient for the overall scale was 0.94.

Conclusion

The formulated CNS competency scale, tested for content and construct validity, may be utilized to shed light on the core competency requirements of CNSs. In the future, it is important to test the competency scale in other contexts to further validate its content and construct beyond the scope of the present study.

Significance

The results of this study and the formulated CNS competency scale provide information to countries developing CNS roles and curricula. Further testing will reveal their utilization value across countries.

Advanced Practice Nurse Capabilities: A Systematic Literature Review

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Background

Capability and competence are necessary factors in understanding and addressing the complexity of advanced practice nursing (APN). Although competency development of APN is evident, the research on the advanced practice nurse capabilities is limited and less studied.

Purpose

The purpose of this systematic literature review, conducted in 2019, was to summarize and compare international literature on advanced practice nurse capabilities.

Methods

The search terms were based on the concept of capability and the titles of nurse practitioner, clinical nurse specialist and advanced practice nurse. We searched CINAHL, PubMed (incl. MEDLINE) and Scopus for articles from 1998 to 2018. We used Hase and Davis' capability framework in the deductive content analysis to recognize the capabilities of advanced practice nurses. The inductive content analysis was used to find new perspectives on the capability of advanced practice nurses.

Results

After removing duplicates, the number of articles was 254. After the selection process by two researchers, nine articles were included in the review. The selected articles were qualitative and mixed-methods studies. Based on the articles, we identified all five dimensions of the capability framework: using competencies in familiar and unfamiliar situations, creativity, high degree of self-efficacy, knowing how to learn, and working well in teams. The inductive content analysis revealed a new dimension related to the ability to identify factors that influence the possibilities to operate and reinforce the full scope of practice.

Conclusion

According to the reviewed literature, the capability dimensions are recognized within APN. Further research is needed to verify and compare the existence of capability in the practice of advanced practice nurses across different countries.

Significance

Understanding the dimensions of capability in APN will lead the way to defining and measuring capabilities. By understanding these elements, the development of the APN role, education and capability assessment will become possible.

Continuity of Care in APN - led Clinic: Evaluation of Parents'/Caregivers' Satisfaction on Care Provision

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Background

An Advanced Practice Nurse (APN) in Singapore works with extended knowledge and skills, using a hybrid care model of Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS). Positive impacts on patients' experiences, safety and health outcomes reflect APN's focus on quality care provision (McDonnell et al., 2014; Coyne et al., 2016). A group of Pediatric APNs pioneered an outpatient clinic to provide holistic continuity of care for children discharged from inpatient medical units. The customized care model comprises of pre-appointment phone call reminder to complete their pre-clinic investigations and updating of pending investigation results. There is more to be done to learn about the patients' care experience in the APN-led clinic.

Purpose

To evaluate the parents'/ caregivers' satisfaction (patient's care experience) towards APN- led care by the Pediatric Advanced Practice Nurse.

Methods or Approach

From June 2019 through October 2019, we collected 85 feedback through prospective convenience sampling of parents'/ caregivers' recruited from two pediatric outpatient settings (General Pediatric APN clinic and Neonatal Jaundice clinic). Feedback was obtained from the 'Parents' Perceptions of Satisfaction with Care from Pediatric Advanced Practice Nurses (PPSC-APN)' questionnaire adopted and modified from Kinder (2016) who had kindly agreed on the use of this questionnaire.

Results

99% of parents/ caregivers felt satisfied with the care rendered by APNs. In general, more than 90% of caregivers agreed that APNs are skillful and knowledgeable in managing their child's condition, and they felt that APNs are respectful and empathetic during communication with caregivers. Areas on clinical competence and decisional control can be improved.

Conclusion & Significance

Nurse-led clinics are not new and the benefits of APN model of outpatient care are distinctly related to good patient's experience as measured by parent/ caregivers' satisfaction. More specifically, the APN-led clinic identifies cost effectiveness, including improving waiting time and reduced readmission.

Content planned for a nursing practice in early discharge of pediatric patients

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Background

In Japan, healthcare costs have increased due to long hospitalizations, and shortening of the period of hospitalization is a critical issue necessitating attention to discharge planning as required by society. This kind of social services have progressed only for the elderly but not for children, and only a limited number of nurses have worked in pediatric wards. Nurses have the responsibility to provide discharge planning, involving considerable work. To make discharge planning uneventful for pediatric patients, it is necessary to develop algorithm, and demonstrate the patient needs in discharge planning.

Purpose

To identify the kinds of nursing is required for pediatric discharge planning by ward nurses.

Methods

After approved by the ethics committee of our institution, we conducted semi-structured interviews using a qualitative approach with 18 pediatric nurses with an average length of work experiences of 16.2 years. Data were analyzed qualitatively and descriptively.

Results

The average interview lasted 57.6 minutes for one nurse. The interviews yielded 425 codes which were summarized into 36 subcategories according to the content, and 8 categories were identified: set the direction of the discharge, imagine daily life in the home care with the child, gather information related to discharge planning, consider the feelings of the family and child, share information about discharge planning among medical staff, evaluate the characteristics and abilities for child care of the patient family, provide information to child and family, and introduce child and family to resources in the community.

Conclusion

This study shows that pediatric nurses have numerous duties to perform in the nursing care of pediatric patients. Overall, paying attention to fulfilling the duties involved, this important task of pediatric nurses will lead to safe and secure home care for children and their families.

Significance

These results suggest the necessity of making algorithm for pediatric discharge planning.

Using flip teaching to improving the certification pass rate of medical nurse practitioner

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Background

The certification pass rate for medical nurse practitioners was only 15.3% in National Taiwan University Hospital Yunlin Branch in 2018, lower than that of the national average of 35%.

Purpose

To improve the certification pass rate of medical nurse practitioners.

Methods

A teaching team led by a senior physician and a nursing director was set up in early 2019. A total of 16 unlicensed nurse practitioners were asked to participate in the teaching course, in which the flipped teaching mode was applied. The course included a two-hour session per week from March 2019 to August 2019. The students were divided to several groups in separate classrooms. Problem-based instructional task lesson plans were designed to present disease symptoms or to simulate specific clinical patterns. The students were asked to make teaching plans and actually teach their classmates in turn. The students were encouraged to use clinical thinking skills, speak out in class, correct out-of-date knowledge, and share new information with each other. After class, the course content was uploaded to hospital's learning website for the students to review repeatedly. In addition, a 1-hour simulation-based training that mimicked national objective structured clinical examination exam was given 2 weeks before the national exam date. This session held by standard patients and national examiners focused on history taking and physical examination, and provided the students a hand-on experience to get familiar with the coming exam and to reduce tension.

Results

The certificate pass rate for medical nurse practitioners successfully increased to 62.5% in 2019.

Conclusions

The learning effectiveness of the students in the flipped classroom is better than those with traditional teaching methods.

Significance

This course could be used to train new coming nurse practitioners in our hospital and might be generalized to other hospitals that have similar professional demands as ours.

Using bladder ultrasound to reduce catheter-associated urinary tract infections in the intensive care unit

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Background

Most of the patients in ICU have morbid conditions, such as consciousness disturbance, major trauma, and post-operative complications. Despite a urinary catheter was usually needed to assist in urination and to monitor fluid balance, its use might result in longer ICU stay and prevalent catheter-associated urinary tract infection (CAUTI).

Purpose

The purpose of this study was to reduce the rate catheter-associated urinary tract infections in ICU.

Methods

We established a Quality Control Circle (QCC) in National Taiwan University Hospital Yunlin Branch, a 1000-bed county hospital equipped with an intensive care unit (ICU) of 30 beds, in September 2018. Medical staff in ICU assessed the patient about the necessity of urinary catheter retention every day to accelerate the pipeline removal. Bladder ultrasound was used to monitor the amount of residual urine after urination. The objective was to shorten the number of days of catheter indwelling and to reduce CAUTI.

Results

The analysis performed after the action in October 2019 showed that the percentage of ICU stay more than 5 days was reduced from 60.0% to 26.4% (with a difference of 33.6%). The need for a urinary catheter was 78.1% before QCC and was only 56.3% after the program. Overall among the admitted patients, CAUTI rate was 1.24 per 1000 person-days in 2017 and 4.23 per 1000 person-days in 2018, and was again reduced to 2.7 per 1000 per-days after the program.

Conclusion

Our practical experience showed that the catheter could be removed earlier when daily assessment was implemented and bladder ultrasound was applied. The reduction in catheter retention time and usage rate was related to the significantly reduced rate of CAUTI.

Significance

The bundle care protocol that implanted both daily assessment and bladder ultrasound might not only enhance patient's comfort but also improve patient's outcome.

The evaluation of an interprofessional education program for Advanced Practice Nurses in Switzerland

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Background

In Switzerland, Advanced Practice Nurses (APNs) have been educated in clinically-focused Master programs since 2000. In 2016 the Swiss parliament voted against establishing a framework for APN regulation and, despite the need for APN education and practice regulation, a legal basis for the role is still absent. However, due to high demand, several university programs are currently training APNs, including the developing roles of clinical nurse specialist and nurse practitioner.

Purpose

The Master of Science in Nursing program at Zurich University of Applied Sciences is adapting to the current needs of advanced practice nursing in Switzerland by offering an innovative interprofessional training model. The purpose of this educational research is to evaluate the new program and to investigate how well it prepares Swiss APNs for their future practice.

Methods

The Master program will be evaluated with a multiple method study design and by applying systems theory. Data will be collected after each semester using standardized questionnaires and focus group discussions with students, lecturers, administrators and other decision makers. Data will be analyzed descriptively, using content analysis techniques.

Preliminary Findings

Preliminary findings reveal that interprofessional teaching prepares students to take on new roles while collaborating and effectively communicating with other members of the healthcare team. The curriculum offers competency modules specific to the students' roles and clinical fields. Students also benefit from professional coaching and career guidance.

Conclusion

Innovative solutions require systematic evaluation in order to ensure that Swiss APNs continue to gain the necessary competencies required for expanded clinical practice.

Significance

As APNs are expected to continue to play an important role in the care of the Swiss population, it remains important to develop and improve evaluation methods for APN educational programs and their outcomes.

The Spirit of Prudence in The Work of Chinese Nurses: A Survey Study

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Background

With the development of nursing discipline, the quality requirements of nursing staff are constantly improving. The spirit of prudence is an essential quality requirement for nursing staff.

Objective

To understand the spirit of prudence in the work of Chinese nurses, so as to provide basis and method for improving the self-cultivation of nurses.

Methods

A total of 226 Chinese nurses were investigated by electronic questionnaire, and the effective rate was 99.1%.

Results

The average age of nurses was 32.56 ± 8.36 year-old, 54% of them had been engaged in clinical nursing for more than 7 years. 94.6% thought they had the spirit of practicing prudence in their work. 29% have made a mistake or used a missed drug, they think the main reason is they don't check clearly (60%), 21.5% don't report, and 86.5% had 1-3 such cases. 12.1% had concealed adverse events, and the main reason for the concealment was that the reporting process was too cumbersome (33.3%). 74.1% pointed out their mistakes when they found colleagues didn't follow the relevant requirements. 30.9% knew there was a colleague's concealment, but only 56.7% said they would prompt them to report, while 52.2% thought it was necessary to inform the relevant leaders.

Conclusion

About the spirit of prudence, the self-feeling of the nurses is different from the actual clinical practice. The main reason why nurses are reluctant to report adverse events is the procedure of reporting adverse events is complicated, which means the existing process isn't simple enough. On the other hand, we should pay attention to the cultivation of integrity and error correction ability among nurses, so as to enhance the overall quality and ability of nurses.

Significance

There's a close relationship between the spirit of nurse's cautious independence and the quality of nursing and the safety of patients.

The implementation of the APN role in a Swiss context

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Background

The multi-site hospital Ente Ospedaliero Cantonale (EOC), consists of seven hospitals located throughout the Italian-speaking region of Switzerland. Recently, the local University (SUPSI) has introduced the first Master of Science in Nursing to support nursing development and introduce the APN role.

The EOC Nursing Department is now facing the problem of finding an effective way to implement the new APN role. After a literature analysis, it has been decided to adopt the “PEPPA Framework” as an useful tool to achieve this goal, and it needs to be adapted to the local context.

Purpose

Define a path for the implementation of the APN role at the EOC context, adapting the PEPPA Framework to the resources and the local environment.

Approach

The following steps have been planned:

Outwards

- Literature analysis to identify hospitals in Switzerland that have used the PEPPA framework for the introduction of the APN role.
- Semi-structured interviews will be conducted with experienced leading nurses working in those contexts.

Inwards

- Identification of stakeholders to be involved in the process of the APN implementation.
- Identify and manage focus groups in order to identify priority needs and a new care model.

Final synthesis

- define a local implementation path using the information collected in the first two phases.

Key Learnings

Involve stakeholders and use their experience in others contexts to define a realistic path to implement the APN.

Conclusion

We think we are able to adapt the PEPPA framework to EOC needs and to propose to the local professional leaders a practicable and clear path to introduce the APN role.

Significance

Have a clear and realistic method to introduce the APN at local hospitals.

CHARGE Syndrome Checklist: Health Supervision Across the Lifespan

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Background

CHARGE Syndrome is a complex medical condition usually diagnosed in infancy or early childhood. Advances in medical care, treatment and technological interventions now support individuals with CHARGE to live well into their adult years. A comprehensive approach to health screening and management for individuals with CHARGE syndrome is essential. We developed a checklist organized by body system and age to guide the healthcare provider in their approach to care.

Purpose

The purpose of the checklist (Trider et al, 2017) is to provide anticipatory guidance to health providers as they provide care to individuals with CHARGE syndrome across the lifespan. The goal is to provide healthcare providers and inter-professional learners with a road map to ensure key assessment and reassessment points are not missed.

Methods

The checklist was evaluated using a modified Delphi method to develop a final consensus. We anticipate that these recommendations will promote improvements in care by preventing missed diagnoses, allowing for anticipatory counseling, and facilitating early referral for interventions and treatments.

Results

The checklist was validated by an independent study and found to be rigorous and include all of the items necessary for assessment (de Geus et al, 2017). Use in the clinical area helps alert providers to upcoming care needs and reduces incidence of missing key reassessment points.

Conclusion

The CHARGE checklist is a valid and reliable instrument to be used by healthcare providers, families and individuals with CHARGE syndrome.

Significance

The checklist has been shared internationally within the CHARGE community; either by patients, families or providers. Learners from multiple health disciplines find this resource a useful guide during their assessments regardless of their existing knowledge of CHARGE. The checklist can easily be adapted for use for other rare conditions, thereby expanding the translation of research into practice.

Nursing Care of a Child with Congenital Bile Acid Synthesis Disorder Type 2: A Case Report

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Background

Congenital bile acid synthesis defect type 2 (CBAS2) is an autosomal recessive genetic disorder caused by deficiency of Δ 4-3-oxo-steroid 5 β -reductase during bile acid synthesis. Cholestatic jaundice is the main clinical manifestation, accompanied by malabsorption of fat and fat-soluble vitamins and growth retardation. Considerable progress has been made on the diagnosis and treatment of this disease, but to date, the nursing care report on CBAS2 remains rather limited.

Purpose

To report the nursing care experience of a patient with CBAS2.

Methods The clinical data and nursing process of an eight-month-old child with CBAS2 were analyzed retrospectively. Physical examination revealed jaundiced skin and sclera, hepatomegaly and growth retardation. The patient received drug-taking and dietary guidance, skin nursing, psychological nursing and discharge guidance. Specially, chenodeoxycholic acid (CDCA) was given orally to provide essential primary bile acids. A lactose-free and medium chain triglyceride-enriched formula was introduced. Fat-soluble vitamins were also given. Moreover, regular follow-up was performed in the clinic.

Results

After half a month of treatment and nursing, the jaundice and hepatomegaly got improved gradually. The conjugated bilirubin fell from 26.2 μ mol/L to 18.4 μ mol/L. After 16 months of follow-up, liver function became nearly normal. The child was 83.9 cm (< -2sd, Less than two standard deviations, on behalf of developmental delays) in height, 10.6kg (< -2sd, Less than two standard deviations, on behalf of developmental delays) in weight, and 46.8cm (< -2sd) in head circumference, on the age of 2 years, all within normal ranges.

Conclusion

Drug therapy, holistic nursing and regular follow-up for patients with CBAS2 can effectively relieve symptoms and reduce the incidence of complication. Nutritional guidance and monitoring should be carried out in such patients, who are prone to fat-soluble vitamins deficiency and growth retardation.

Significance This study provided primary while valuable nursing care experience for CBAS2 patients.

Health Disparities in Human Trafficking of Children: Leveraging Advanced Practice Nursing Organization Resources in Response

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Background

Child trafficking victims present in clinics, schools, hospitals, and emergency rooms. It is estimated 87% of rescued trafficking victims had encounter(s) with a healthcare provider at some point during captivity in which they were not recognized as victims. Health inequities cause greater risk for being trafficked. Survey of the membership of a national pediatric nursing organization (n=799) was completed pre-intervention to analyze knowledge, beliefs and attitudes. While 87% believed it is possible they might encounter a victim of trafficking in their practice, 35% were unsure if they had provided care for a victim. Only 3.55% professed a strong level of confidence in ability to identify potential victims.

Purpose

To engage and equip a large professional association of pediatric nursing professionals in an intentionally systematic way by osmosis of the organization to generate the most effective prevention and intervention practices to end human trafficking.

Methods

Implement an awareness campaign throughout the organization, engaging all levels of governance and membership with continuing education offerings, national media presence, programs, keynote speakers at the national conference, education programs developed for chapters, and creation of a non-profit with governance board to direct further strategic initiatives. A national train-the-trainer program was initiated.

Results

This professional organization provided expert consultation to influence U.S. legislation at the federal, state, and organizational level. More than 300 experts have been trained nationally to serve as grassroots advocates to engage and equip their communities to impact child trafficking. Media reach has exceeded 3 million.

Conclusions

Pediatric healthcare professionals are perfectly equipped and situated to intervene and advocate for these vulnerable persons with health disparities in the myriad of health settings to which they may present, advocating for prevention and optimization of equitable health outcomes.

Significance

This initiative demonstrates the power of nursing professional organizations to impact health outcomes for children.

Restricted scope of practice regulations for PMH APRNs impact costs, access, and practice choices

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Background

The US Bureau of Health Workforce estimates 5,100 behavioral health professional shortage areas impacting 15 million people; leaving 55% of counties without a mental health practitioner. One strategy to address this shortage is to permit full practice authority to Psychiatric Mental Health Advanced Practice Registered Nurses (PMH-APRNs). Research studies have correlated restrictive state scope of practice with a smaller NP workforce, reduced patient access, and increased costs; few have focused on PMH APRNs. Twenty-two US states have restricted or limited practice for NPs.

Purpose

Our purpose was to analyze findings from a subset of respondents to a national APRN survey to further inform qualitative interviews with PMH APRNs in states with restricted practice for NPs.

Methods

Qualitative data were collected from 45 in-person interviews with PMH APRNs in 3 states with restricted SOP for NPs. Quantitative analysis used a subset of 699 PMH-APRN survey respondents from a sample of 8,701 NPs. Survey questions included demographics, collaborative agreement structure and process and fees paid.

Key Results

Half of respondents (n = 304) indicated their supervising physician communicated with them in-person at least once a month while nearly half communicated via phone/text/email. Interviewees reported that the collaborative services provided were minimal and that difficulty finding a physician collaborator impacted practice choice and location. About 28% reported fees paid to supervising physician; 35% of those paid out of pocket with a median fee of \$500 to establish agreement and a range of monthly payments. Interviewees reported that fees paid had no relationship to the frequency of meeting or calling upon the collaborating physicians.

Conclusion

NP practice restrictions, administrative, and out of pocket costs impact PMH APRNs ability to address behavioral health workforce shortages.

Significance Removing NP practice restrictions in the US has the potential improve access to care.

Improving Rates of Germline BRCA Mutation Testing for Ovarian Cancer Patients: Implementation of Consenting Seminar

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Background and Aims

Ovarian cancer is the most fatal women's cancer. A quarter of all ovarian cancer cases are due to hereditary syndromes. Identifying affected patients has implications for cancer prevention and cancer treatment. Olaparib is a PARP inhibitor that has been Health Canada approved for use as maintenance in patients with platinum sensitive BRCA-mutated ovarian cancer. Identifying a BRCA mutations in patients with non-mucinous ovarian cancer in BC, also allows for genetic testing to be funded for relatives.

In order to improve the rates and the wait-time for germline BRCA testing, we developed a Nurse Practitioner led group seminar model to provide education and obtain informed consent for genetic testing in ovarian cancer patients. Our aim was to determine whether the seminar model of consenting patients for BRCA testing is effective in decreasing wait times from diagnosis to test results, and increasing the number of eligible ovarian cancer patients completing testing.

Method

We completed a retrospective chart review identifying all patients diagnosed with ovarian cancer at the Vancouver Island site from March 1 2014 to February 28 2018. We evaluated the number and wait time, of eligible ovarian cancer patients whom underwent BRCA testing pre and post initiation of the BRCA consenting seminar.

Results

Since initiation, 95% of eligible patients have attended the seminar, and 80% of attendees have undergone BRCA testing. Wait times have improved from 12-16 months to 3-4 months.

Conclusion

Referral of patients with non-mucinous ovarian cancer to a group BRCA-mutation testing consent seminar at BC Cancer- Victoria site in BC, Canada, decreased wait times for test results, increased number of eligible patients tested and allowed for use of PARP inhibitors in eligible patients.

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Characteristics of the advanced practice nurse introduced into the French legislation in 2018

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Background

In 2018, French legislation finally recognized advanced practice for nurses with the objective of improving access to care in a context of increasing demand and medical shortage. Many factors have shaped the profile of advanced practice nurse (APN) now introduced in the legislation.

Aim

Identify the characteristics of the APN recently introduced in French legislation.

Methods

Analysis of French legislative and regulatory texts governing advanced nursing practice published in 2018 and 2019.

Results

APN title is protected, 4 areas of certification are proposed. They are liable for decisions they take, and interventions carried out. A master's level is required, each university defines its selection process. A minimum of three years' experience as a nurse are required to practice as an APN.

APN need to be included in a healthcare professional team (hospital/community) to practice. They take care of patients diagnosed with chronic disease and considered stabilized by their physician. They are not positioned as first line providers.

APN can prescribe (prescription renewal, dosage adjustment, lab tests according to an established list).

Their role also encompasses to teams: knowledge transfer, promotion of evidence-based nursing, projects, collaboration with researchers. The Order of Nurses regulates APN's practice. Continuing education is mandatory every 3 years. Remuneration of APNs is still in discussion as well as the indicators and evaluation methods to be used.

Conclusion

The power of the medical lobby in negotiations resulted in a limitation of the autonomy granted to APNs in spite of existing needs. Deployment strategies are diverse at the moment. Some regional health authorities provide incentives to encourage nurses to join APN programmes.

Implications

APN's profiles educated by universities could be diverse, university also responsible for certifying the APN after graduation. The deployment of APN would need to be observed as well as reactions of stakeholders.

Newcomer access to health care services: A multi-stakeholder needs assessment

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Background

In 2016, Canada responded to a global call to accept refugees from Syria, Iraq and Afghanistan by committing to accept 25,000 newcomers in one year. By the end of 2016, this number reached 39,000. Little is known about how newcomers manage transition into the Canadian healthcare system, what is accessed, and how effective resources are in supporting their health.

Purpose

The aims were to conduct a multi-stakeholder needs assessment involving newcomers, health care providers, and community stakeholders to systematically identify and understand factors that influence the ability of adult newcomers with non-infectious chronic diseases to access specialized services and manage their health. The study also sought to understand what strategies could improve access and delivery of health care services.

Methods

We used qualitative descriptive design. Snowball sampling was used to access potential participants who took part in either an individual interview or a focus group. There were 30 participants: 22 newcomers, 6 providers (including 2 NPs), and 2 community stakeholders.

Key Learnings

Consistently newcomers were appreciative of the health care services and supports, but experienced frustration with long wait times and timely access to specialists. Chronic conditions such as diabetes and COPD were well managed within agencies accessed by newcomers, but other areas such as mental health care were less readily available. Financial barriers and poverty impeded their ability to focus on health. Language barriers were a consistent issue. Newcomer-focussed agencies and providers took on roles of advocacy and education.

Conclusion

Newcomers felt supported by the healthcare system, however access remains an issue with long wait times and a lack of consistent availability of translation services.

Significance

The information gathered from this research will inform key areas that could be addressed to better support newcomer health and access to health care.

Advanced practice nurse in psychiatry: an experiment at GHU Paris Psychiatrie et neurosciences

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Background information

Advanced training in psychiatry and mental health was first implemented in France due to the decree of August 12, 2019. IPA students who entered training in 2018 were able to choose the psychiatric speciality mention from September 2019.

Objective

An IPA student program was carried out in September 2016 at the Paris 15 University Hospital Psychiatry Unit of the GHU Paris Psychiatry and Neurosciences. This has evolved with the implementation of new guidelines governing Advanced Practice.

Approach

Based on these guidelines, the position of nurse care pathway coordinator was developed. This role includes consultations, upon referral, with patients and their families in order to increase adherence, facilitate transitions in care and provide support. The autonomy offered through the IPA program allows for personalized care projects by adapting to individual patient needs and offering consultations in hospitals, outpatient care, or at home with regard to the goals fixed. In addition to the clinic, the role includes additional responsibilities, such as nursing research, project management, training and communication.

Lessons Learned

Initial positive feedback from patients shows the potential impact of individualized care on improving the quality of life, as well as the effect of a primary point of contact for patients and caregivers. The IPA program invests in many different fields, ensuring collaboration on a range of projects related to education and patient care, such as the development of an e-learning training for nurses. These advancements will lead to improvements in the quality of care and, as a result, better outcomes for patients.

Conclusion

Collaborative work is indispensable to the implementation and success of this new mode of practice. The role of IPA, in its capacity as a mediator between patients and medical teams, must pursue an innovative approach to care, concentration on the patient and their unique needs.

Guiding patients, families and care providers through pain care: Leveraging digital platforms to optimize outcomes

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Background

Pain in children is a significant and undertreated problem. Despite escalating research, a significant gap remains in clinical practice uptake and parent and patient engagement.

Purpose

To highlight the development and evaluation of three novel digital e-health technologies across multiple stakeholders.

Methods

A user-centered research design was used to develop and evaluate three prototypes: a) Implementation of the Infant Pain Practice Change (ImPaC) Resource targeting newborn care providers; b) ChezNICUHome focusing on the active engagement of parents in neonatal pain care; and c) Pain Squad/Pain Squad+ to assess and treat pain for kids with cancer.

Results

Individual and collective prototype results will be reported. For the ImPaC Resource, focus group and usability surveys were completed with a total of 107 end-users; indicating the most comprehensive pain content required by healthcare providers, and a user-friendly, acceptable and usable e-health technology informing infant pain practices. ChezNICUHome content was derived through comprehensive systematic review and co-designed with parents and clinicians. User testing and feasibility was evaluated through multiple focus groups including 40 parents and care providers. Findings informed refinement in content and navigation. Impact related to engagement of mothers and fathers in pain care is ongoing. Pain Squad was co-designed with patients with cancer and was a reliable, valid and responsive tool to assess cancer pain in 94 children 8-18 years of age with cancer. Children were not using evidence based physical and psychological strategies for managing pain. A pilot pre-post study design in 40 adolescents with cancer who used the Pain Squad+ app for 28 days had significant reduction in pain intensity, pain interference and improvements in aspects of quality of life.

Conclusion

Engaging key stakeholders in the design and evaluation of implementation effectiveness of e-health technologies is critical.

Significance

E-health technologies provide a novel solution to improve pediatric pain care.

The association between medication adherence and health literacy among diabetic clients- A systematic review

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Background

Diabetes mellitus, a chronic disease is the fourth leading cause of death globally. Sixty percent of type 2 diabetics are non-compliant with prescribed medication. Medication adherence is an important factor that influences health and determines prognosis. Strict adherence can significantly improve health outcome for persons living with Diabetes. Self-management is essential to achieving control. Clients are faced with the overwhelming responsibility of navigating the health care system and appreciating information gained to make appropriate health choices. This brings into focus the importance of health literacy.

Purpose

This study sought to ascertain the association between medication adherence and health literacy among diabetic clients. Research suggests improving health literacy results in improved disease management behaviors.

Method

Systematic review of original research articles published between 2013-2018 that addressed relationship between health literacy and medication adherence in persons with diabetes were identified through a search of 5 electronic databases (CINAHL, Embase, Pubmed, Ebsco host and Google Scholar). The search produced 23 potentially relevant articles; this was reduced to 8 based on the inclusion criteria.

Result

Approximately 12.5% reported that limited health literacy results in greater medication adherence; 37.5% concluded no significant association between health literacy and medication adherence while, 50% identified poor medication adherence among persons with limited health literacy.

Conclusion

A relationship exist between health literacy and medication adherence. Inconsistency in the measurement of health literacy and the methodological approach prevents generalization of the results. The study was unable to identify a statistically significant relationship between health literacy and medication adherence.

Significance

Diabetics engage in a complex therapeutic regimen which requires physical and cognitive will for consistent self-management. The potential relationship between health literacy and medication adherence requires healthcare providers to closely evaluate health literacy levels and adjust health communication methods to improve the outcome of self-management for optimal health outcome.

Measurement of secondary reasons for Nurse Practitioner visits in Family Health Teams in Ontario

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Background

The Nurse Practitioner (NP) role was established in Canada in the 1970's, leading to board certification in 1995 in Ontario. With scope increasing over the last 13 years, there are times when the public, government agencies, and even fellow healthcare providers struggle to understand the role of NPs in primary care, including in Family Health Teams (FHTs) in Ontario. The contribution of NPs may be under-represented if only a single issue per visit is captured.

Methods

Over one year, 17-20 NPs in one of Canada's largest FHTs tracked both primary and secondary reasons for visits, when patients see NPs within a FHT.

Results

Our data demonstrates that NPs address multiple issues per visit in FHTs, despite being booked for a single issue. 50% of all visits had at least one secondary issue addressed. Most commonly, secondary issues included activities related to health promotion, such as immunizations and lifestyle management; and visits related to mental health.

Conclusion

Current methods for tracking NP clinical care in FHTs focuses on the primary reason for visit. However, our data shows that NPs also often provide health promotion to at least half of all clients they see, a potentially undervalued contribution within a FHT.

APN Structured Hand offs improve communication quality in an urban Emergency Department Observation Unit

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Advance Practice Nurse (APN) to APN handoff characteristic data identified that structured multidisciplinary unit/bedside handoffs improve handoff communication in the Emergency Department Extended Care Unit (EDECU).

Process maps identified several areas for improvement including the need for consistency in location and content. Consistent location was identified to be the first actionable APN controlled attribute. It was determined that to improve multidisciplinary sign out and increase family inclusion handoffs needed to occur within the unit. Family and patient inclusion was fostered by a shared exchange of information with the bedside nurses. As a team, the APNs and bedside nurses were present for the care transition and jointly updated the bedside communication board.

The target for the APN group was to ensure that 70% of rounds occurred on the unit. During the test and implement phase, reminder emails were sent and monthly feedback was delivered to APN's. From April 2018 to June 2018 hand-off communication occurred within the unit >75% of the time. The ED APN QI group focused on education and awareness through a campaign of daily targeted emails to APNs'. Weekly email blasts and monthly staff meeting updates kept further attention focused on the importance of this culture change. This information was validated by a co-op student and entered into the survey database.

Creating process maps allowed for identification of different practices people used to complete APN hand-off. This alerted the need for consistency and standardization of practice. Sharing these process maps helped staff understand the need for group standardization of report. Providing sustained feedback to staff enforced accountability and awareness to help drive culture change. Receiving leadership support to make this QI project part of the yearly financial incentive program also attributed to project success.

Using Co-Design to Create a Virtual Care Intervention for Medically Complex Children

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Background

Children with medical complexities (CMC) are a group of young people with complex health conditions, profound physical dependence, and a reliance on life-sustaining technology. Clinical support for CMC is often led by advanced practice nurses (APNs) in tertiary care centers. Lack of CMC clinical expertise in community settings necessitates frequent travel for families and prolonged admissions. Additionally, insufficient proactive care at home does not allow for achievement of optimal patient outcomes. There is an urgent need to innovate interventions for CMC to reduce the burden of care. Pilot studies of virtual interventions for CMC have shown promise, however, uptake has been hindered by lack of inclusion of 'end-users' (clinicians and families) in the design process.

Purpose

At McMaster Children's Hospital, we are undertaking a co-design study to solicit the requirements of CMC clinicians and family members for a hospital-to-home virtual care intervention for CMC.

Methods

A structured approach to intervention co-design will be led by researchers at McMaster University and supported by the Ontario Telemedicine Network (OTN). As key stakeholders in the care of CMC, APNs will work with the other clinicians and CMC family members to design the virtual care intervention.

Results

Co-design sessions will yield requisite virtual care intervention criteria, such as remote patient monitoring parameters and clinical team workflow processes. Co-design sessions will take place in January 2020, results will be analyzed in the spring.

Conclusion

Intervention co-design will yield important information as to the requirements of a virtual care model for CMC. This information will be used to enhance the uptake of the virtual care intervention at McMaster Children's Hospital.

Significance

Virtual care models may decrease the burden of care for medically complex populations. Inclusion of APNs in the design of interventions is necessary for intervention relevance, acceptability and achievement of wider reach, bigger impact.

The CNS Role Impact on Transitioning Seniors from the ED to Urgent Outpatient Geriatric Assessments

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Background

Canadians 65 and older represent the highest users of the Emergency Department (ED), highlighting the need for specialized resources in this setting. The introduction of a Geriatric Emergency Medicine Clinical Nurse Specialist (CNS) in a large Ontario hospital has advanced geriatric emergency care through leadership, front line nurse mentorship and quality improvement.

Purpose

To describe the CNS role in establishing and sustaining urgent access to Comprehensive Geriatric Assessments (CGA) which, in some cases, is essential for frail seniors to safely transition from the ED back in the community.

Methods of Approach

The primary nurses in ED screen for frailty to identify high risk seniors with complex needs. This triggers a referral to the CNS to complete a modified, targeted geriatric assessment. Sustainability of access to the urgent CGA hinges on the CNS' assessment and triage for urgent versus regular assessment. Patients are seen in the urgent CGA clinic within ten days. The pilot phase consisted of a Plan-Do-Study-Act framework led by the CNS in collaboration with the physician group and supported by hospital leadership. The pilot consisted of forty patients captured over three months. 100% of patients had a new diagnosis; therefore, demonstrating the need for a sustainable process.

Conclusion

This CNS-led quality improvement initiative ensures seamless transitions for seniors from ED to home through timely access to specialized geriatric services in the community.

Significance (impact and reach)

Outcome indicators for this project include prevention of unnecessary repeat ED visits, geriatrician interventions and patient and family satisfaction surveys. The CNS role is instrumental in improving quality of care and access to CGA for this complex patient population through leadership and innovation. This project can be replicated by other advanced practice nurses in their settings.

The Impact on Mental Health Outcomes by Advanced Nurse Practitioners Working in Nursing Care Homes

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Background

It is estimated that in the United Kingdom there are more than over 500,000 people living in nursing and residential care homes. Elderly people with mental illness are frequently admitted to nursing homes, and their care is often of poor quality and related to a series of resident and facility factors. Evidence suggests that nursing home residents who use psychotropic medication are more likely to have accidents than nursing home resident and the changing nature of health care delivery has seen an increasing interest in the development of new nursing roles and consequently how new resources are allocated to improve mental health outcomes.

Although previous research has investigated the impact of Advanced Nurse Practitioners (ANPs) in a variety of contexts, there is a dearth of literature on the impact on mental health and wellbeing by ANPs in nursing homes

Purpose

Our evaluation aims to explore and document the experience of ANPs working in Care Homes. The evaluation also aims to determine the impact the role the ANP has on improving mental health outcomes.

Methods

This is an evaluation of a new service delivery by one Health Board area in Scotland using a qualitative approach. Focus Groups will be undertaken in Spring 2020. Completed evaluation is expected May 2020.

Key Learning

It is anticipated that this evaluation will demonstrate the experiences, facilitators and barriers that impact on the role of the ANP in nursing care homes.

Conclusion

We expect to find that ANPs are effective in Nursing Care Homes in improving mental health outcomes.

Significance

This evaluation should provide a better understanding of the ANP role in Nursing Care Homes. The evaluation should demonstrate that ANPs can play a central role in improving mental health outcomes in nursing care homes, whilst reducing mental health care inequalities.

Raising awareness: reflections of a campaign designed to improve understanding of NP roles

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Background

Nurse Practitioners (NPs) are uniquely placed to support healthcare reform. A lack of knowledge of NP capability and scope for potential growth remains a barrier to improving healthcare delivery. The Transforming Health Campaign (THC), was developed to increase awareness, understanding and knowledge of NPs across Australia.

Purpose

The purpose of this paper is to provide an overview of the campaign and the evaluation outcomes highlighting versatility and skills of NPs; promotion of public awareness of NPs as an alternate healthcare “choice”; increased health sector awareness of NP value; and career pathway options for nurses aspiring to become NPs.

Methods

The design captured a broad audience by including traditional methods of message delivery to stakeholders; face-to-face events; third party collaborations, as well as increasing the use of social media tools. Overall reach of the campaign was measured using a variety of analytics.

Key learnings

Delivery of clear information which includes “personal” messages is an appropriate strategy to improve public awareness of the potential benefits of NP led care. The key message is that widespread, intimate knowledge of NPs and their potential is vital to the goal of improving health care outcomes. The THC provided a variety of resources aimed at increasing awareness of NPs across public, health and education sectors, particularly in primary health care and rural and remote locations. Promotion of the benefits of NP roles through strategic messaging will drive change to the status quo.

Conclusion

The THC has increased awareness of the NP role, provided greater insight to the value and benefits of NP led healthcare and has increased awareness of alternate choices to improve accessible health care.

Significance

The significance of this project is the successful delivery of key messages across a variety of media and the usefulness of the educational materials into the future.

For Jude: Improving Influenza Immunization Uptake in Children 6-59 Months

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Background

Children aged 6-59 months are considered a high risk for complications from influenza. Vaccine uptake is approximately 37% in Nova Scotia. Health Canada's benchmark is 80% and the World Health Organization's (WHO) is 75%. Our literature review found the majority of poor uptake was due to needle phobia, lack of encouragement from provider, and lack of appointments outside of regular business hours.

Purpose

The purpose of our project is to increase influenza vaccine uptake in children aged 6-59 months across a group of collaborative family practices in Halifax, NS. This would decrease incidence of complications from influenza and prevent transmission of a communicable disease.

Methods

We invited interested providers to participate, including registered nurses, nurse practitioners, and family physicians. Families were sent letters to invite the child and family to receive the influenza vaccine. The letter included a handout with pain prevention strategies that align with the "Comfort Promise" used at Minnesota Children's Hospital, and current best practice guidelines. Alternate hours, including evening clinics were offered to improve uptake. Funding was obtained to provide numbing skin patches to all children. Surveys were distributed to parents asking simple questions about the reason for coming to immunize their children and their plans to immunize next year.

Key Learning

This project is in progress. Key learning points will be showing how to increase pain prevention strategies for parents and health care providers, and what encouraged parents to immunize their children.

Conclusion

Although this project is in progress we believe that regardless of the findings of this project we can disseminate the knowledge, strengths, and weaknesses.

Significance

WHO has listed vaccine hesitancy as one of the top ten threats to global health in 2019. Any findings related to hesitancy and the prevention of communicable diseases should be offered to advance practice nurses.

Japanese Advanced Practitioner's perception and application of leadership competency to their practice, preliminary.

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Background

This is an international collaboration between Japanese, American and Canadian trained Nurse Practitioners. In Japan there are two Advanced Practice Nursing (APN) roles: Certified Nurse Specialists (CNS) and Nurse Practitioners (NP). Despite being introduced in 1995 and 2008 respectively, there remains confusion around these roles both for the public and within healthcare teams. Through interactions with Japanese APNs (JAPNs) on various occasions, it became apparent that many JAPNs did not have a clear understanding of the patient-focused goals of their practice or a clear vision of their role in the health care system.

Purpose

This project utilized interviews and subsequent analysis to determine how JAPNs perceive and apply the leadership competency as conceptualized in their practice, and how concept application has affected their role as APN.

Method

Four JAPNs were recruited to participate in semi-structured interviews. Due to distance between the researcher and the respondents, the video calls were used to best replicate the traditional interview. Interviews were recorded for analysis and transcribed verbatim. A narrative inquiry was applied to identify relevant themes.

Results

The analysis from this initial qualitative research revealed that the uniqueness of factors influencing APN role development in the countries without a strong foundation of nursing and illustrate what kind of augmentation in masters programs are needed, and what kind of support APN need after graduation. Three distinctive outcomes from our research were: leadership education, professional identity, and history and culture of nursing.

Conclusion

Challenges for JAPNs in role development were identified. The next steps are to (a) continue interviews to include a more representative sample; (b) explore the gap between the JAPN's role and Japanese master program curricula; (c) firmly suggest development of a strong regulatory body and create JAPNs scope of practice.

Importance of Approach to Improving Dry Skin of the Elderly by Nurse

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Background

The skin of the elderly is dry, especially when exposed to cold winds from autumn to winter, and it causes an itching sensation and unconscious scratching (scratching). These scars on the skin surface are often accompanied by bleeding. These become a hotbed for skin infections, and skin discomfort in life interferes with sleep and prevents interaction with others.

Purpose

It is to verify how the moisture content of the elderly's skin changes by continuing correct skin care in daily life, and whether there is an effect on improving skin troubles such as itchiness and improving QOL.

Methods

First, under ethical considerations, nurses measured skin moisture on the outside of the lower limbs of 49 elderly people. Instructed to apply. We used a moisturizer that is commercially available and confirmed its safety, and confirmed its safety by a patch test. Eight weeks later, it was verified whether there was a significant difference in the moisture content of the skin at the same site.

Eventually, seven men aged 71 to 92 and 23 elderly women (average age 83.17) practiced skin care for 8 weeks. The average value of skin moisture before guidance was 52.8, and the average value after guidance was 68.0. 26 patients showed significant improvements in skin moisture and skin symptoms. The skin moisture content of the 4 people remained almost unchanged for 8 weeks. In the T test, $t(29) = 6.6$, $p < 0.01$, and there was a significant difference in the mean value. On the other hand, 6 elderly people only performed skin moisture measurement twice, and 4 were completely discontinued.

Conclusion and Significance

From these results, it was suggested that nurses' guidance on how to use skin cleansing and moisturizing agents is extremely effective in improving the symptoms of dry skin in the elderly.

Designing Wearable Sleep Technology with Adolescents: An Advanced Practice Nurse-Led Co-Design

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Background

Sleep problems during adolescence are common and recognized internationally as a significant concern. Many countries report high incidences of insufficient sleep quality and quantity in youth. Advanced Practice Nurses (APNs) are well-positioned to support the development and maintenance of healthy sleep habits across the lifespan. One way to maximize this position is the direct involvement of APNs in the co-design of health technology that supports the self-management of healthy sleep behaviours.

Purpose

The overall aim of this study is to design a prototype intervention using wearable technology to promote sleep hygiene in adolescents. In this presentation, we will share preliminary findings and our learnings from the co-design process with adolescents.

Methods

This ongoing study has a multiphase mixed methods design consisting of quantitative measures (actigraphy) and qualitative group interviews (focus groups, design sessions) based on participatory design approaches. The study population includes adolescents (14-17 years) and their parents. The co-design process, facilitated by APNs, entailed working collaboratively with a team of adolescents (n=6-8) to develop a wearable technology intervention to support and maintain good sleep hygiene.

Key learnings & Preliminary Results

Fostering participation in the adolescent population can be challenging. It requires novel strategies to address their time constraints, thus allowing them to participate. We incorporated collaborative software into the co-design process to allow for participant flexibility. Descriptive statistics and qualitative results will be available. We will also share our experience with optimizing adolescent participation, and the expanding role of APNs facilitating co-design for health technologies.

Conclusion

As a result of this study, a wearable sleep intervention will be developed that adolescents believe is relevant, persuasive, useful, and engaging.

Significance

We anticipate that by communicating our experiences, it will foster other APNs to consider the valuable role that they can play participating in and facilitating the co-design process.

Community dispensation to promote ARV uptake in Cameroun

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A strategy of Community dispensation is to increase ARV uptake among people who are infected with HIV especially those who are stigmatized or foreigners who live in the creeks and cannot come to health facility. Three forms of community dispensation have been adopted in Cameroun.

Firstly, dispensing in groups, secondly, one person collects drugs for others, thirdly, a Nurse goes to the community to dispense drugs to a group. Out of these three, the most commonly practiced, is the latter. The purpose is to increase the uptake of ARV treatment, improve adherence and retention.

It was a cross sectional study carried out in health facilities in south-west region in Cameroun supervising 25 groups both community and facility-based from February to July 2017. During this period, data was collected from the facility dispensation registers and the support group activity records. The indicators were the number of members enrolled in the group; the proportion of people served through community dispensation.

Ten groups which started in February 2016, with 224 patients and by July 2017, the number of groups have increased to 30 groups dispensing drugs to 1567 patients given a yield of 8% of all patients enrolled in the health facilities. Meeting attendances are now regular, members received drugs at their convenient, stress and queuing at the facility have reduced. Also, the uptake of ARVs in the community has improved collaborations between health facilities and community.

Community dispensation has increased the uptake of ARVs. Therefore, supporting and promoting this activity will improve retention in care of people living with HIV in Cameroun.

Interprofessional Educational Initiative Promoting Oral Systemic Health - Nurse Practitioner and Oral Health Team Project

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Background

Oral systemic health has gained increasing attention over the past several years as a gap between primary care providers and the oral health team in many settings. To bridge this gap, the College of Nursing – Nurse Practitioner Program collaborated with the College of Dentistry and School of Dental Hygiene to establish a pilot project to place Nurse Practitioner students in the learning environment with Dental and Dental Hygiene students.

Purpose

The project integrates oral systemic health within primary care services, including oral health care settings, emphasizing undiagnosed conditions, gaps in care, and improved health outcomes. This study in progress, is an evaluative study using surveys to explore patient and student perceptions of an Inter-Professional Educational initiative promoting oral systemic health. The goal was to promote oral systemic health for clients through change behavior.

Approach

The students participate in online, face-to-face and simulation learning experiences before engaging together as small interdisciplinary teams to assess clients and create inter-professional plans of care. All components of this project are embedded in the curriculum of each discipline and surveys are completed by the student participants at each stage. The inclusion criteria for clients are older than 40 years and self-identified as not having a primary care provider. The patients complete surveys after treatment to provide an opportunity for feedback and to assess if the goals are met. A follow-up survey is conducted to assess for behavior change and the perception of impact of the encounter on the client's health.

Results

This study in progress will be complete in April 2020 and the results will be available for presentation. The initial findings indicate a learning gap of student participants related oral systemic health and the role of the other professions in optimizing client health outcomes. The client impact is to be assessed.

The APN role of leader, are we teaching this role well?

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Background

I have taught nurses in Guyana, Vietnam, Rwanda, and the United States. I have been amazed at how many nurses I talk to do not recognize themselves as a leader. The role of leader is not a formal discussion in many of the schools. Therefore, I built an educational program to support nurses in gaining leadership, engagement (communication), accountability, and professionalism habits.

Purpose

To share the importance of providing formal education to students and new graduates on the APN role of leader to augment role transition and professional identity formation through LEAP Leadership.

Methods of Approach

APN Instructors should incorporate a formal process of teaching the APN role of leader in conjunction with Professional Identity and Role transition to improve an understanding of self and increase their impact as APN. One such program is LEAP Leadership.

Key Results

Every nurse is a leader and impacts others. The APN is representing herself, the nursing profession and the workplace. APNs who have a strong foundation in leadership and team management skills will impact patients, families, teams and workplace in positive ways with increased creativity, innovation, empowerment, and self-confidence

Conclusion

All instructors and preceptors of APN student should recognize the importance of developing APN leaders and incorporate education and experiences in which healthy leadership habits and confidence can be grown. A formal education process will help facilitate both role transition and professional identity as APN.

Significance

In this complex healthcare working environment, APNs are critical in teams, quality assurances programs, patient outcomes, and staff training. Both management and leadership skills and knowledge are required to develop our future nursing leaders around the world. Not only is the Leadership style, but the process of education and implementation is critical for organizations and educational institutes to consider when planning and anticipating improved outcomes.

Factors Affecting the Quality of Life of a Patient with Diabetes Mellitus

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Background

Diabetes is a bio-psychosocial disease that involves a dramatic change in lifestyle and has strong negative impact on health-related quality of life especially in the presence of comorbidities. Among clients with diabetes, factors such as length of hospital stay, poor adherence to medical regime and increased morbidity and mortality rates are associated with quality of life (QOL).

Purpose

To explore the factors and conditions impacting the QOL of Caribbean adults with diabetes mellitus (DM).

Methods

A qualitative approach was used to explore the lived experience of a consenting clinic attendee diagnosed with diabetes > 1 year with no recent hospitalization. Client records and the WHO Quality of Life Brief (WHOQOL) tool guided the case identification process. Two in-depth semi-structured interviews were conducted over a two-week period.

Results

The 52-year-old, employed mother of four, was separated and only completed elementary education. The participant was insulin dependent, diagnosed with uncontrolled type 11 diabetes x 16 years with a low QOL score based on the WHOQOL Brief. The participant reported that her QOL was "neither good nor bad" was dissatisfied with her health status and felt that diabetes negatively impacted her health. Daily insulin administration affected her religious practice. Impaired sexual function and spousal relationship were attributed to having diabetes.

Conclusion

The finding of low QOL is aligned with previous QOL studies conducted among clients with diabetes globally. Physical health, psychological, social relationships and home environment affected the QOL of the participant. Greater attention and more research regarding QOL among clients with diabetes with limited social services is warranted.

Significance

Results from this study could open the communication between Advanced Practice Nurses (APN) and their clients by raising awareness. It also presents an opportunity to encourage APN's to seek additional training.

Understanding the Nuances of Quality Clinical Research in Emergency and Critical Care

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Background

This workshop will focus on three key areas: learning methods to evaluate existing evidence, transforming clinical problems into research problems, and identifying and addressing operational and ethical challenges that are faced while conducting clinical research in emergency and critical care setting. It will be an attempt to create insight in health care professionals for bringing and translating quality evidence into practice and being scientifically inquisitive when encounter clinical problems.

Objectives

1. Discuss the importance of evidence-based practice and the facilitators and barriers of its implementation in emergency and critical care setting
2. Learn methods to critically appraise the evidence available in the context of emergency and critical care
3. Develop research questions from the actual clinical problems that occur in emergency and critical care setting
4. Discuss operational and ethical challenges that a researcher experiences while conducting research in emergency setting and learn strategies to address them.

Approach

Evaluating evidence using appraisal guidelines and standards developing research question

- Small group discussion based on the recent evidence
- Clinical examples and research examples
- Developing research questions
- Analytical exercises
- Audio visual strategies

Key Learning

- Hands on practice of developing research questions from actual clinical problems
- Build capacity of the participants to conduct quality research in the context of emergency and critical care setting
- Learn strategies to overcome these challenges in the context of emergency and critical care setting
- Develop some research questions from the actual clinical problems faced in emergency/critical care
- Identify ethical considerations while conducting research in emergency/critical care setting

Conclusion and Significance

This workshop will provide the insight in health care professionals for bringing and translating quality evidence into practice and being scientifically inquisitive when encounter clinical problems.

Charting the road to competence: implementation of Entrustable Professional Activities in advanced practice nursing education

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Background

The World Health Organization has emphasised the importance of an educated, competent and motivated nursing workforce. Advanced Practice Nurses (APNs) are identified as the key game changers to lead value-driven care by anchoring the workforce. There has been an increased demand in Singapore to train more competent APNs in a relatively fast speed to meet the ageing population's escalating demands for chronic disease management.

Purpose

Being the only Master of Nursing (MN) programme in Singapore that prepares registered nurses for the APN role, the competency outcome-based framework was adopted in the 2018 curriculum revision to redefine the programme learning objectives and clinical activities.

Approach

The MN programme director collaborated with the Ministry of Health and industry stakeholders in establishing and defining the core entrustable professional activities (EPAs). EPAs are units of measure for a profession, elucidating the professional's unique abilities and work.

Results

Nine pertinent EPAs were identified, each EPA developed has clearly stated the required APNs' clinical behaviours (knowledge, skills and attitude), methods of assessment, and level of entrustment. The EPAs outline a blueprint for trainers and learners, providing all stakeholders with a framework to assess the APN candidates' level of competency. This initiative ensures that all stakeholders hold similar and realistic expectations of the APN candidate's competence. Lastly, EPAs provide a guide for the students to monitor and evaluate their progress in mastering the professional responsibilities for APN practice.

Conclusion

The use of EPAs is an innovative strategy that is gaining eminence in healthcare education, the benefits and mitigation strategies for developing and implementing EPAs in the education are important to be shared and further discussed, so improvement can continue.

Significant

The EPAs are charting the road to train competent APN, and help to create a supportive learning environment by aligning stakeholders' expectation towards graduates behaviors.

Innovative Strategies for Ensuring Rigor and Quality in APRN Programs

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Background

Advance Practice Nursing education must meet the need to demonstrate a competent nurse practitioner in the clinical setting. With the global proliferation of APRN programs and the limited number of qualified faculty to ensure quality and rigor, it is essential for administrators and faculty to be current in various teaching methodologies.

Purpose

The purpose of this presentation is to provide the participants with tips and strategies for innovative ways to improve quality and ensure rigor.

Methods or Approach

This presentation will utilize the synthesis of evidence for best practices in teaching methodologies. Taking the evidence participants will be shown ways to implement specific strategies from the literature to enhance curriculum and course development.

Key Learnings or Results

Participants will learn how to implement various teaching strategies based on best practices from curriculum mapping to in-classroom techniques. Ways to measure quality will be presented.

Conclusion

In conclusion, the implementation of best practices in teaching APRNs will result in setting a higher standard of education for students. Ultimately producing a safe and competent autonomous practitioner who are able to meet the needs of the global health community.

Significance (Impact and Reach)

This presentation is important for the implementation of new programs and the quality improvement of existing APRN programs. Innovative teaching strategies will ensure the image of the APRN and the protection of the public in providing quality practitioners.

Learning Objectives

1. Discuss current strategies in education to ensure quality and rigor in APRN education
2. Demonstrate ways to improve innovative teaching techniques that will implement best practices.

Commercially Available Infrared Thermometers, Foot Self-Management and Diabetes: A Mixed Methods Study

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Background

Self-monitoring of foot temperature using a medical-grade infrared thermometer has been associated with a reduction in diabetic foot ulcers (DFUs), a major complication of diabetes. No studies have been conducted that considered the feasibility of using a low-cost commercially available infrared thermometer (CAIT) as part of a foot self-management strategy.

Purpose

To evaluate the effectiveness of a self-management strategy that utilizes a low-cost CAIT to improve foot self-management in patients with diabetes at risk for poor foot health.

Methods

We employed a sequential exploratory mixed methods research (MMR) design with three phases. Phase 1: self-management was explored using qualitative methods and what was learned informed the intervention. Phase 2: a 6-month pilot RCT was conducted that tested the effectiveness of the intervention. Participants were randomized to the intervention group (n = 34) and control group (n= 26). Phase 3: interviews were conducted with participants regarding their experiences with the intervention.

Results

There was no difference between the two groups for DFU, however, the intervention group had more days where an assessment was completed (150.98 vs 119.84, $p = .02$). 96.8% of participants indicated they would continue to use the CAIT as it provided benefits such as prompting foot assessment, monitoring for hot spots, and providing direction for appropriate action to protect their feet.

Conclusion

The use of a CAIT as part of a self-management strategy may facilitate a foot assessment in patients and provide direction for appropriate action to prevent foot complications.

Significance

This study will inform advanced practice nurses regarding foot self-management and infrared thermometry; and future trials testing a CAIT as a preventative strategy to prevent foot complications.

Learning Objectives

1. Recognize factors that impact on foot self-management.
2. Describe use of a CAIT as a foot self-management assessment tool.
3. Identify benefits of using an MMR approach.

Exploring the Endocannabinoid System

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Marijuana within the US includes recreational and medicinal use. In many areas, a cannabinoid extract cannabidiol (CBD), is sold over the counter. Advanced Practice providers comprise a significant portion of the primary care provider population, and more states are permitting NPs to make recommendations regarding medical use of marijuana, it's essential for providers to become more familiar with the endocannabinoid system, basic physiology, and indications.

Marijuana is classified as a Schedule I drug, thereby limiting research studies. The National Institute on Drug Abuse has funded studies focusing on cannabis. In terms of clinical guidance and recommendations, there is a lack of sufficient research. Significant studies in the realms of psychology identify vulnerable populations, including the older adult, pregnant female, and those with substance abuse histories which has been synthesized by the US Department of Veteran's Affairs. Combining basic agricultural information regarding the variety of marijuana plants, its components, and both therapeutic and psychogenic properties with substantiated clinical research of the endocannabinoid system, solid psychological research, as well as current policy in both federal and state-wide arenas should provide the general practitioner a foundation of knowledge regarding the medicinal use of marijuana.

In 1996, California became the first state to legalize the medicinal use of marijuana. Currently, 33 states permit the medicinal use of marijuana. Unintended consequences of marijuana use will require the clinician in all arenas to have fundamental knowledge. This presentation will present clinical indications, contraindications, therapeutic goals, and adverse side effects. There will be a brief summary of the types of marijuana and its derivatives- including the mainstream, over the counter CBD. Also presents a foundation of current evidence regarding medicinal use of marijuana which may augment one's decision-making ability to include or exclude its role in clinical practice, education to other providers and/or patients, and policy.

The Basics of Biologics

Dr. Clarissa Michalak¹

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Biologics include pharmaceutical drugs manufactured in, extracted from, or semisynthesized from biological sources; one of the first biologics was insulin, entering the market in 1982. In the late 1990s, etanercept (Enbrel) revolutionized the treatment and management of rheumatoid arthritis. Over the past twenty-years, biologics have been utilized as successful treatment for a number of inflammatory conditions and autoimmune diseases, as well as cancer. They have become one of the fastest growing segments of the pharmaceutical industry. Biologics include materials derived from living organisms using biotechnology. This presentation will aim to relay the basics of biologics, including the history and production, as well as expanding use within healthcare across multiple specialties and clinical areas. The nurse practitioner will become more familiar with these medications, their management, and their impact on precision medicine and healthcare costs.

Nurse practitioners comprise a large population of primary care providers. In this role, coordination of specialized care is required and may consist of monitoring biologic therapy and associate side effects and reactions. As the use of biologics expands across multiple diagnoses, nurse practitioners will also need to expand their knowledge. This presentation will aim to improve nurse practitioner knowledge, confidence, and basic competency related to biologic therapy and genetics-based precision medicine.

Nurse-Led Strategies - Acute Pain Service (APS) Quality and Safety: One Size Can't Fit All

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Background

Pain is a multifactorial condition. Clinical pathways with standard protocols are being developed to address improving outcomes in the most cost-efficient manners. However, patients' preference and clinical conditions should be considered to maximize the outcomes. We, as nurses, to initiate the right patient right analgesic regime to manage post-operative patients through patient education, encourage patients to play a proactive role and progress management. Opioid analgesics continue to play an important role, but use should be minimized to avoid side effects. Simple analgesic should be included in pain control unless contraindicated.

Purpose

The aims of this study are to examine the nursing strategies with pain management in postoperative patients under the protocol driven practice, Furthermore, multimodal oral analgesic regimens to promote early ambulation and decrease the related side effects were determined.

Method

Between June and October 2019, a total of 49 elective surgical Chinese patients undergoing colorectal surgery were recruited in a local hospital in Hong Kong. Standard multimodal oral analgesic includes regular simple analgesic and opioid were prescribed to evaluate the patients' pain intensity and related side effects. Nurse advice in analgesic titration was determined. Patients who were prescribed intravenous opioid were excluded.

Results

The male: female ratio was 1.3: 1, age ranged from 40 to 88 years old. Only 2% (n=1) reported severe vomiting. Severe pain decreased from 14% (n= 7) to 2% (n=2) after analgesic titration during movement postoperative day 1(POD1) were reported. 19.1% (n=9) only take simple analgesic without opioid with tolerable pain control on POD1. 46% (n=23) nurse to titrate the analgesic indicated.

Conclusion

Standard protocol supplement with tailor made both pharmacological and patient education is essential to the success of initiative. Nurse-led APS, had on improving postoperative pain management.

Reducing Deaths in London's Prisons: A Dynamic, Interactive Education and Development Programme for Nursing Staff

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Background

Inmate deaths, including suicide, in UK prisons reached a record high in 2015, superseded by the number of deaths in 2016. Following a special roundtable discussion to discuss this crisis, NHS London concluded a development and education programme was needed to address the prisons' complex problems. I was asked to undertake the task of designing and implementing this and undertook an extensive scoping exercise across London's prisons, observing practice, examining policies, death in custody reports and interviewing staff and prisoners. Deficits were found in nurses' knowledge and clinical skills, as well as policy and procedures issues.

Purpose

A 14-day programme was designed to run across the academic year, facilitated in the prisons, to address the key issues and help healthcare services and officers reduce the number of deaths.

Methods of approach

A multi media approach, aimed at delivering a constructionist educational and developmental. model was adopted. One- and two-day modules were delivered to nurses and colleagues, comprising presentations of theory and clinical guidance, specially made films, set in prisons and modelling the desired techniques and clinical interventions, interactive exercises and clinical simulations, when nurses could practice with professional actors working to a brief provided by the facilitators.

Key learning or Results

Over 1900 nurses and other clinical staff/prison officers have attended the programme so far. Learning has been multi faceted. However, the key results were that 99% of nurses attending each module reported increased knowledge, improved skills, greater confidence in their roles and a greater understanding of risks associated with different patient groups.

Conclusions

The programme has been a great success. Deaths have reduced. What was originally a 12-month project is now in its third year.

Significance

Discussions are underway about taking the project outside London and it is expanding in its reach and content.

The Relationship Among Depression Symptoms, Negative Cognitive Bias and Subjective Cognitive Decline in Older Adults

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Background

Subjective cognitive decline (SCD) may be an early marker of Alzheimer's disease (AD). Studies suggest that SCD is more closely related to depression symptoms than to objective cognitive performance, but it is unknown about the important mediators between SCD and depression symptoms.

Purpose

To explore whether depression symptoms have an indirect effect on SCD through the mediation of negative cognitive bias in older adults.

Methods for Approach

From May to November 2019, a convenience sample of 431 individuals aged 60-94 were recruited from a memory clinic and two community health clinics in Beijing. All participants underwent a neuropsychological assessment and completed the 30-item Geriatric Depression Scale (GDS-30), 9-item Subjective Cognitive Decline Questionnaire (SCD-9), and 13-item Chinese-version Negative Cognitive Bias Questionnaire (NCBQ-13). Andrew Hayes' PROCESS macro modeling tool for the SPSS software, based on the mediation Bootstrap confidence interval method, was used to analyze the mediation effect.

Results

Both depressive symptoms and negative cognitive bias were significantly associated with SCD ($P < 0.05$). Negative cognitive bias mediated the relationship between depression symptoms and SCD ($P < 0.05$).

Conclusion

Our findings suggest that increased depression and negative cognitive bias were associated with a severer SCD in older adults. Depression symptoms had an indirect effect on the SCD through negative cognitive bias in older adults.

Significance

This study confers insights into how depression symptoms influenced SCD in older adults. These findings can serve as a useful guide for researchers and nurse practitioners to develop tailored intervention programs for SCD with depression symptoms among older adults.

Development of an advanced practice nurse-led model of care for patients with chronic health conditions during transition from hospital to home: A study protocol

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Background

Hospitalized multimorbid patients experience unsafe transition to community care. Transitional care models, integrating advanced practice nurses (APN), showed positive health patient outcomes during post-discharge period.

In Switzerland, APN are in development and legal framework is to be defined. Developing a transitional care APN role is consistent with the current reorganisation of Swiss healthcare system, which is moving towards a decrease of hospital length of stay and development of community care. The participatory, evidence-based, patient-focused process, for guiding the development, implementation, and evaluation of advanced practice nursing (PEPPA) framework, consisting of nine steps, will be used to guide this research.

Purpose

To develop a transitional care APN role, by involving patients, relatives and stakeholders in creating a transitional care model based on their needs.

Methods

Multiple methods will be used, according to the first six steps of PEPPA framework, related to the role development. Priority population will be based on retrospective data analysis and stakeholders focus group. Unmet needs will be identified by patient and healthcare professionals' interviews. Consensus with all stakeholders, including patients and relatives will be reached using focus group. Thematic analysis, statistical descriptive and correlational analysis will be conducted.

Key Learnings

Results aim to determine which population will at first require transitional care. Secondly, assessment will guide which role of APN to develop, according to unmet needs. Finally, strategic meetings will clarify legal aspects, describe APN's role and legal aspects into the Swiss healthcare system.

Conclusion

To develop a transitional care APN role, based on current needs and including stakeholders, will promote sustainable implementation and acceptability by patients, relatives and healthcare providers in the Swiss healthcare system.

Significance

This research project will highlight APN emergence, facilitating its development and implementation, as a new concept in Swiss healthcare system.

Advanced Practice Nurse in the inclusion of patients in Home Hospitalization

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Background

Home Hospitalization is a cost-effective alternative to conventional hospitalization. Since the implementation of the Home Hospitalization Unit its capacity has increased, as well as the complexity of the patients treated. The service has an Advanced Practice Nurse whose functions are: comprehensive multidimensional systematic assessment of the patient and the environment, care plan planning and management of the post-discharge patient follow-up. The Advanced Practice Nurse assesses the inclusion and exclusion criteria of the patients within the service.

Purpose

Describing the reasons for exclusion of patients within the home hospitalization service led by Advance Practice Nurses in a high complex hospital between (2006-18)

Methods

Retrospective descriptive study. It was determined the reason for non-acceptance: not living in the area of influence of the hospital, medical criteria, lack of caregivers, non-acceptance from the patient / caregiver.

Results

10795 evaluated. Excluded 4064 cases (38%), medical criteria (25%), no caregivers (19%), no acceptance (17%), influence zone (16%). Since 2014, the Advance Practice Nurse has carried out specific training for hospital nurses to improve the identification of candidates. Since 2014-2018 there has been a decrease in the aforementioned criteria (no caregivers (5%), no acceptance (6%), influence zone (8%)), except medical criteria.

Conclusion

The Advance Practice Nurse has influenced the decline in exclusion criteria. The improvement in acceptance has been related to a better knowledge of the interventions carried out at home. The Advance Practice Nurse has the training and experience to improve exclusion by medical criteria, being able to assume more complex groups of patients.

Significance (impact and reach)

Currently, the Advance Practice Nurse, together with the multidisciplinary teams of the different specialties, is working on specific protocols so that more complex interventions could be implemented at home and could help reduce the number of exclusions due to medical criteria

Implications of Pharmacogenomics on Prescriptive Practices in a Rural Health Setting

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Background

Pharmacogenomic testing takes into account an individual's metabolism and clinical response to medications. Test results are then used as a guide for prescriptive practice for providers. The use of pharmacogenomic testing can improve health care delivery and patient outcomes. For this project, the use of pharmacogenomic testing in southeastern North Carolina rural health settings was examined.

Purpose

The purpose of this project was a quality improvement and program development. Gaps and barriers in the implantation of testing were identified, and a process improvement initiative for providers in rural health settings was implemented.

Methods or Approach

Analyzed data obtained from the literature review and a research study from the University of North Carolina Wilmington's research study, examining gaps in the implementation of pharmacogenomics in a rural health setting. Program development was then implemented in rural health setting to address these gaps.

Key Learnings or Results

Areas identified for program development included topics such as cost containment, polypharmacy, implications of individual metabolism on prescriptive dosing, patient education concerns, and the role of electronic records with prescriptive decision making.

Conclusion

Educational interventions were implemented to enhance prescriptive decision-making. The goal was to increase the efficacy, decrease costs, and improve patient outcomes through its use.

Significance

This project provided program development recommendations to providers in a rural health setting. Future considerations include expanding information to health care providers statewide.

Targeting Leadership Standards in an Advanced Nurse Practitioner Program. Ideas for Innovative Curriculum Design

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Background

Advanced nurse practitioner (ANP) programs are tasked with providing education for ANP's that meet standards and competencies set out by their regulating bodies. Some standards and competencies translate easily to program content e.g., assessment and diagnosis, client care management. Typically, the leadership standards is more difficult to provide consistent practice opportunity for all students. To address this, ANP faculty worked to develop innovative leadership opportunities within our ANP program. In the spirit of knowledge transfer, many of these ideas could potentially be replicated in ANP programs world-wide and sharing the successes and barriers encountered in our own program experience may be helpful to others.

Approach

ANP Faculty meet monthly to discuss program issues and needs. Discussion led to identification of the difficulty in addressing leadership standards not only from the program point of view but from our stakeholders (through accreditation feedback). Although we provide a core program course on leadership at the graduate level, this did not seem to be translating into the practice realm. We targeted initially opportunities within our own programming (NP students undertaking supervision and teaching in our undergraduate integration labs and clinical placements) and moved to include opportunities beyond our program for Interprofessional Education (IPE) such as mandatory participation in IPE simulations experiences where the NP students are in their prescriber/provider role and the most senior in their groups.

Conclusion

Leadership theory is available in most ANP programming. Inclusion of leadership practice opportunities have been in place the past 2 years at our school. Informal feedback received indicates the innovative ideas that were implemented have been very successful as reported by ANP students, faculty, clinical preceptors and stakeholders (health authorities). Barriers to implementation have been identified and next steps include addressing solutions for identified barriers and a more formal evaluation. (Wider reach, bigger impact)

Advanced Practice Nursing, the Belgian Legal Framework: What Do We And Don't We Know?

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Background

About hundred Advanced Practice Nurses (APN), often active in blended roles, are de facto working in Belgium, mostly in university hospitals in Flanders. In April 2019, APN was outlined in the Belgian law. Although this legal framework is undoubtedly a major breakthrough that can reshape the nursing landscape, it left several uncertainties.

Purpose

We aim (1) to summarize current shortcomings of this new legal framework, and (2) to discuss challenges and opportunities regarding this framework.

Methods

The framework was analysed by an expert in law in healthcare. It was also discussed by experts consisting of academics in Nursing Science and members of the board of directors of the Belgian Society of APN.

Key Learnings

The relevant paragraphs within this new law are: (1) No one is allowed to carry the title of APN (“Verpleegkundig Specialist / Infirmier de pratique avancée”) who does not possess the diploma of nurse. (2) At least also a Master Diploma in Nursing Sciences is required. (3) Additional to the scope of practice of nursing, the APN carries out, in the context of complex nursing care, medical interventions in order to maintain, improve or restore the health of the patient. The aforementioned care is carried out in the context of a specific target group of patients and in close concertation with the physician and potential other healthcare professionals.

Conclusion

Although legal recognition of APN is an important step forward that will reshape the nursing landscape, conceptual clarification is needed: what is complex nursing care, which medical task shifting is determined, what is meant by specific target group of patients, and what does ‘in close concertation with the physician’ entail.

Significance

Discussion on these topics with attendees can give new insights and enhance translation of ideas on APN to stakeholders who are involved in policy making.

The Hospital Acquired Conditions Audit Team: Advancing the Culture of Safety through Practice Observation

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Background

Hospital Acquired Conditions (HACs) contribute to poor health outcomes and death. At the Hospital for Sick Children, Central Line-Associated Blood Stream Infections (CLABSIs) account for 60% of HACs. Despite implementation of evidence-based prevention bundles, adherence remains a challenge. Additionally, obtaining reliable measurements for bundle adherence is complex. An innovative approach to address gaps and impact practice change is therefore warranted.

Purpose

The HAC Audit Team was created to improve bundle adherence and obtain reliable data. The Team consists of nurse leaders who reinforce central line practice standards organization wide. Using an innovative model and partnerships with local leadership, the Team completes central line practice observations, provides timely feedback to individual nurses and teams, and obtains reliable data on bundle adherence.

Methods

The Team partners with local leaders to complete practice observations using a defined model, developed by the Team: identify, coordinate, observe, feedback, document, and collaborate. Feedback and use of error prevention strategies are provided just-in-time. Observations are electronically documented for trending and dissemination of results. The Team also identifies emerging opportunities to inform CLABSI program priorities.

Key Learnings

The Team has completed over 500 practice observations with an observed 25% reduction in CLABSIs compared to the two years prior. To evaluate the effectiveness of the Team role, 118 frontline nurses completed a survey. 78% of respondents agreed the feedback was clear and 59% felt it helped improve their practice.

Conclusion

A centralized team approach for providing just-in-time feedback is an effective method to promote evidence-based practice and drive prevention bundle adherence. Preliminary evaluation highlights how a team of nurse leaders impact safety culture and improve patient outcomes through practice observations.

Significance

The Team approach is not limited to observations of central line procedures and can be adapted and applied to other complex procedures, across the continuum of care.

Neuroscience Nurse Practitioners-Improving Stroke Outcomes

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Stroke management requires a very meticulous pathway and significant provider-initiated orders as well as interventions. Primary and comprehensive Stroke Centers traditionally struggle to meet with all the Stroke Quality measures as well as key metrics that reflect quality of care as well as patient safety. Advance practice nurses play a significant role in stroke management. Their role as a stroke code responder and treatment provider work wonders for the 'Door to thrombolytic treatment time.'(Green, Newcommon; 2006) The patient outcomes are dependent on how early the treatment is started in the emergency rooms (Garrish, 2011).

Purpose of this presentation is to amplify the significant of Neuroscience nurses as the first responder for stroke codes and review the Stroke Quality indicators as well as patient outcomes.

The attendees will learn about exact Neuroscience Nurse Practitioner role fro triage to the recovery of Stroke patients and their interdisciplinary approach (Burton,2001).

Key learning /Results

- NP as a stroke code first responder
- NP focus on Stroke quality indicators
- NP leading the Stroke Program
- Improved patients outcomes reflected through Modified Rankin -Scale comparison
- Role of NP with the interdisciplinary care
- Role of NP in Stroke Prevention
- Global Stroke management using best practices across the globe
- Stroke Center Certifications

Conclusion

The learner will have significant insight into a Stroke Program that can be enhanced by having an NP as the lead or as a Neuroscience NP.

Significance

Stroke is No. 1 cause of disability and No.5 cause of death. Providing an expedited treatment by an nurse practitioner as the first responder to stroke codes or even managing patients through stroke prevention strategies can reduce the morbidities and mortalities associated with this diagnosis.

Patient Orders for Life Sustaining Treatment: Status within the United States

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Background

Nurse practitioners (NPs) provide primary care to many older adults and to more than half of residents of long-term care facilities, patients who typically suffer from multiple chronic, debilitating or end-of-life (EOL) conditions. Advanced directives (AD) allow patients to share EOL care preferences with family and healthcare providers. But only 40 % of Americans have an AD.

Purpose

This presentation will provide information on the status of and evidence regarding the impact of implementation of patient orders for life sustaining treatment (POLST) in the United States (US).

Methods or Approach

POLST simplify and increase documentation of ADs and facilitate their acceptance across care settings. They include items regarding resuscitation, hospitalization and medical interventions. Thirty-six states have legislated POLST requirements.

Key Learnings or Results

To implement POLST, NPs must recognize patients who should be offered information on EOL decision-making. Patients should be engaged in discussions about diagnoses, prognosis, and EOL treatment choices. NPs can help patients complete POLST forms, clearly documenting their wishes. Once completed, the NP writes orders to implement the patient's wishes, and those POLST orders accompany patients when they are transferred to another provider or site of care.

Conclusion

NPs provide primary care to large numbers of older adults, especially long-term care residents. NPs emphasize patient education, provide anticipatory guidance and advocate for patient centered care. They fill critical roles in supporting patient EOL care choices and implementation of POLST.

Significance

NPs completed more than 1 billion patient visits in 2018, and play a significant role in primary, acute, long-term and EOL care across the US. They are strategically placed to improve EOL care by helping patients with chronic and EOL conditions to complete POLST forms and by advocating for adoption of POLST in all states.

Provider Burnout and Fatigue: Strategies to Promote Resiliency

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Background

Clinician burnout and occupational fatigue are significant issues in healthcare. There are complex, multifaceted system factors that can impact fatigue and burnout along with personal strategies that can mitigate the adverse impact.

Purpose

The purpose of this session is to provide a framework and highlight individual and system strategies to promote resiliency in your practice setting.

Approach

A self reflection gap assessment tool of best practice strategies will be provided

Key Learnings

Participants will be able to identify 2-3 strategies for implementation to mitigate the adverse effects of fatigue

Conclusion

Advance practice nurses are in a unique position to role model and promote a culture of wellness.

Significance

Addressing burnout and occupational fatigue is critical to retention, provider well-being and patient safety.

Mobility-Related Outcomes for Hospitalized COPD Patients: An Example of Clinical Nurse Specialist Impact

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Background

Patients with chronic obstructive pulmonary disease (COPD) are at increased risk for deconditioning during hospitalization. COPD pathology and the hospital environment contribute to immobility. COPD patients have baseline shortness of breath that worsens with physical activity and becomes even more challenging in the presence of acute illness. The unique competencies of the Clinical Nurse Specialist (CNS) can be influential in solving these complex care issues and improving patient outcomes.

Purpose

This presentation describes CNS-led initiatives to improve mobility-related outcomes in hospitalized COPD patients and illustrates CNS role functions in three spheres of impact: patient care, nursing practice, and systems.

Approach

A nurse-driven activity progression protocol was developed to address barriers to patient mobility. The protocol included progressive activities, dyspnea scale, oxygen titration, and wheeled walkers with seats/brakes. Specific nursing units were designated for all COPD admissions. Centralization of patients allowed for standardized care and COPD education for staff.

Evaluation

The protocol increased nurses' prioritization of patient mobility, reduced barriers, and improved ambulation safety. Out-of-bed activity increased and length of stay (LOS) was reduced. A research study was subsequently conducted to further explore mobility and functional status indicators for COPD (n = 111). Ambulation to the bathroom, out-of-room ambulation, and days to first out-of-bed activity predicted discharge to home versus extended care facility ($p < 0.05$); days to first out-of-bed activity and out-of-room ambulation predicted reduced LOS ($p < 0.05$); no variables predicted readmission. Study findings guided revision of the activity progression protocol.

Conclusions and Impact

Findings describe the contribution of nurse-initiated mobility to the preservation of function during hospitalization for COPD patients. Additionally, this report helps illustrate importance of the CNS role and its impact upon patient care, nursing practice, and healthcare systems outcomes.

The Internet, Social Media, and Parents Vaccination Choices: A Scoping Review

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Background

Vaccination is a vital part of public health in Canada and worldwide. However, childhood non-medical vaccination exemptions continue to rise in Ontario and the United States, and minimum vaccination levels required to prevent outbreaks of communicable diseases are not being met, demonstrated by the ongoing measles outbreak. Maintaining childhood vaccination levels help minimize the spread of vaccine preventable diseases and prevent associated morbidity and mortality. Parents often look online to find information about childhood vaccinations. Examining where parents are looking for information online and specifically through the use of social media may provide insight into the nature of information they seek and how this affects parent's decision-making regarding childhood vaccinations.

Purpose

Assess the current state of research and identify gaps in literature related to parent's use of online information, social media, and their decision-making regarding childhood vaccinations.

Methods

A scoping review was performed to identify relevant research literature published between January 2010 and October 16, 2019. Included literature focused on parent's use of social media and the internet and their decisions related to their child's primary immunization series.

Key Learning

A thematic analysis of the included studies resulted in the four major themes of Parents Information seeking, Trust, Online Information Sources, and Autism

Conclusion

Parents are currently seeking vaccination information online regardless of their vaccination choices. There is a lack of accessible quality information available on social media and common parenting websites that provide evidence informed information regarding vaccinations.

Significance

Findings from this review identify current gaps in the literature related to digital vaccination information seeking and how information sources impacts parent's vaccination choices.

Interrupting the Cycle of Incivility in Nursing: Assessment in an Educational Setting

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Purpose

To examine the degree of perceived civility within a private university's School of Nursing located in the Pacific Northwest.

Background /Significance

Incivility is impolite, disrespectful and uncaring speech/behavior that can range from disruptive to threatening statements/behaviors. Incivility interfere with learning and can lead to bullying, anxiety, stress, and violence in the classroom. Faculty and students in schools of nursing must be able to recognize incivility in themselves/classmates, address uncivil behavior, promote civil communication, and foster safe, civil learning environments.

Method

An anonymous survey was emailed to students and faculty during the fall 2018 semester. The survey included The Clark Civility Index for Students, Classmates and Faculty. The tool asks participants to rate the frequency of uncivil behaviors in themselves (Students/Faculty survey) and Classmates (Students survey) using a 20-item, Likert scale. Responses include 1 (never), 2 (rarely), 3 (sometimes), 4 (usually), or 5 (always). Total scores are categorized as 90-100 (very civil), 80-89 (moderately civil), 70-79 (mildly civil), 60-69 (barely civil), 50-59 (uncivil), and < 50 (very uncivil).

Results

A total of 131 students and 19 faculty completed the surveys. Data was analyzed using IBM SPSS 26. Mean survey scores 31.42 (Student), 76.45 (Classmates) and 89.79 (Faculty). Scores demonstrate that Students viewed their own behaviors as more uncivil than their Classmates, while Faculty reported moderate civil behaviors. Student Chronbach's $\alpha = 0.86$ demonstrated good internal consistency (IC), Classmates $\alpha = 0.93$ (excellent IC), Faculty $\alpha = 0.53$ (poor IC).

Conclusions

Uncivil behaviors are occurring in this institution that are not being addressed. Future research must focus on identification of the setting (clinical/classroom), developing student-faculty cognitive/behavioral interventions and complete further psychometric testing of the tool.

The CNS Leading Advancement of Practice through the Evolution of a Structured Professional Judgment Guide

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Background

The assessment of patients can be complex, and strengths are often ignored. Many nurses are not prepared to assess the strengths of patients. The impact of a clinical nurse specialist (CNS) role will be demonstrated through the evolution of a structured professional judgment guide.

Purpose

This presentation will review the evidence related to the Short-Term Assessment of Risk and Treatability (START), a guide which was developed 16 years ago to dynamically assess patients' vulnerabilities, strengths, and risk domains. It will also describe the CNS's involvement as a practitioner, educator, researcher and leader.

Methods & Approach

The START assessment of vulnerabilities and strengths includes social skills, relationships, occupational, recreational, self care, mental state, emotional state, substance use, impulse control, external triggers, social support, material resources, attitudes, medication adherence, rule adherence, conduct, insight, plans, coping and treatability. The risk domains include violence to others, suicide, self-harm, being victimized, substance use, unauthorized absences, self-neglect and case specific risks. START includes risk formulation, signature signs and risk specificity statements. The learning objectives will be achieved by presenting evidence on the START and the experiences of the CNS.

Key Learnings

CNSs can be involved in multiple ways in supporting evidence-based practice and quality care for patients. START demonstrates good validity, reliability and utility. It is used with in-patients and out-patients in international correctional, forensic and mental health settings.

Conclusion

CNSs make a difference because of their advanced specialized knowledge and skills in their domains of practice. A CNS played a key role in leading the advancement of practice in the development and evolution of the START.

Significance

Future research on the START will be explored. The CNS role with the START and the integrated domains of practice, education, research and leadership will define future directions.

All Politics are Local: Strategies to Engage Advanced Practice Nurses in the Policy Arena

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Background

Nurses and advanced practice nurses (APNs) are not known for their political presence and advocacy. Most prefer to confine their efforts to clinical practice, patient education, and day-to-day activities. The policy arena is important because many issues relating to practice, including scope of practice, autonomy, prescribing, reimbursement, and such are regulated by legislation.

Purpose

The purpose of this poster is to present a program at the state nurse practitioner organization level and the regional level, to engage advanced practice nurses in the policy arena.

Methods or Approach

A health policy committee comprised of the health policy director for the state organization and a small group of interested members meet weekly to review new and continuing legislation impacting advanced practice nursing, either directly or tangentially. Pertinent information is disseminated to all member by weekly newsletter. Committee members solicit members to participate in legislative committees in their area of clinical expertise, thus increasing visibility of APNs in the policy area. The policy director is a lawyer; she networks with other healthcare professions to form coalitions in areas of common interest. They may draft a joint letter to legislators on an issue, either to support or oppose. Each region has an APN volunteer legislative representative who informs their members on issues and engages them to act, either by supplying legislator contacts or sharing letters. A computerized program such as Voter Voice is used for critical issues.

Key Learnings or Results

APNs with a primary focus on clinical practice are informed and engaged in policy work, building their confidence in advocacy.

Conclusion

A planned policy program is effective in increasing the number of APNs engaged in the policy arena.

Significance

Program provides multiple opportunities for APNs to build advocacy skills, increase visibility for the profession, and participate in health policy.

Driving Change: Rethinking the APN's Role in Reshaping Healthcare

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Background

Disruption describes a process whereby an individual or a group of individuals are able to successfully challenge the incumbent environment or status quo. Innovation involves a process of translating an idea or new way of thinking into goods or services that create value for the end users. As we move to a new era of healthcare delivery, APNs are well positioned to engage at all levels in the public policy process to lead disruptive innovations to reshape and improve healthcare.

Purpose

This presentation is a call to action for APNs to seize the opportunity in the current era of healthcare transformation and become disruptive innovators in seeking solutions and innovations to reshape and improve healthcare.

Methods or Approach

Discuss how evidence on disruptive innovation provides a framework for APN's to transform health care globally.

Conclusion

One driving question we face today is this: how can we find a way to reinvent healthcare practices to accommodate the changes in science, the advance of information technology, and the shift toward patient-directed and patient-centered healthcare? How do we match the changing content of science to a reengineered healthcare delivery system at all levels within the system? This inquiry is essential to our collective survival and renewal in a desperately outdated, flawed, expensive, and misaligned healthcare system. These questions and concerns form only the starting point for conversation and debate. Might we take as the guiding principle the need to change from ordinary to extraordinary thinking? Might we examine how our current thinking leads to actions and results that may not reflect our common unspoken goal—to create a sustainable healthcare system that delivers high quality, accessible, affordable care for all patients and communities?

Enlarging Nursing's Footprint: It All Stems from Policy

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Background

Expanding the future footprint of advanced practice nursing (APN) has its origins largely entrenched in health policy. Health policy dictates scope of practice, reimbursement and APN involvement in government affairs. APNs' engagement is dependent on their knowledge of the legislative process and their self-efficacy to impact the process and outcomes.

Methods

Our online Health and Social Policy course in the Doctor of Nursing Practice (DNP) program equips students with information, experiential learning and tools to demonstrate competencies in the policy and advocacy arena. Students identify a bill of importance to their practice and develop a range of skills to influence the legislative process of the bill throughout the semester. Students record Voice Threads discussing their selected bill and perform policy analyses. Throughout the semester students share their comprehensive understanding of appropriate stakeholders, coalitions and financial implications of the health system that impact or are potentially impacted by the bill. The bidirectional ripple effects of proposed legislation on Social Determinants of Health are evaluated, recorded and commented on by peers. Students record a legislative visit simulation with 30 second and three minutes follow up pitches to legislators along with a one-page summary to leave with the lawmaker. Students record constructive feedback for their peers. Examples of faculty engagement in similar competencies are provided throughout each learning unit.

Key Learning

Students report that demonstration and completion of policy/advocacy skills have enhanced their self-efficacy and interest in legislative engagement.

Conclusion

Beyond influencing government policy, students apply these competencies and enlarge the impact of APNs to improve health outcomes, processes and lead change.

Creation of a Best Practice HPV Vaccination Pamphlet for Health Care Providers

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Background:

The phenomenon of under immunizing for HPV is a complex issue with multiple contributing factors. Evidence has shown that rates of vaccination are influenced by caregivers' reluctance to vaccinate their children due to feelings of being undereducated on the topic (Van Wormer et al., 2017) and tentative recommendations by the teen's provider (Bednarczyk et al., 2019). Vaccination rates are also greatly affected by the difficulty in contacting adolescents and teen patients to complete the vaccine series (CDC, 2021). This age group is less likely to see a provider when compared to other age groups. According to the National Ambulatory Medical Care Survey (NAMCS) the age group of 5-14 year olds make up only 9.4% of office visits annually (NAMCS, 2016). This statistic shows the importance getting adolescents into the clinic and assuming HPV vaccination administration at all office visits.

Objective:

The goal of this project is the creation of a best practice HPV vaccination pamphlet for health care providers to access easily that will assist in educating and addressing care givers' reluctance to vaccinate for HPV.

Methods:

A literature review was performed by the author to find evidence-based research on the most effective way to educate caregivers on HPV vaccination. This information was then reduced to essential information for health care providers to access and use easily and effectively in their practice.

Conclusion:

Continued education and research for HPV vaccination is necessary for continued improvement of HPV vaccination rates.

References:

- Bednarczyk, R. A., Ellingson, M. K., & Omer, S.B. (2019). Human papillomavirus vaccination before 13 and 15 years of age: analysis of national immunization survey teen data. *Journal of Infectious Disease*.
<http://doi.org/10.1093/infdis/jiy682>
- Centers for Disease Control and Prevention (2021). Sexually Transmitted Disease Surveillance 2020. Retrieved from: <https://www.cdc.gov/hpv/hcp/vacc-coverage/index.html>
- National Ambulatory Medical Care Survey (2016). National Ambulatory Medical Care Survey: 2016 National Summary Tables. https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2016_namcs_web_tables.pdf
- Van Wormer, J. J., Bendixsen, C. G., Vickers, E. R., Stokley, S., McNeil, M. M., Gee, J., Belongia, E. A., & McLean, H. Q. (2017). Association between parent attitudes and receipt of human papillomavirus vaccine in adolescents. *BMC Public Health*, 17, 1–7. <https://doi-org/10.1186/s12889-017-4787-5>

The way to APN competencies in Poland

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Background

The aim of presentation is to present the expand role of nurses in Poland in the last decade. Training in the field of prescribing medicines and writing prescriptions for nurses has been carried out in the country since December 2015. Another competences of nurses expanded because of the provisions of the Regulation of the Minister of Health regarding the type and scope of services provided by a nurse or midwife independently without a medical order, according to the knowledge and skills acquired after graduating from nursing school.

The purpose of this study was to survey existing data regarding advanced competencies in nursing in Poland.

Methods

Methodology consisted of survey of data from National health Found, The Centre of Health Information Systems and the law, which introduce new competencies in nursing in the last decade to advance nursing roles. Data from FB "Nurses Prescribing Network" was analyse according the obstacles in introduction nurses prescribing.

Results

The research showed that more than 15 000 nurses has competencies to prescribe and only 1814 prescribe (1726 are nurses and 88 are midwives); 2,538 prescriptions were issued as part of independent prescribing, and 363 288 prescriptions were issued as part of the execution of medical orders (continuation).

Conclusions

The data from the National Health Found and nurses network indicated that nurses need support from the government and nurses organizations would help them implement independent nurses prescribing. As in many other countries, in Poland nurses have a lot of obstacles on the first stage of implementation.

Significance

The results of this research are very important to develop Advanced Practitioner Nurse in the part of Europe, where Poland was the leader in implement independent competencies for nurses prescribing, wound treatment and referral patients to health providers.

Artificial Intelligence in Healthcare – Past, Present and Future

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Background

In the recent past Artificial intelligence (AI) techniques has raised debates across the healthcare arena as to whether AI will replace clinicians in the future. Research shows that AI will not replace a clinician but will serve as a tool in medical decision making. AI is the use of technology and computers to mimic a human being's behavior and critical thinking skill. In 1956, John McCarthy described artificial intelligence as the “science and engineering of making intelligent machines.” AI is bringing a paradigm shift to healthcare with a plethora of data available and the innumerable analytical techniques at our disposal. Some of the diseases that use AI tools include cancer, neurology and cardiology.

Purpose

The aim of this presentation is provide the history, current status and future of AI in healthcare. Review the following relevant aspects from a healthcare provider perspective. 1. Motivation to apply AI, 2. Data types analyzed by AI, 3. Mechanisms that enable AI systems to generate clinical meaningful results and 4. Diseases that AI is tracking.

Methods

A literature review was conducted using the following databases: MeSH, Pubmed, Cochrane review, Library of Congress, Ovid, google scholar and AI company websites and the internet.

Key Learning Points

A competent AI system must possess the machine language component to handle structured data and natural language process to mine unstructured texts. The sophisticated algorithm must be trained through healthcare data before it can be deployed to assist clinicians.

Conclusion

AI is expected to help us learn the complicated yet closer to real life clinical questions which leads to better decision making.

Significance

In the 21st century AI's will become mainstay of healthcare delivery and it is important for all healthcare providers to understand it's impact on their professional life.

Proposal of Implementation of Advanced Practice Nursing in the Context of the Brazilian Health System

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Background

Brazil has significant disparities to access health care, poor infrastructure at the public hospitals and inequitable health workforce capacity across different regions. In this context, the Primary Health Care (PHC) in Brazil needs trained health care providers who have an expanded knowledge base, with technical-scientific development of its activities as the ones provided by Advanced Practice Nursing (APN). At the international level, there is a wide range of scientific evidence on the positive impact of Advanced Practice Nursing, improving health outcomes and catalyzing the health system's effectiveness in PHC. So, with the implementation of the APN role in the Brazilian context it would be possible to attend the health demands of the population.

Purpose

To develop strategies for the implementation of APN in primary health care in Brazil.

Methods

This is a qualitative, case-study. Non-participant-observation and structured interviews were the data collection techniques used in order to observe how the APN role occurs during the summer/2019. The purposeful sample was composed of seven Family Nurse Practitioners.

Results

At this moment, data analysis is being performed and will be performed in this presentation.

Conclusion

The conclusion will be performed in this presentation.

Significance

To investigate a subject that is both current and relevant not only for Brazilian Nursing, but also for the improvement of health services of the PHC guided by the Brazilian Unified System of Health is of extreme importance it is also necessary in view of the Brazilian Health context. The advent of APN in PHC in Brazil will provide the scientific and academic milestones with relevant advances, as it will provide nurses and the environment in which they work in PHC possibilities to expand their technical-scientific activities, as well as help Brazil to improve and achieve Universal Health Coverage as proposed by WHO.

Advanced Practice Nursing: Observing its roles to guide the implementation process in Brazil

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Introduction

This study aims to observe the elements of the practice of Advanced Practice Nursing in the United States of America, so that the understanding of this practice could facilitate its implementation process in the Brazilian context. The PEPPA framework guided this process.

Methods

This research is an exploratory study, of Advanced Practice Nursing in one of the largest hospitals in New York City, New York, United States of America. The first stage of this exploratory study was an observation of the elements of the practice of Certified Nurse-Midwife (CNM) and Women's Health Nurse Practitioner (WHNP). The practices of CNMs and WHNPs were observed between April and May 2019. Data were registered by descriptive and reflective field notes and analyzed inductively. The data were coded and their meaning units identified, resulting in development of a category scheme (POLIT; BECK, 2011). The project was approved by the Institutional Review Board (IRB).

Results

The categories that represent the practice of these advanced practice nurse professionals were: the activities they commonly perform; the foundations that underlie their practice; the differential of their role from other health professions; their interactions with other health professionals, especially Registered Nurses and Physicians; the obstacles facilitators presenting in their practice; and the outcomes of their practice. A category scheme was built with the seven identified categories and their related elements.

Conclusion

Understanding how Advanced Nursing Practice works is essential for the countries that aim to realize the introduction of the roles to their health care systems.

Significance

The main relevance of this study is to understand deeply the APN role and how it is implemented in the United States context, so as to apply this meaningful understanding to the Brazilian context.