ANA'S 7TH ANNUAL NURSING QUALITY CONFERENCE

REACHING THE CORE OF QUALITY 2013

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FEBRUARY 6–8, 2013 • ATLANTA, GA

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CONFERENCE LEARNING OBJECTIVES

- Examine Various Innovative Models Used to Create and Sustain a Culture of Safety
- Evaluate Effectiveness in Integrating New Technologies that Support Quality Improvement
- Analyze Methods for Translating Research and Evidence into Practice
- Illustrate and Analyze Strategies Designed for Patient Engagement in Quality

BE HEARD – TAKE CHARGE – ADVANCE QUALITY CARE

Leave your business card at the ANA Booth. You could win BIG!

The American Nurses Association is the largest and most inclusive nursing association in the US! We are evolving to reflect the changing health care environment and empowering members with opportunities to lead and learn.

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WELCOME

On behalf of the American Nurses Association, I want to welcome you to Atlanta and to the 2013 ANA Nursing Quality Conference – ***the*** place to be for every nursing professional with a passion for improving the quality of care we provide for patients.

Over the next three days, you will have the opportunity to learn from the best and brightest experts in the nursing and quality arenas. You will be able to network with peers and expand your knowledge of what works and what doesn't in facilities across the country. Most important, emboldened with new ideas, information and insight, you will have the opportunity to carry the quality work forward after the conference by immediately applying what you learn to your everyday nursing practice.

We have packed our agenda with innovative keynote speakers, including Susan Grant, MS, RN, NEA-BC, FAAN, who will discuss the positive impact of patient and family engagement in patient outcomes. We have put together educational discussions on topics ranging from falls prevention to care coordination. We also have a powerful and inspirational guest speaker, RN and country music star, Naomi Judd.

In addition, don't miss the opportunity to learn more about our latest NDNQI Quality Intelligence Reports, NDNQI Research Findings, Safe Patient Handling & Mobility and our Healthy Nurse initiative during one of our pre-conference workshops.

Before I close, I'd like to thank each of you for attending our conference and for bringing your expertise to our discussions. It is only through shared vision, knowledge and experience that we pave the way to the future, and we value your support and participation.

I look forward to meeting all of you at the Welcome Reception on Wednesday evening, and please make sure to stop by the ANA booth for more information on our many exciting programs and activities.

If you are not an ANA member, there will also be staff at the booth who can tell you more about the value of membership to your practice and our profession and help you sign up on the spot.

Enjoy the conference!

Sincerely,

Karen A. Daley, PhD, MPH, RN, FAAN
President, American Nurses Association

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GENERAL INFORMATION

REGISTRATION, BOOKSTORE AND CE CENTER • Grand Hall Foyer

Tuesday, February 5	4:00pm–8:00pm
Wednesday, February 6	7:00am–8:00pm
Thursday, February 7	7:00am–7:00pm
Friday, February 8	7:00am–1:30pm

(CE center will be open until 1:30pm on Friday)

EXHIBITS • Grand Hall

Wednesday, February 6	5:30pm–8:00pm
Thursday, February 7	7:00am–7:50am
	12:00pm–2:00pm (during lunch)
	5:00pm–7:00pm
Friday, February 8	7:30am–8:30am

HEADQUARTERS OFFICE • Chicago BC

Tuesday, February 5	12:00pm–8:00pm
Wednesday, February 6	4:00pm–8:00pm
Thursday, February 7	7:00am–7:00pm
Friday, February 8	7:00am–1:30pm

PRESENTER READY ROOM* • Chicago A

Tuesday, February 5	4:00pm–8:00pm
Wednesday, February 6	7:00am–8:00pm
Thursday, February 7	7:00am–7:00pm
Friday, February 8	7:00am–1:30pm

*All speakers and poster presenters must check in at the Presenter Ready Room, after checking in at the conference registration area. The room is staffed and has equipment for presenters to upload and make changes to their presentations.

POSTER SESSIONS • Grand Hall

Wednesday, February 6	6:00pm–8:00pm
Thursday, February 7	1:00pm–2:00pm

CONTINENTAL BREAKFAST

Wednesday, February 6 7:00am–7:50am Centennial 1
(Pre-Conference 001, 002, 003 attendees only. Ticket required.)
Thursday, February 7 7:00am–7:50am Grand Hall
Friday, February 8 7:30am–8:30am Grand Hall

LUNCH

Wednesday, February 6 12:00pm–1:00pm Centennial 1
(Full Day Pre-Conference attendees only. Ticket required)
Thursday, February 7 12:00pm–2:00pm Grand Hall

EMERGENCY • The Hyatt Security Office is operational 24 hours a day and becomes the communications center and command post in the event of an emergency. The 24-hour security hotline number from any in-house telephone is **55**. If calling from an outside source, the emergency number is **404-460-6325**.

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Continued >

In patients with acute coronary syndrome (ACS)

BRILINTA: Proven superior to clopidogrel across a broad range of ACS patients at reducing thrombotic cardiovascular (CV) events, including CV death

The difference between treatments was driven by CV death and MI with no difference in stroke

BRILINTA and clopidogrel were studied with aspirin and other standard therapies

INDICATIONS

BRILINTA is indicated to reduce the rate of thrombotic cardiovascular (CV) events in patients with acute coronary syndrome (ACS) (unstable angina, non–ST-elevation myocardial infarction, or ST-elevation myocardial infarction). BRILINTA has been shown to reduce the rate of a combined end point of CV death, myocardial infarction (MI), or stroke compared to clopidogrel. The difference between treatments was driven by CV death and MI with no difference in stroke. In patients treated with PCI, it also reduces the rate of stent thrombosis.

BRILINTA has been studied in ACS in combination with aspirin. Maintenance doses of aspirin >100 mg decreased the effectiveness of BRILINTA. Avoid maintenance doses of aspirin >100 mg daily.

IMPORTANT SAFETY INFORMATION ABOUT BRILINTA

WARNING: BLEEDING RISK

- **BRILINTA, like other antiplatelet agents, can cause significant, sometimes fatal, bleeding**
- **Do not use BRILINTA in patients with active pathological bleeding or a history of intracranial hemorrhage**
- **Do not start BRILINTA in patients planned to undergo urgent coronary artery bypass graft surgery (CABG). When possible, discontinue BRILINTA at least 5 days prior to any surgery**
- **Suspect bleeding in any patient who is hypotensive and has recently undergone coronary angiography, percutaneous coronary intervention (PCI), CABG, or other surgical procedures in the setting of BRILINTA**
- **If possible, manage bleeding without discontinuing BRILINTA. Stopping BRILINTA increases the risk of subsequent cardiovascular events**

WARNING: ASPIRIN DOSE AND BRILINTA EFFECTIVENESS

- **Maintenance doses of aspirin above 100 mg reduce the effectiveness of BRILINTA and should be avoided. After any initial dose, use with aspirin 75 mg - 100 mg per day**

Please read additional Important Safety Information on next page and Brief Summary of Prescribing Information, including Boxed WARNINGS, on following pages.

BRILINTA: Prescribe with confidence across a broad range of ACS patients instead of clopidogrel

the PLATO trial

IMPORTANT SAFETY INFORMATION ABOUT BRILINTA (continued)

CONTRAINDICATIONS

- BRILINTA is contraindicated in patients with a history of intracranial hemorrhage and active pathological bleeding such as peptic ulcer or intracranial hemorrhage. BRILINTA is also contraindicated in patients with severe hepatic impairment because of a probable increase in exposure; it has not been studied in these patients. Severe hepatic impairment increases the risk of bleeding because of reduced synthesis of coagulation proteins

WARNINGS AND PRECAUTIONS

- Moderate Hepatic Impairment: Consider the risks and benefits of treatment, noting the probable increase in exposure to ticagrelor
- Premature discontinuation increases the risk of MI, stent thrombosis, and death
- Dyspnea was reported in 14% of patients treated with BRILINTA and in 8% of patients taking clopidogrel. Dyspnea resulting from BRILINTA is self-limiting. Rule out other causes
- BRILINTA is metabolized by CYP3A4/5. Avoid use with strong CYP3A inhibitors and potent CYP3A inducers. Avoid simvastatin and lovastatin doses >40 mg
- Monitor digoxin levels with initiation of, or any change in, BRILINTA therapy

ADVERSE REACTIONS

- The most commonly observed adverse reactions associated with the use of BRILINTA vs clopidogrel were Total Major Bleeding (11.6% vs 11.2%) and dyspnea (14% vs 8%)
- In clinical studies, BRILINTA has been shown to increase the occurrence of Holter-detected bradyarrhythmias. PLATO excluded patients at increased risk of bradycardic events. Consider the risks and benefits of treatment

Please read additional Important Safety Information on previous page and Brief Summary of Prescribing Information, including Boxed WARNINGS, on following pages.

Reference: BRILINTA Prescribing Information, AstraZeneca.

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BRILINTA™ *(ticagrelor)* Tablets

WARNING: BLEEDING RISK

- **BRILINTA, like other antiplatelet agents, can cause significant, sometimes fatal, bleeding (5.1, 6.1).**
- **Do not use BRILINTA in patients with active pathological bleeding or a history of intracranial hemorrhage (4.1, 4.2).**
- **Do not start BRILINTA in patients planned to undergo urgent coronary artery bypass graft surgery (CABG). When possible, discontinue BRILINTA at least 5 days prior to any surgery (5.1).**
- **Suspect bleeding in any patient who is hypotensive and has recently undergone coronary angiography, percutaneous coronary intervention (PCI), CABG, or other surgical procedures in the setting of BRILINTA (5.1).**
- **If possible, manage bleeding without discontinuing BRILINTA. Stopping BRILINTA increases the risk of subsequent cardiovascular events (5.5).**

WARNING: ASPIRIN DOSE AND BRILINTA EFFECTIVENESS

- **Maintenance doses of aspirin above 100 mg reduce the effectiveness of BRILINTA and should be avoided. After any initial dose, use with aspirin 75-100 mg per day (5.2, 14).**

BRIEF SUMMARY of PRESCRIBING INFORMATION:

For full Prescribing Information, see package insert.

INDICATIONS AND USAGE

Acute Coronary Syndromes

BRILINTA is a $P2Y_{12}$ platelet inhibitor indicated to reduce the rate of thrombotic cardiovascular events in patients with acute coronary syndrome (ACS) (unstable angina, non-ST elevation myocardial infarction, or ST elevation myocardial infarction). BRILINTA has been shown to reduce the rate of a combined endpoint of cardiovascular death, myocardial infarction or stroke compared to clopidogrel. The difference between treatments was driven by CV death and MI with no difference in stroke. In patients treated with PCI, it also reduces the rate of stent thrombosis [*see Clinical Studies (14) in full Prescribing Information*]. BRILINTA has been studied in ACS in combination with aspirin. Maintenance doses of aspirin above 100 mg decreased the effectiveness of BRILINTA. Avoid maintenance doses of aspirin above 100 mg daily [*see Warnings and Precautions (5.2)* and *Clinical Studies (14) in full Prescribing Information*].

DOSAGE AND ADMINISTRATION

Initiate BRILINTA treatment with a 180 mg (two 90 mg tablets) loading dose and continue treatment with 90 mg twice daily. After the initial loading dose of aspirin (usually 325 mg), use BRILINTA with a daily maintenance dose of aspirin of 75-100 mg. ACS patients who have received a loading dose of clopidogrel may be started on BRILINTA. BRILINTA can be administered with or without food. A patient who misses a dose of BRILINTA should take one 90 mg tablet (their next dose) at its scheduled time.

CONTRAINDICATIONS

History of Intracranial Hemorrhage BRILINTA is contraindicated in patients with a history of intracranial hemorrhage (ICH) because of a high risk of recurrent ICH in this population [*see Clinical Studies (14) in full Prescribing Information*].

Active Bleeding BRILINTA is contraindicated in patients with active pathological bleeding such as peptic ulcer or intracranial hemorrhage [*see Warnings and Precautions (5.1)* and *Adverse Reactions (6.1) in full Prescribing Information*].

Severe Hepatic Impairment BRILINTA is contraindicated in patients with severe hepatic impairment because of a probable increase in exposure, and it has not been studied in these patients. Severe hepatic impairment increases the risk of bleeding because of reduced synthesis of coagulation proteins [*see Clinical Pharmacology (12.3) in full Prescribing Information*].

WARNINGS AND PRECAUTIONS

General Risk of Bleeding

Drugs that inhibit platelet function including BRILINTA increase the risk of bleeding. BRILINTA increased the overall risk of bleeding (Major + Minor) to a somewhat greater extent than did clopidogrel. The increase was seen for non-CABG-related bleeding, but not for CABG-related bleeding. Fatal and life-threatening bleeding rates were not increased [*see Adverse Reactions (6.1) in full Prescribing Information*]. In general, risk factors for bleeding include older age, a history of bleeding disorders, performance of percutaneous invasive procedures and concomitant use of medications that increase the risk of bleeding (e.g., anticoagulant and fibrinolytic therapy, higher doses of aspirin, and chronic nonsteroidal anti-inflammatory drugs [NSAIDS]). When possible, discontinue BRILINTA five days prior to surgery. Suspect bleeding in any patient who is hypotensive and has recently undergone coronary angiography, PCI, CABG, or other surgical procedures, even if the patient does not have any signs of bleeding. If possible, manage bleeding without discontinuing BRILINTA. Stopping BRILINTA increases the risk of subsequent cardiovascular events [*see Warnings and Precautions (5.5)* and *Adverse Reactions (6.1) in full Prescribing Information*].

Concomitant Aspirin Maintenance Dose In PLATO, use of BRILINTA with maintenance doses of aspirin above 100 mg decreased the effectiveness of BRILINTA. Therefore, after the initial loading dose of aspirin (usually 325 mg), use BRILINTA with a maintenance dose of aspirin of 75-100 mg [*see Dosage and Administration (2)* and *Clinical Studies (14) in full Prescribing Information*].

Moderate Hepatic Impairment BRILINTA has not been studied in patients with moderate hepatic impairment. Consider the risks and benefits of treatment, noting the probable increase in exposure to ticagrelor.

Dyspnea Dyspnea was reported in 14% of patients treated with BRILINTA and in 8% of patients taking clopidogrel. Dyspnea was usually mild to moderate in intensity and often resolved during continued treatment. If a patient develops new, prolonged, or worsened dyspnea during treatment with BRILINTA, exclude underlying diseases that may require treatment. If dyspnea is determined to be related to BRILINTA, no specific treatment is required; continue BRILINTA without interruption. In a substudy, 199 patients from PLATO underwent pulmonary function testing irrespective of whether they reported dyspnea. There was no significant difference between treatment groups for FEV_1. There was no indication of an adverse effect on pulmonary function assessed after one month or after at least 6 months of chronic treatment.

Discontinuation of BRILINTA Avoid interruption of BRILINTA treatment. If BRILINTA must be temporarily discontinued (e.g., to treat bleeding or for elective surgery), restart it as soon as possible. Discontinuation of BRILINTA will increase the risk of myocardial infarction, stent thrombosis, and death.

Strong Inhibitors of Cytochrome CYP3A Ticagrelor is metabolized by CYP3A4/5. Avoid use with strong CYP3A inhibitors, such as atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, telithromycin and voriconazole [*see Drug Interactions (7.1)* and *Clinical Pharmacology (12.3) in full Prescribing Information*].

Cytochrome CYP3A Potent Inducers Avoid use with potent CYP3A inducers, such as rifampin, dexamethasone, phenytoin, carbamazepine, and phenobarbital [*see Drug Interactions (7.2)* and *Clinical Pharmacology (12.3) in full Prescribing Information*].

ADVERSE REACTIONS

Clinical Trials Experience

The following adverse reactions are also discussed elsewhere in the labeling:

- Dyspnea [*see Warnings and Precautions (5.4) in full Prescribing Information*]

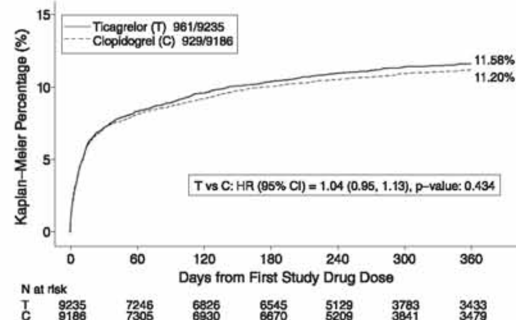
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. BRILINTA has been evaluated for safety in more than 10000 patients, including more than 3000 patients treated for more than 1 year.

Bleeding PLATO used the following bleeding severity categorization:

- Major bleed – fatal/life-threatening. Any one of the following: fatal; intracranial; intrapericardial bleed with cardiac tamponade; hypovolemic shock or severe hypotension due to bleeding and requiring pressors or surgery; clinically overt or apparent bleeding associated with a decrease in hemoglobin (Hb) of more than 5 g/dL; transfusion of 4 or more units (whole blood or packed red blood cells (PRBCs)) for bleeding.
- Major bleed – other. Any one of the following: significantly disabling (e.g., intraocular with permanent vision loss); clinically overt or apparent bleeding associated with a decrease in Hb of 3 g/dL; transfusion of 2-3 units (whole blood or PRBCs) for bleeding.
- Minor bleed. Requires medical intervention to stop or treat bleeding (e.g., epistaxis requiring visit to medical facility for packing).
- Minimal bleed. All others (e.g., bruising, bleeding gums, oozing from injection sites, etc.) not requiring intervention or treatment.

Figure 1 shows major bleeding events over time. Many events are early, at a time of coronary angiography, PCI, CABG, and other procedures, but the risk persists during later use of antiplatelet therapy.

Figure 1 Kaplan-Meier estimate of time to first PLATO-defined 'Total Major' bleeding event



Annualized rates of bleeding are summarized in Table 1 below. About half of the bleeding events were in the first 30 days.

Table 1 Non-CABG related bleeds (KM%)

	BRILINTA N=9235	Clopidogrel N=9186
Total (Major + Minor)	8.7	7.0
Major	4.5	3.8
Fatal/Life-threatening	2.1	1.9
Fatal	0.2	0.2
Intracranial (Fatal/Life-threatening)	0.3	0.2

As shown in Table 1, BRILINTA was associated with a somewhat greater risk of non-CABG bleeding than was clopidogrel. No baseline demographic factor altered the relative risk of bleeding with BRILINTA compared to clopidogrel. In PLATO, 1584 patients underwent CABG surgery. The percentages of those patients who bled are shown in Table 2. Rates were very high but similar for BRILINTA and clopidogrel.

Table 2 CABG bleeds (KM%)

	Patients with CABG	
	BRILINTA N=770	Clopidogrel N=814
Total Major	85.8	86.9
Fatal/Life-threatening	48.1	47.9
Fatal	0.9	1.1

Although the platelet inhibition effect of BRILINTA has a faster offset than clopidogrel in *in vitro* tests and BRILINTA is a reversibly binding $P2Y_{12}$ inhibitor, PLATO did not show an advantage of BRILINTA compared to clopidogrel for CABG-related bleeding. When antiplatelet therapy was stopped 5 days before CABG, major bleeding occurred in 75% of BRILINTA treated patients and 79% on clopidogrel. No data exist with BRILINTA regarding a hemostatic benefit of platelet transfusions.

Drug Discontinuation In PLATO, the rate of study drug discontinuation attributed to adverse reactions was 7.4% for BRILINTA and 5.4% for clopidogrel. Bleeding caused permanent discontinuation of study drug in 2.3% of BRILINTA patients and 1.0% of clopidogrel patients. Dyspnea led to study drug discontinuation in 0.9% of BRILINTA and 0.1% of clopidogrel patients.

Common Adverse Events A variety of non-hemorrhagic adverse events occurred in PLATO at rates of 3% or more. These are shown in Table 3. In the absence of a placebo control, whether these are drug related cannot be determined in most cases, except where they are more common on BRILINTA or clearly related to the drug's pharmacologic effect (dyspnea).

Table 3 Percentage of patients reporting non-hemorrhagic adverse events at least 3% or more in either group

	BRILINTA (%) N=9235	Clopidogrel (%) N=9186
Dyspnea[a]	13.8	7.8
Headache	6.5	5.8
Cough	4.9	4.6
Dizziness	4.5	3.9
Nausea	4.3	3.8
Atrial fibrillation	4.2	4.6
Hypertension	3.8	4.0
Non-cardiac chest pain	3.7	3.3
Diarrhea	3.7	3.3
Back pain	3.6	3.3
Hypotension	3.2	3.3
Fatigue	3.2	3.2
Chest pain	3.1	3.5

[a] Includes: dyspnea, dyspnea exertional, dyspnea at rest, nocturnal dyspnea, dyspnea paroxysmal nocturnal

Bradycardia In clinical studies BRILINTA has been shown to increase the occurrence of Holter-detected bradyarrhythmias (including ventricular pauses). PLATO excluded patients at increased risk of bradycardic events (e.g., patients who have sick sinus syndrome, 2nd or 3rd degree AV block, or bradycardic-related syncope and not protected with a pacemaker). In PLATO, syncope, pre-syncope and loss of consciousness were reported by 1.7% and 1.5% of BRILINTA and clopidogrel patients, respectively. In a Holter substudy of about 3000 patients in PLATO, more patients had ventricular pauses with BRILINTA (6.0%) than with clopidogrel (3.5%) in the acute phase; rates were 2.2% and 1.6% respectively after 1 month.

Gynecomastia In PLATO, gynecomastia was reported by 0.23% of men on BRILINTA and 0.05% on clopidogrel. Other sex-hormonal adverse reactions, including sex organ malignancies, did not differ between the two treatment groups in PLATO.

Lab abnormalities Serum Uric Acid: Serum uric acid levels increased approximately 0.6 mg/dL from baseline on BRILINTA and approximately 0.2 mg/dL on clopidogrel in PLATO. The difference disappeared within 30 days of discontinuing treatment. Reports of gout did not differ between treatment groups in PLATO (0.6% in each group). Serum Creatinine: In PLATO, a >50% increase in serum creatinine levels was observed in 7.4% of patients receiving BRILINTA compared to 5.9% of patients receiving clopidogrel. The increases typically did not progress with ongoing treatment and often decreased with continued therapy. Evidence of reversibility upon discontinuation was observed even in those with the greatest on treatment increases. Treatment groups in PLATO did not differ for renal-related serious adverse events such as acute renal failure, chronic renal failure, toxic nephropathy, or oliguria.

DRUG INTERACTIONS

Effects of other drugs Ticagrelor is predominantly metabolized by CYP3A4 and to a lesser extent by CYP3A5.

CYP3A inhibitors [*see Warnings and Precautions (5.6)* and *Clinical Pharmacology (12.3) in full Prescribing Information*].

CYP3A inducers [*see Warnings and Precautions (5.7)* and *Clinical Pharmacology (12.3) in full Prescribing Information*].

Aspirin Use of BRILINTA with aspirin maintenance doses above 100 mg reduced the effectiveness of BRILINTA [*see Warnings and Precautions (5.2)* and *Clinical Studies (14) in full Prescribing Information*].

Effect of BRILINTA on other drugs Ticagrelor is an inhibitor of CYP3A4/5 and the P-glycoprotein transporter.

Simvastatin, lovastatin BRILINTA will result in higher serum concentrations of simvastatin and lovastatin because these drugs are metabolized by CYP3A4. Avoid simvastatin and lovastatin doses greater than 40 mg [*see Clinical Pharmacology (12.3) in full Prescribing Information*].

Digoxin *Digoxin:* Because of inhibition of the P-glycoprotein transporter, monitor digoxin levels with initiation of or any change in BRILINTA therapy [*see Clinical Pharmacology (12.3) in full Prescribing Information*].

Other Concomitant Therapy BRILINTA can be administered with unfractionated or low-molecular-weight heparin, GPIIb/IIIa inhibitors, proton pump inhibitors, beta-blockers, angiotensin converting enzyme inhibitors, and angiotensin receptor blockers.

USE IN SPECIFIC POPULATIONS

Pregnancy Pregnancy Category C: There are no adequate and well-controlled studies of BRILINTA use in pregnant women. In animal studies, ticagrelor caused structural abnormalities at maternal doses about 5 to 7 times the maximum recommended human dose (MRHD) based on body surface area. BRILINTA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. In reproductive toxicology studies, pregnant rats received ticagrelor during organogenesis at doses from 20 to 300 mg/kg/day. The lowest dose was approximately the same as the MRHD of 90 mg twice daily for a 60 kg human on a mg/m^2 basis. Adverse outcomes in offspring occurred at doses of 300 mg/kg/day (16.5 times the MRHD on a mg/m^2 basis) and included supernumerary liver lobe and ribs, incomplete ossification of sternebrae, displaced articulation of pelvis, and misshapen/ misaligned sternebrae. When pregnant rabbits received ticagrelor during organogenesis at doses from 21 to 63 mg/kg/day, fetuses exposed to the highest maternal dose of 63 mg/kg/day (6.8 times the MRHD on a mg/m^2 basis) had delayed gall bladder development and incomplete ossification of the hyoid, pubis and sternebrae occurred. In a prenatal/postnatal study, pregnant rats received ticagrelor at doses of 10 to 180 mg/kg/day during late gestation and lactation. Pup death and effects on pup growth were observed at 180 mg/kg/day (approximately 10 times the MRHD on a mg/m^2 basis). Relatively minor effects such as delays in pinna unfolding and eye opening occurred at doses of 10 and 60 mg/kg (approximately one-half and 3.2 times the MRHD on a mg/m^2 basis).

Nursing Mothers It is not known whether ticagrelor or its active metabolites are excreted in human milk. Ticagrelor is excreted in rat milk. Because many drugs are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from BRILINTA, a decision should be made whether to discontinue nursing or to discontinue drug, taking into account the importance of the drug to the mother.

Pediatric Use The safety and effectiveness of BRILINTA in pediatric patients have not been established.

Geriatric Use In PLATO, 43% of patients were ≥65 years of age and 15% were ≥75 years of age. The relative risk of bleeding was similar in both treatment and age groups. No overall differences in safety or effectiveness were observed between these patients and younger patients. While this clinical experience has not identified differences in responses between the elderly and younger patients, greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment BRILINTA has not been studied in the patients with moderate or severe hepatic impairment. Ticagrelor is metabolized by the liver and impaired hepatic function can increase risks for bleeding and other adverse events. Hence, BRILINTA is contraindicated for use in patients with severe hepatic impairment and its use should be considered carefully in patients with moderate hepatic impairment. No dosage adjustment is needed in patients with mild hepatic impairment [*see Contraindications (4), Warnings and Precautions (5.3),* and *Clinical Pharmacology (12.3) in full Prescribing Information*].

Renal Impairment No dosage adjustment is needed in patients with renal impairment. Patients receiving dialysis have not been studied [*see Clinical Pharmacology (12.3) in full Prescribing Information*].

OVERDOSAGE

There is currently no known treatment to reverse the effects of BRILINTA, and ticagrelor is not expected to be dialyzable. Treatment of overdose should follow local standard medical practice. Bleeding is the expected pharmacologic effect of overdosing. If bleeding occurs, appropriate supportive measures should be taken. Other effects of overdose may include gastrointestinal effects (nausea, vomiting, diarrhea) or ventricular pauses. Monitor the ECG.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

[*see section (13.1) in full Prescribing Information*]

PATIENT COUNSELING INFORMATION

[*see section (17) in full Prescribing Information*]

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Manufactured for: AstraZeneca LP, Wilmington, DE 19850
Manufactured by: AstraZeneca, AB S-151 85 Södertälje Sweden
Rev. 7/11 1320301 7/11

FIRST AID • **Ballroom Level**
Wednesday, February 6 7:00am–8:00pm
Thursday, February 7 7:00am–7:00pm
Friday, February 8 7:30am–1:00pm

FEDEX OFFICE BUSINESS CENTER • **Lobby level, near front desk**
Monday–Friday 7:00am–7:00pm
Saturday 9:00am–5:00pm
Sunday 9:00am–1:00pm

CONCURRENT SESSION SEATING • Seating for concurrent sessions is on a first-come, first served basis. Pre-selection of sessions during registration does not guarantee seating; however, it aids in planning room assignments to accommodate attendance. Once room capacity is met, sessions will be closed. Due to fire code regulations, attendees will not be allowed to sit or stand in the back of the room and chairs cannot be added. If a session is closed, attendees may select another session where seating is available.

SESSION HANDOUTS • In our efforts to be environmentally friendly and conserve resources, presentation and poster handouts submitted in advance of the conference are available online and may be viewed and downloaded at www.NursingQualityConference.org. Additional handouts obtained at the conference can be viewed and downloaded through the CE Center section on www.NursingQualityConferenerence.org.

PHOTOGRAPHY • A professional photographer will take pictures throughout the conference. The photos will be used to publicize the event and/or produce related literature and products for public release. Individuals photographed will receive no compensation for the use and release of these images and will be deemed to have consented to the use and release of photos in which they appear. Participants opposed to being photographed must immediately notify the photographer and conference staff if they are photographed.

CHEMICAL SENSITIVITIES • Remember that an increasing number of people have chemical sensitivities. We ask that all conference attendees be mindful of this and not wear perfumes, aftershaves, other scented personal products, additionally no latex balloons or other latex products are allowed.

ANA NURSING QUALITY CONFERENCE PLANNING COMMITTEE

ANA gratefully acknowledges the Planning Committee for its work organizing the 2013 conference and its members* who planned the educational content and reviewed more than 500 abstracts submitted for the 2013 conference.

Deborah Barnes, MSN, RN, CCNS*
Pamela Carlson, MSN, RN, NE-BC*
Holly Carpenter, BSN, RN
Jisun Choi, PhD, RN*
Emily Cramer, PhD*
Maureen Dailey, DNSc, RN, CWOCN*
Nancy Davis, MSN, RN
Jaime Dawson, MPH
Patricia Dawson, MSN, RN*
LaShawn Dunbar
Nancy Dunton, PhD, FAAN*
Stephen Fox, MBA
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Bridget Johnson, MSN*
Kristine M. Leahy-Gross, BSN, RN*
Kay Miller, MS, RN, NE-BC, CENP*
Isis Montalvo, MBA, MS, RN - Chair*
Donna Poduska, MS, RN, NE-BC, NEA-BC*
Pat Quigley, PhD, CRRN, FAAN*
Lisa Randall, CMP
Diane Reinhard, MBA, RN, MSCIS, CRRN, CNA, BC*
Darryl Roberts, PhD, MS, RN*
Adam Sachs, MS
Deitra Scott, MSN, RN • Co-Chair
Mary Sitterding RN, CNS*
Marie Spencer*
Elise Swinehart, MSc, MBA
Karen Tomajan, RN, MS, NEA-BC*
Teresa Veneziano, MSN, RN*
Norine K. Watson, MSN, RN, CNAA-BC*
Terry Wheat, BSN, MPH*
Margarete Zalon, PhD, RN, ACNS, BC*
Elena Ziebarth, MBA

*Planning Committee Members that reviewed abstracts.

SCHEDULE AT A GLANCE

WEDNESDAY FEBRUARY 6

PRE-CONFERENCES

Time	Event	Location
7:00am–8:00pm	**Registration and CE Center**	Grand Hall Foyer
7:00am–7:50am	**Pre-Conference Continental Breakfast** (Breakfast is for the attendees of Pre-Conferences 001, 002, and 003. Ticket required)	Centennial Ballroom 1
8:00am–5:00pm	**001: Healthy Work Environment Workshop: Safe Patient Handling and Mobility - Making the Case**	Hanover FG
	002: Healthy Nurse Workshop: Self Care for Nurses	Regency 5
8:00am–12:00pm	**003: Drilling for Quality: Understanding and Using NDNQI Dashboards & Reports**	Regency 7
12:00–1:00pm	**Lunch** (Lunch is provided for attendees of full day Pre-Conferences 001 and 002 and attendees of both half day NDNQI Pre-Conferences 003 and 004. Ticket required)	Centennial Ballroom 1
1:00pm–5:00pm	**004: The Scientific Core of Nursing-Sensitive Indicators**	Regency 7

7TH ANNUAL NURSING QUALITY CONFERENCE

Time	Event	Location
5:30pm–8:00pm	**Exhibit Hall**	Grand Hall
5:30pm–7:30pm	**Welcome Reception**	Grand Hall
6:00pm–8:00pm	**100: Poster Session**	Grand Hall

THURSDAY FEBRUARY 7

Time	Event	Location
6:00am–6:30am	**Morning Fitness: Zumba** (ticketed event)	Embassy Hall, International Tower
7:00am–7:00pm	**Registration**	Grand Hall Foyer
7:00am–7:50am	**Continental Breakfast and Exhibit Hall**	Grand Hall
8:00am–10:30am	**101: Opening Session** Nursing Quality Update NDNQI Top Performers for 2012 Characteristics of a Survivor	Centennial Ballroom
10:30am–11:00am	**Break and Book Signing with Naomi Judd**	ANA Bookstore • Grand Hall Foyer
11:00am–12:00pm	**Concurrent Abstract Sessions**	
	102: Using Dashboard Technology to Enhance Processes	Regency 5
	103: Innovative Falls Prevention	Regency 7
	104: Strategies to Reduce Hospital Acquired Infections	Centennial 1
	105: Analyzing Patients' Experiences	Hanover FG
	106: Nurses Influencing Nursing Practice	Hanover CDE
	107: Leveraging the Electronic Health Record (EHR) to Inform Practice	Regency 6
12:00pm–2:00pm	**Exhibit Hall**	Grand Hall

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12:00pm–1:00pm	**Lunch**	Grand Hall
1:00pm–2:00pm	**108: Poster Session**	Grand Hall
2:00pm–2:30pm	**Break**	
2:30pm–3:30pm	**Featured Speakers – Concurrent Sessions**	
	109: Outcome Data – Magnet Update	Regency 6
	110: "Quality" It's our Business	Regency 5
	111: Beacon Initiatives – Best Practices in Data Collecting Measurement and Reporting	Centennial 1
	112: Improving Nursing Quality and Patient Outcomes Through Evidence-Based Practice	Regency 7
	113: Clinical Data Analysis in Hospital Improvement Initiatives	Hanover FG
	114: Nursing's Role in Improving Pain Care Quality and Outcomes: A Call to Action	Hanover CDE
3:30pm–4:00pm	**Break and Book Signing with Bernadette Melnyk**	ANA Bookstore Grand Hall Foyer
4:00pm–5:00pm	**115: General Session / Keynote Speaker** Engaging Patients and Their Families to Improve Care Delivery	Centennial Ballroom
5:00pm–7:00pm	**Exhibit Hall and Light Reception**	Grand Hall

FRIDAY FEBRUARY 8

6:00am–6:30am	**Morning Fitness: Yoga** (ticketed event)	Embassy Hall, International Tower
7:30am–8:30am	**Contintental Breakfast**	Grand Hall
7:30am–8:30am	**Exhibit Hall**	Grand Hall
8:30am–9:30am	**Concurrent Abstract Sessions**	
	201: Identifying Issues Earlier at Critical Points	Regency 7
	202: Enhancing Emergency Department Processes	Hanover FG
	203: Let Your Atypical Falls Plummet	Centennial 1
	204: Research Using Standardized Scales	Regency 5
	205: Putting Technology to use for Medication Safety	Hanover CDE
	206: Achievements in Care Coordination	Regency 6
9:30am–10:00am	**Break**	
10:00am–11:00am	**Concurrent Abstract Sessions**	
	207: Safety for Patients and Nurses on Behavioral Health Units	Hanover FG
	208: Coordination of Efforts Improves Quality	Hanover CDE
	209: Influencing Nurse Sensitive Patient Outcomes	Centennial 1
	210: Patient Involvement Improves Quality	Regency 5
	211: Frontline Nurses Impact Safety and Quality	Regency 7
	212: Addressing Post-Operative Complications	Regency 6
11:00am–11:30am	**Break**	
11:30am–12:30pm	**213: General Session / Closing Keynote Speakers** Reaching to the Core of Success: NDNQI's Latest Research Findings	Centennial Ballroom

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KEYNOTE SPEAKERS

Naomi Judd, former RN and country music icon • Ms. Judd was first known to the world as half of country music's mother/daughter duo, The Judds, which sold 20 million records and received numerous industry awards, including six Grammy's. At the pinnacle of her career, Ms. Judd was stricken with Hepatitis C, a potentially fatal chronic liver disease, incurred from an infected needle when she worked as a registered nurse. This adverse event cut short her musical career and forced her into retirement to battle the disease; but it did not stop her desire and will to help others.

Using her fame, experience as an RN, and passion to help people, Ms. Judd has re-directed her energies into communicating her life lessons and research through educating audiences about the scientific link between mind, body and spirit in the healing process. Ms. Judd has shared her talents through keynote speaking, movies and television shows, serving as a national spokesperson for health issues, her own Sirus/XM radio show, and multiple bestselling books, including *Naomi's Breakthrough Guide, 20 Choices to Transform Your Life*.

Diane K. Boyle, PhD, RN • Diane Boyle is Deputy Director of the National Database of Nursing Quality Indicators® (NDNQI®) and has been involved in NDNQI since its inception. Her research interests center around RN job satisfaction, turnover, and RN specialty certification. She has published with the NDNQI research team in journals such as the Journal of Nursing Measurement, Journal of Nursing Administration and Methodology: European Journal of Research Methods for the Behavioral and Social Sciences. She has also presented at numerous conferences.

Nancy Dunton, PhD, FAAN • Nancy Dunton is a Research Professor at the University of Kansas Medical Center KUMC, School of Nursing, with a joint appointment in the Department of Health Policy and Management. She has served as principal investigator of the National Database of Nursing Quality Indicators® (NDNQI®) since it was established in 1998. Dr. Dunton has been the principal investigator on over 30 health and social services research projects and is the Director of NDNQI.

Susan Grant, MS, RN, NEA-BC, FAAN • Susan Mitchell Grant is the Chief Nurse Executive of Emory Healthcare and Associate Dean at the Nell Hodgson Woodruff School of Nursing. She has a passion for patient and family-centered care. Susan's professional commitment to the patient's role in safety was inspired by her own experience while serving as CNO at the Dana-Farber Cancer Institute. She is a Robert Wood Johnson Executive Nurse Fellow and was inducted as a Fellow in the American Academy of Nursing in November 2010.

FEATURED SPEAKERS

Dana Alexander, RN, MSN, MBA FHIMSS FAAN • As Vice President of Integrated Care Delivery/Chief Nursing Officer of Caradigm, Ms. Alexander ensures GE's solutions and technologies effectively support nursing priorities and future patient care delivery. Ms. Alexander actively participates and holds leadership roles in a number of professional organizations, including HIMSS Board Member, AONE, National Quality Forum, and AMIA.

Susan Beck, PhD, APRN, AOCN, FAAN • Dr. Beck is a professor at the University of Utah, College of Nursing and serves as Director of the PhD Program. Her research interests focus on the management of symptoms in cancer patients and interventions to improve the quality and outcomes of care, including pain management. She is the Robert S. and Beth M. Carter Endowed Chair in Nursing. She was the 2012 Oncology Nursing Society Distinguished Nurse Researcher.

FEATURED SPEAKERS

Karen Daley, PhD, MPH, FAAN • In 2012, Dr. Daley was re-elected as the president of the American Nurses Association. She spent more than 26 years as a staff nurse at Brigham and Women's Hospital in Boston. In 2006, Dr. Daley was inducted as a fellow into the American Academy of Nursing in recognition of her advocacy work in needlestick prevention. She is a past president of the Massachusetts Association of Registered Nurses and the Massachusetts Center for Nursing and has served on the boards of ANA, ANCC, and ANA-PAC.

Rosemary Kennedy, PhD, MBA, RN, FAAN • Dr. Kennedy is an expert in nursing informatics, clinical documentation, and terminology standards. She holds many leadership roles through her work with the American Medical Informatics Association and the Technology Informatics Guiding Educational Reform Board. She is a fellow at the American Academy of Nursing and serves on the faculty at Thomas Jefferson University School of Nursing.

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN • Dr. Melnyk is an internationally recognized expert in evidence-based practice, intervention research, and child and adolescent mental health. Her record includes over $19 million dollars of sponsored funding from federal agencies as principal investigator and over 180 publications. Dr. Melnyk serves on the National Quality Forum's (NQF) Behavioral Health Steering Committee and the CDC's Laboratory Best Practices Workgroup.

Karen L. Miller, PhD • Dr. Miller serves as both Dean of the KU School of Health Professions and as Dean of the KU School of Nursing. Most recently, she assumed the additional role of Senior Vice Chancellor for Academic and Student Affairs at the University of Kansas Medical Center. Prior to KU, Dr. Miller was Vice President of Nursing and Clinical Services at The Children's Hospital, Denver, and Associate Professor at the University of Colorado Health Sciences Center.

Isis Montalovo, MBA, MS, RN • Ms. Montalvo is the director of ANA's National Center for Nursing Quality, where she directs the interpretation and response to issues related to nursing quality and provides strategic direction and oversight to the National Database on Nursing Quality Indicators. She has over 25 years experience in multiple areas of clinical and administrative practice, including serving as a NDNQI Site Coordinator, Quality Specialist, and Nursing Research Chair at a large urban facility.

Jeanine Scholl, MSN, FNP-BC • Ms. Scholl currently works as a Senior Magnet Program Analyst for the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® and actively practices as a Family Nurse Practitioner. Ms. Scholl has been involved in healthcare for over two decades and served almost 10 years in the United States Navy's Hospital Corps and Navy Nurse Corps. Ms. Scholl has been with ANCC since January 2011.

Janet Tomcavage, MSN, RN • Ms. Tomcavage is the Chief Administrative Officer for Geisinger Insurance Operations. She has administrative responsibility over many areas, including quality improvement, disease/case management, medical management, clinical informatics, clinical systems development, and provider network management. Ms. Tomcavage has co-authored articles and lectured nationally on patient-centered primary care, disease management and the expanded role of nursing in health care.

Marla Weston, PhD, RN, FAAN • Dr. Weston, a nurse leader with nearly 30 years of diverse management experience in health care operations, is the CEO of the American Nurses Association and the American Nurses Foundation. Prior to joining ANA, Dr. Weston served at the U.S. Department of Veterans Affairs, in the Veterans Healthcare Administration, first as program director in the Office of Nursing Services and then as deputy chief officer in the department's Workforce Management and Consulting Office.

Dana Womack, MS, RN • Ms. Womack, an informatics nurse, is passionate about helping other nurses glean insights from the data that they collect, manage and apply to improve care quality. Her 12+ years of consulting experience includes product research, development of functional software application requirements, usability evaluations, and software implementation. Ms. Womack currently works as a Senior Health Informaticist for the Health Strategy & Solutions Group at Intel Corporation.

CONTINUING EDUCATION

CONTINUING EDUCATION GUIDELINES ANA's Nursing Quality Conference attendees may earn a maximum of 13.5 Continuing Nursing Education (CNE) contact hours (60 minute contact hour) for successful completion of the activity.

ACCREDITATION STATEMENT The American Nurses Association Center for Continuing Education and Professional Development is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

ANCC Provider Number 0023.

The American Nurses Association Center for Continuing Education and Professional Development is approved by the California Board of Registered Nursing, Provider Number CEP6178.

CONFERENCE LEARNING OBJECTIVES Participants will:

- Examine Various Innovative Models Used to Create and Sustain a Culture of Safety
- Evaluate Effectiveness in Integrating New Technologies that Support Quality Improvement
- Analyze Methods for Translating Research and Evidence into Practice
- Illustrate and Analyze Strategies Designed for Patient Engagement in Quality

REQUIRED DISCLOSURES TO ATTENDEES

Successful Completion of the Pre-conference(s) and/or Main Conference:

To receive CNE credit attendees must:

- Be registered as a participant.
- Be seated in the session room no later than 5 minutes after the session has started and remain in the session until the scheduled ending time.
- Complete the electronic education session evaluation for each session, electronically enter sessions attended, and print the final CE contact hour certificate.
- No partial credit will be awarded for the NDNQI pre-conferences, the Healthy Nurse pre-conference or the Safe Patient Handling pre-conference. Attendees must attend the activity in its entirety as scheduled to receive CNE credit.
- Participants must review 10 posters to receive 1.0 contact hour. A maximum credit of 3.0 contact hours is available for viewing live or virtual posters.

Conflicts of Interest: A conflict of interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial company with which she/he has a financial relationship. The planners of the pre-conferences and main conference sessions have disclosed no relevant financial relationships. Speakers with relevant conflicts of interest will be announced prior to their individual educational session.

Commercial Support or Sponsorship: No commercial support has been provided for any CNE activity in this conference. Funding for this activity was made possible in part by the HHS, Office on Women's Health. The views expressed in written materials, publications and /or by speakers and moderators at HHS sponsored conferences do not necessarily reflect the official policies of the Department of Health and Human Services; nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Non-endorsement of Products or Services: The American Nurses Association's accredited provider status refers only to continuing nursing education activities and does not imply that there is real or implied endorsement of any product, service, or company referred to in this conference.

CONTINUING EDUCATION REPORTING AND CERTIFICATES Each session has a session code assigned to it. Session attendance and evaluations can be documented online via the Nursing Quality Conference CE Stations during the conference or after the conference at www.nursingqualityconference.org. To document completion of CNE you must log in to the website, complete session evaluations, and print your CE certificate **NO LATER THAN** February 28, 2013.

Onsite at CE Stations: Attendees scan the barcode on the back of their conference badge to logon to the system. Attendees will have the option to select sessions and complete evaluations for each session attended by selecting the icon labeled 'Complete the Evaluation'. Once the attendee has completed an evaluation, click on the 'Save Answers' icon to save selections and return to the list of sessions. After all evaluations are completed, the 'Print Certificate' icon will appear. Click on this icon to print the CE certificate at the onsite printers. Missing sessions may be entered onscreen by using the 3 digit session code. Sessions accidentally added can be removed by clicking the 'Remove Session' icon next to the incorrect session.

Offsite Access: Attendees go to the 2013 Nursing Quality Conference website (www.nursingqualityconference.org) and log in using their registration account credentials (printed on the back of the conference badge). Follow the above instructions to select and evaluate sessions, enter missing sessions or remove sessions. Once all evaluations are completed, the 'Download Certificate' icon will appear. Attendees should download their certificate as a PDF document to their computer or print it from the screen.

Obtaining CE Certificates After February 28, 2013: Reminder: The CE processing portion of the 2013 Nursing Quality Conference website will be available through February 28, 2013. After this date all requests for certificates must be made in writing to:

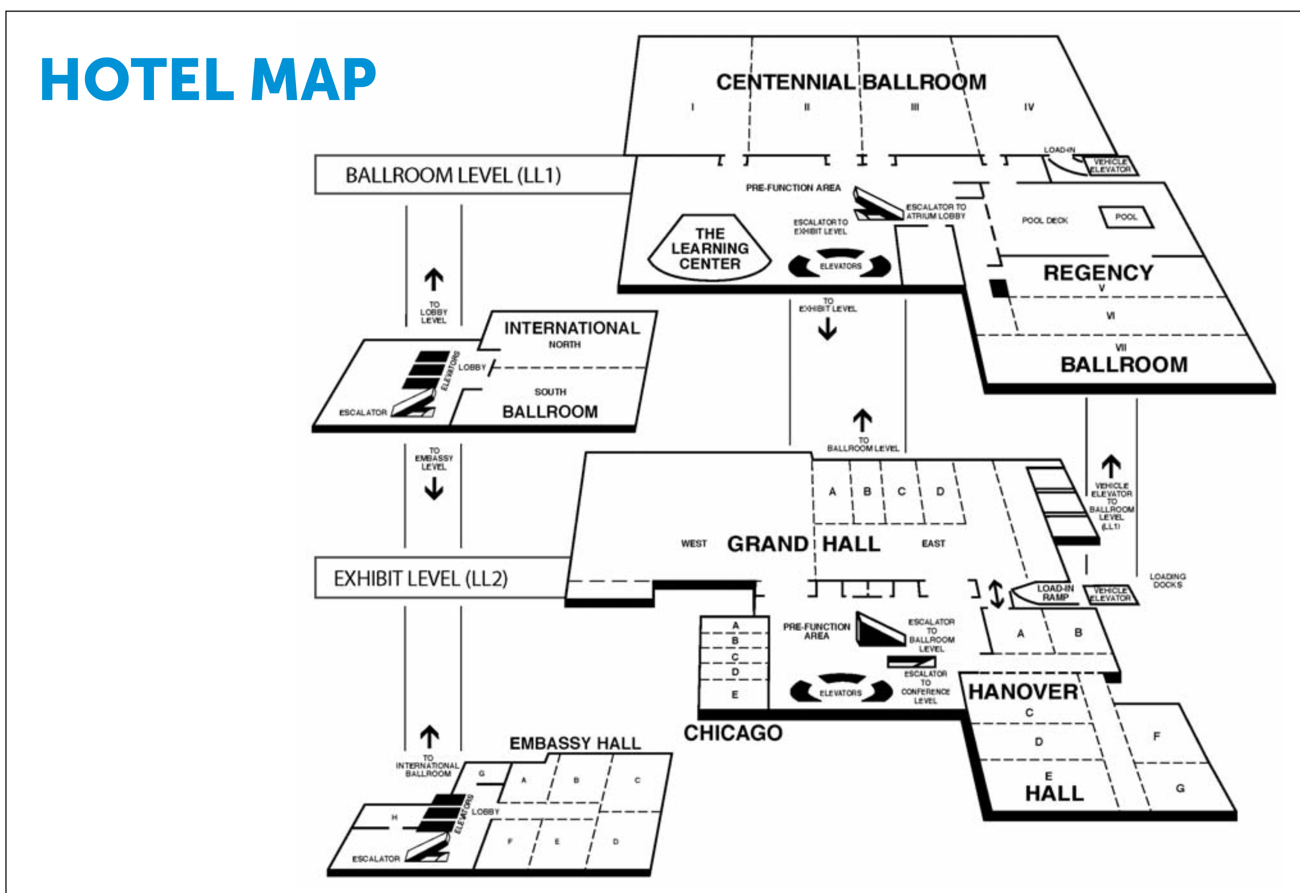
American Nurses Association, P.O. Box 504410, St. Louis, MO 63150-4410

The following information must be included in your written request:

- Your name
- Mailing address
- E-mail address (if applicable)
- Telephone number
- The date, time and title of each session you attended
- A check or money order made payable to ANA in the sum of $50

Allow four weeks for processing.

HOTEL MAP



SCHEDULE

Presenters are bolded.

WEDNESDAY, FEBRUARY 6, 2013

5:30pm–8:00pm **Exhibit Hall** — Grand Hall

5:30pm–7:30pm **Welcome Reception** — Grand Hall

6:00pm–8:00pm **Poster Presentations** — Grand Hall
(Go to page 22 for a listing of all posters and presenters.)

THURSDAY, FEBRUARY 7, 2013

6:00am–6:30am **Zumba** — Embassy Hall, International Tower

7:00am–7:50am **Exhibit Hall & Continental Breakfast** — Grand Hall

8:00am–10:30am **101: Opening Session** — Centennial Ballroom

Nursing Quality Updates
Isis Montalvo, MBA, MS, RN
Karen Daley, PhD, MPH, RN, FAAN

NDNQI Top Performers for 2012
Marla Weston, PhD, RN, FAAN
Karen Miller, PhD, RN, FAAN

Characteristics of a Survivor
Naomi Judd, Country Music Icon and Former RN

Objectives:

1. Recognize the contributions of nursing to healthcare on the national landscape and describe how empowering front-line nurses with data and proven strategies improves bedside care.
2. Identify the top 2012 performers in the National Database of Nursing Quality Indicators (NDNQI).

10:30am–11:00pm **Break and Book Signing with Naomi Judd** — ANA Bookstore, Grand Hall Foyer

11:00am–11:00am **102: Using Dashboard Technology to Enhance Processes** — Regency 5

Connecting the Data Dots: Nursing, Quality & IT Working Together to Create Tools That Work
Jennifer T. Hall, MSN, RN, CNL • Holly Hintz, MSN, RN, NE-BC • Katherine Kirshberger, BS • Christine M. Kelly, BS, RHIA • Stacy Crowell, MHA, RT(R) • Li Jin, PhD, MS • Sam S. Hilsman, BA • Marlene Jones, BS

NDNQI+ Quality Measure Indicators+ Throughput Metrics+ Automated Dashboard= Innovation to Improve Mutual Quality Goals
Christine M. Bowen, MSN, BSN, RN, CCRN • Michele A. Seator, MS, BSN, RN
Valerie Gibson, MSA, BSN, RN, NE-BC • Corrine Hamstra, BSN, RN

Objectives:

1. Identify methods to engage staff in data interpretation, application and display.
2. Describe how structured action plan templates can be used as a coaching mechanism and process for improved outcomes.
3. Design processes for the creation of mutual quality goals inclusive of creating a culture of safety.
4. Translate data into action to create a culture of safety and improve patient data outcomes through the use of an automated dashboard.

Presenters are bolded.

THURSDAY, FEBRUARY 7, 2013 • CONTINUED

11:00am–12:00pm **103: Innovative Falls Prevention** Regency 7

Tripping Over Our Falls: A Program for Reduction and Prevention at Hahnemann University Hospital
Michael R. Coveney, MSN, RN • Andrea Rost, BSN, RN • Ryan McAleer, BSN
Rosemary Dunn, DrNP

Centralized Video Monitoring: It's Impact on Patient Safety, Staff Satisfaction and Labor Expense
Patricia A. Tillapaugh, MBA, BSBA, RN • Kathy A. Boyle, PhD, RN

Objectives:

1. Describe innovative strategies implemented in a Falls Prevention Team aimed at reducing and preventing patient falls.
2. Compare patient falls rates pre and post implementation of innovative strategies and discuss the impact on patient safety.
3. Demonstrate the cost savings of replacing 1:1 sitters with camera surveillance and monitoring from a central location. Define the benefits of staff satisfaction and safety.
4. Define the benefits of increased patient quality and safety.

104: Strategies to Reduce Hospital Acquired Infections Centennial 1

The successful journey of an interdisciplinary CAUTI team as a model template for other quality improvement applications
Priscilla Torri, MSN, BSN, RN • **Patricia Gawrys, RN, CRRN**
Janet Lenz, ANP-BC, CCRN, RCIS • Lisa Dimarco, BSN, MBA, NEA-BC, FACHE, PMP
Julie K. Lichtenberg, MA, RN

ZAPPING VAP at MCCG
Tracy J. Johns, BSN, RN, CPHQ

Objectives:

1. Define the significance of CAUTI.
2. Describe the process to initiate a quality improvement project in their facility.
3. Describe importance of engagement and hardwired accountability.
4. Describe MCCG's ZAP VAP program and impact on both process (leading) and outcome (lagging) indicators.

105: Analyzing Patients' Experiences Hanover FG

A Fresh Outlook on Pain Management: What is the Patient's Perspective?
Christina Rose, MSN, RN, CCRN, CNRN

Determining Best Practice through Research of the Lived Experience of Intubated/Restrained ICU Patients/Families
Ruthie A. Weyant, MSN, RN, CCRN • **Melanie Roberts, MS, APRN, CCRN, CCNS**
Lory Clukey, PhD, PsyD, RN, CNS • Ann M. Henderson, CNS, RN-BC

Objectives:

1. Describe procedures/results of Phase I and II of participation in the NDNQI Dissemination and Implementation of Evidenced-Based Methods to Measure and Improve Pain Outcomes.
2. Identify 3 measures taken to reduce pain in hospitalized patients.
3. Recognize the importance of understanding the lived experience of the patient and its effect on the use of restraints.
4. Apply the knowledge learned in the presentation to individual practice.

Presenters are bolded.

THURSDAY, FEBRUARY 7, 2013 • CONTINUED

11:00am–12:00pm **106: Nurses Influencing Nursing Practice** — Hanover CDE

The Power of Peer Review: Impacting Practice at the Bedside
Elizabeth L. Spiva, PhD, RN, PLNC • **Nicole Jarrell, MSN, BSN, RN**
Pamela Baio, BSN, CCRN, RN

Shared governance and nurse satisfaction
Alisa W. Dent, MSN, BSN, RNC • Betty Lane, PhD, MSN, RN
Joanne Jackson, MSN, BSN, RNC, • Julie Appel, BSN, RNC

Objectives:

1. Describe the development and implementation of nursing peer review.
2. Promote staff involvement in the culture of safety and quality improvement.
3. Evaluate the effectiveness of shared governance strategies on nursing satisfaction.
4. Identify strategies to promote shared governance in a nursing unit.

107: Leveraging the Electronic Health Record (EHR) to Inform Practice — Regency 6

Improving Patient Surveillance: Instituting a Respiratory Risk Screening Tool
Sandra Maddux, MSN, RN, CNS-BC • Michelle Giffin, RN, BSN • Patti Leglar, RN-C, BSN

Use of Nursing Documentation to Capture Quality Metrics in an Outpatient Chemotherapy Infusion Center
Tracy Coyne, MSN, RN • Leah Atwell, MSN, RN, OCN

Objectives:

1. Describe how a respiratory risk screening tool (RRST) is used to detect early warning signs of respiratory failure in the acute care setting.
2. Describe the process of capturing quality metrics through nursing documentation in the electronic medical record and bar-coded scanning medication administration system.

12:00pm–2:00pm **Lunch and Exhibit Hall** — Grand Hall

1:00pm–2:00pm **108: Poster Sessions** — Grand Hall

2:30pm–3:30pm **109: Outcome Data - Magnet Update** — Regency 6

Jeanine Scholl, MSN, FNP-BC

Objectives:

1. Display Nurse Satisfaction Data for Magnet Recognition Program documentation submission.
2. Display Nurse-sensitive Indicator Data for Magnet Recognition Program documentation submission.
3. Explain "outperformance of the benchmarked database mean or median."

110: "Quality" It's our Business — Regency 5

Dana Alexander, MSN, MBA, RN, FHIMSS, FAAN

Objectives:

1. Discuss Quality as a national agenda in healthcare reform.
2. Illustrate the business case for quality and how nursing is impacting achievement of the national quality strategy.

111: Beacon Initiatives - Best Practices in Data Collecting Measurement and Reporting — Centennial 1

Janet Tomcavage, MSN, RN

Objectives:

1. Describe the Keystone Beacon Care Management Model.
2. Highlight the most common care gaps identified in the Beacon model.
3. Discuss several of the analytic challenges faced in a multi-payor, multi-provider initiative.

SCHEDULE

Presenters are bolded.

THURSDAY, FEBRUARY 7, 2013 • CONTINUED

2:30pm–3:30pm **112: Improving Nursing Quality and Patient Outcomes Through Evidence-Based Practice** — Regency 7

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN

Objectives:
1. Describe the Current State of Evidence-based Practice and discuss key strategies for implementing and sustaining Evidence-based Practice in clinical settings.
2. Describe outcomes of implementing the ARCC Evidence-based Practice model in healthcare systems.

113: Clinical Data Analysis in Hospital Improvement Initiatives — Hanover FG

Rosemary Kennedy, PhD, MBA, RN, FAAN • Dana Womack, MS, RN

Objectives:
1. Identify resources involved in Electronic Health Record (EHR). implementations and process improvement initiatives.
2. Identify the role of data in improving outcomes.

114: Nursing's Role in Improving Pain Care Quality and Outcomes: A Call to Action — Hanover CDE

Susan L. Beck, PhD, APRN, AOCN, FAAN

Objectives:
1. Identify at least two strategies that nurses can implement to improve pain care processes and outcomes at a local and national level.
2. Describe the complexity of issues influencing improvement opportunities related to pain in hospitalized patients.

3:30am–4:00pm **Break and Book Signing with Bernadette Melnyk** — ANA Bookstore Grand Hall Foyer

4:00pm–5:00pm **115: Engaging Patients and Their Families to Improve Care Delivery** — Centennial Ballroom

Susan Grant, MS, RN, NEA-BC, FAAN

Objectives:
1. Share examples of how the lack of patient and family involvement in care delivery can adversely effect patient outcomes.
2. Demonstrate the positive impact of patient and family engagement on length of stay and patient satisfaction.
3. Share specific examples of how nurses can engage patients and families in their care.

LIMITED COPIES AVAILABLE!

BOOK SIGNINGS

JOIN US AT THE ANA BOOKSTORE!

NAOMI JUDD Naomi's Breakthrough Guide: 20 Choices to Transform Your Life (The New York Times Bestseller)
DAY / TIME: Thursday, 10:30am–11:00am

BERNADETTE MELNYK, PhD, RN, CPNP/PMHNP, FNAP, FAAN
Implementing Evidence-Based Practice. Real World Success Stories
DAY / TIME: Thursday, 3:30pm–4:00pm

BOOKSTORE HOURS

Tuesday	4:00pm–8:00pm
Wednesday	7:00am–8:00pm
Thursday	7:00am–7:00pm
Friday	7:00am–1:00pm

LOCATION
Grand Hall Foyer

SCHEDULE

Presenters are bolded.

FRIDAY, FEBRUARY 8, 2013

6:00am–6:30am **Yoga** — Embassy Hall, International Tower

7:00am–7:50am **Exhibit Hall** — Grand Hall

7:00am–7:50am **Breakfast** — Grand Hall

8:30am–9:30am **201: Identifying Issues Earlier at Critical Points** — Regency 6

Early Sepsis Identification at the point of Triage
Pam A. Zinnecker, MSN, BAN, RN, CCRN

Implementation of a Nurse Early Warning System (NEWS)
Camille Filoromo, PhD, MEd, BSN, RN

Objectives:

1. Discuss the use of a triage trigger tool to identify potential patients with a diagnosis of Sepsis.
2. Define the purpose of NEWS.
3. Identify assessment components of NEWS.

202: Enhancing Emergency Department Processes — Hanover FG

"Every Patient, Every Experience, One Team!" - Improving Transfer of Carefrom the ED to Inpatient Unit
Deborah L. Cronin-Waelde, MSN, RN, NEA-BC, ONC

The Effect Of Emergency Department Length Of Stay On Clinical Outcomes For Critically Ill Or Injured Patients
Vallire Hooper, PhD, RN, CPAN, FAAN • **Sheila Radcliff, MSN, RN**

Objectives:

1. Describe methods used to improve patient safety and quality engaging the patient/family,the ED nurse, the Inpatient nurse and the physcian provider at the bedside using standardized handoff report in the ED prior to moving to inpatient unit.
2. Identify factors contributing to increased length of stay in the ED.
3. Identify common adverse patient outcomes associated with increased ED length of stay.

203: Let Your Atypical Falls Plummet — Centennial 1

The Unthinkable: Using Risk Resilience to Eliminate Newborn Falls
Jennifer Dunscomb, MSN, RN, CCRN • **Kimberly Hodges, MSN, RN**

A Successful Patient Fall Reduction Program in an Inpatient Behavioral Health Unit
Trisha Rimpa, MA, BSN, RN • Barbara A. Jordan, DNP-C, MSN, RN, NEA-BC
Susan Bialo

Objectives:

1. Describe how risk resilience is used to analyze newborn fall events.
2. Discuss prevention strategies for newborn falls.
3. Describe a fall prevention project in an inpatient behavioral health setting.
4. Identify processes and equipment that can be used in patient fall prevention.

204: Research Using Standardized Scales — Regency 5

Using the Practice Environment Scale and Job Enjoyment Scale to Evaluate Laschinger's Nursing Work Life Model
Nancy Ballard, MSN, RN, NEA-BC • Marjorie J Bott, PhD, RN • Diane K. Boyle, PhD, RN

The Reliability and Validity of the Alcohol Intoxication Scale
Tina M. Volz, PhD, RN

Objectives:

1. Identify the relationship of the practice environment to Laschinger's Nurse Work Life Model.
2. Describe the benefits of a behaviorally based alcohol intoxication scale.
3. Describe the reliability and validity of the alcohol intoxication scale.

Presenters are bolded.

FRIDAY, FEBRUARY 8, 2013 • CONTINUED

8:30am–9:30am

205: Putting Technology to Use for Medication Safety — Hanover CDE

Quality and Workflow: How Novel Medication Reconciliation Software Transformed Communication & Enhanced Patient Safety
Scott D. Alcott Sr., MSN, RN, PHRN • Thompson H. Boyd III, MD, CPHIMS
Frederick Polli, RPh • Timothy P. Galvin, BSN, RN, CCRN

Evaluation of the Barcode Identification Card to Verify High-Risk, High-Alert Medications
Maria Thomas, DNP, MSN, BSN, RN

Objectives:

1. Employ workflow redesign utilizing technology to promote safety through enhancing communication among caregivers.
2. Examine evidence-based concepts of medication reconciliation & nursing informatics to promote quality by reducing adverse drug reactions.
3. Discuss the development and implementation of the PBID card to verify high risk, high alert medications.
4. Evaluate the effectiveness of the implementation of the PBID card.

206: Achievements in Care Coordination — Regency 6

Two Hospitals-One Heart: World Class Heart Care through Multi-Disciplinary Collaboration
Susan D. Schnitker, BSN, RN, CEN

"Finding the Emergency Department Staffing "Sweet Spot" through use of Benchmarking"
Andrew B. Loehr, MSN, RN, CPNP • Stacy Doyle, RN, MBA, CPN, FACHE

Objectives:

1. Describe the benefits of a collaborative approach to heart care.
2. Define measures to focus priorities for cycles of improvement.
3. Describe three factors considered in staffing emergency departments.
4. Construct a list of questions utilized in benchmarking to determine appropriate comparison facilities.

10:00am–11:00am

207: Safety for Patients and Nurses on Behavioral Health Units — Hanover FG

Cooling the hot climate of aggression and assault: Creating a safer environment in mental health
Donna M. Linette, MS, RN, NEA-BC

Tools & Tactics to Create a Sustained Culture of Safety within an Inpatient Geriatric Behavioral Health Unit
Sharon R. Dillard, MS, RN • Michael Spaulding, BSN, RN • Donna Plewes, MBA, BS, RN

Objectives:

1. Describe and discuss an effective program for reducing assaults and aggressive behaviors on inpatient mental health units.
2. Demonstrate the steps needed to create a program for your facility.
3. Discribe TeamSTEPPS™ tools which can be utilized to reduced patient falls in an inpatient Geriatric Behavioral Health Unit.
4. List Studer Group tactics and describe how they can be utilized to create a sustained culture of safety.

Presenters are bolded.

FRIDAY, FEBRUARY 8, 2013 • CONTINUED

10:00am–11:00am

208: Coordination of Efforts Improves Quality — Hanover CDE

A Bundle of Care: Creating a New Teaching-Learning Model to Affect a Culture of Safety
Deborah C. Letcher, MA, RN • Robin Randall, BS, RN, OCN
Pamela A. Schroeder, EdD, RN

Relational Coordination: An Imperative Influencing our Capacity to Reach the Core
Linda Q. Everett, PhD, RN, FAAN, NEA-BC

Objectives:

1. Illustrate the five dimensions of the Culture of Caring Model.
2. Compare the Culture of Caring Model to a Bundle of Care used as an intervention to promote safety.
3. Define the the model of relational coordination and 12 contributing key practices.
4. Describe exemplars illustrating the adoption and integration of 12 key practices influencing nurse-sensitive outcomes within a multi-hospital system.

209: Influencing Nurse Sensitive Patient Outcomes — Centennial 1

Improving Patient's Perception of Pain Management in a Community Hospital
Shelley L. Lancaster, MSN, RN, ACNS-BC, CWOCN

Objectives:

1. Discuss 3 strategies for improving patient perceptions of pain management.
2. Design a multi-disciplinary pain management improvement process across clinical practice settings.

210: Patient Involvement Improves Quality — Regency 5

Using a Patient Contract in Heart Failure: Engaging the Patient and Nurse
Kathryn Shradley, BS, RN, CVRN • **Christina M. Ring, MSN, RN-BC, CRNP**

Patients as Quality Partners
Ronette M. Wiley, BSN, RN

Objectives:

1. Evaluate best practice care for Heart Failure patients and provide an evidence-based tool to assist the nurse in navigating care.
2. Identify issues in patient engagement for the chronically ill adult and evidence based measures to improve engagement.
3. Apply learning to improve engagement of patient in quality and safety.
4. Use the strategies presented to affect improvement in patient outcomes related to enchnaced engagement.

Presenters are bolded.

FRIDAY, FEBRUARY 8, 2013 • CONTINUED

10:00am–11:00am **211: Frontline Nurses Impact Safety and Quality** Regency 7

Safety Coaches: The Link to Ensuring Our Patient's and Staff's Well Being
Lisa Haddad, MS, BSN, RN • **Mickey McBride, BS, RN**

Engaging the Bedside Nurse in Quality Improvement
Holli D. Roberts, MSN, RN

Objectives:

1. Discuss effective ways to maximize patient safety efforts through the use of Safety Coaches.
2. Evaluate safety coaches in addressing the safety concerns, opening the communication between units to effectively share successful ways of decreasing harm.
3. Examine a tactic to engage bedside staff in quality improvement and patient safety and apply a process that improves understanding and accountability for clinical outcomes.
4. Describe a methodology to analyze and display unit specific patient outcomes.

212: Addressing Post-Operative Complications Regency 6

Early Ambulation Reduces the Risk of Venous Thromboembolism after Total Knee Replacement
Marilyn Szekendi, PhD, MSN, RN • Julie Cerese, MSN, RN • Banafsheh Sadeghi, MD, PhD

Effect of Postoperative Delirium on Outcomes After Cardiac Surgery
Ralph F. Mangusan, MSN, RN-BC, PCCN, CWCN • Vallire D. Hooper, PhD, RN, CPAN, FAAN

Objectives:

1. Describe the factors associated with the risk of acute venous thromboembolism (VTE) following total knee replacement.
2. Apply knowledge of risk factors for VTE by establishing early ambulation as standard nursing practice.
3. Identify risk factors and outcomes related to postoperative delirium after cardiac surgery.
4. Recognize the need to develop an individualized plan of care for patients who develop postoperative delirium after cardiac surgery to improve outcomes.

11:30am–12:30pm **213: Reaching to the Core Of Success: NDNQI's Latest Research Findings** Centennial Ballroom

Nancy Dunton, PhD, FAAN • Diane K. Boyle, PhD, RN

Objectives:

1. Discuss new NDNQI research.
2. Interpret findings from new NDNQI research.

POSTER SESSIONS

Presenters are bolded.

Room:
Grand Hall

Session 100:
Wednesday, February 6
6:00pm–8:00pm

Session 108:
Thursday, February 7
1:00pm–2:00pm

Conference Learning Objectives:

- Examine Various Innovative Models Used to Create and Sustain a Culture of Safety
- Evaluate Effectiveness in Integrating New Technologies that Support Quality Improvement
- Analyze Methods for Translating Research and Evidence into Practice
- Illustrate and Analyze Strategies Designed for Patient Engagement in Quality

ANALYZE METHODS FOR TRANSLATING RESEARCH AND EVIDENCE INTO PRACTICE

1. Taking Fall Reduction to the Next Step**
   Maribeth C. Desiongco, MA, BSN, RN-BC
2. Reaching the Core of Nursing Quality: Defining Situation Awareness in Nursing
   Mary C. Sitterding, MSN
3. Reaching the Core: Understanding the Predictive Nature between Safety Organizing and Quantifiable Methods
   Mary C. Sitterding, MSN
4. Best practice REALLY does apply to you...changing the CAUTI culture
   Kathleen M. Rea, MSN, RN, ACNS-BC, CNL, **Christie Piedmont, MA, BSN, RN, CIC**, **Tanya Prachar, MSN, RN, PMHNP-BC, CNRN**
5. Decreasing Blood Culture Contamination Rates: Simple quality improvement strategies can improve quality outcomes
   Mark A. Book, BSHA, RN, CEN
6. Integrating QI Initiatives and QI Tools To Assist Front-Line Staff in an Initial Nursing Research Study**
   Kimberly E. Wright, RN, Erika J. Scott, BSN, RN
7. Sometimes it's the Trees AND the Forest; Data Driven Falls**
   Tracy J. Johns, BSN, RN, CPHQ
8. Research and Evidence Based Practice: What's the best fit for our Organization?**
   Lisa Haddad, MS, BSN, RN, **Mickey McBride, BS, RN**
9. Evidence to Practice: Blended Methods for Bedside Evidence Integration
   Maura A. NItka, MSN, RN, CPN, Beth Ely, PhD, RN, Elizabeth Kramer, BSN, RN, Laura Miske, MSN, RN, CNS
10. Translating the Missed Nursing Care Model to Improve Accountability in Executing Standards for Fall Prevention
    Sandra Maddux, MSN, RN, CNS-BC, **Mindy Walden, MSN, RN-BC**, Davina Drazick, MSN, RN
11. Hospital Wide Delirium Prevention, Detection and Treatment Leveraging Capabilities of the Electronic Medical Record**
    Maria Hines, MHS, BA, RN-BC
12. The Perceived Value of Certification among registered nurses working for a Midwestern Hospital**
    Marcia Jean J. Weis, MSN, BSN, RN, ONC
13. Improving the Diabetes Knowledge in Nurses Using Innovative Tools
    Kimberly Joy L. Carney, DNP, APRN, FNP-BC, CDE
14. Reduction of Central Line Associated Blood Stream Infections (CLBSI) in Critical Care**
    Jeremiah F. Prazak, BSN, RN, CCRN-CMC, **Denise J. Dow, BSN, RN**
15. Using Diffusion of Innovations Theory to Implement an Evidence-Based Practice Change**
    Constance M. Bowen, DNP, RN, APN-C, CCNS, CEN, CCRN
16. Breastfeeding in the First Hour of Life: Translating Research into Practice Using Quality Improvement**
    Christine E. Conrad, BSN, RNC-OB
17. Factors Associated with Mobility in a Neuroscience Intensive Care Unit**
    Malissa A. Mulkey, MSN, BSN, AS, RN, CCRN, CCNS, Nancy M. Albert, PhD, CCNS, NE-BC, FAHA, FCCM, James F. Bena, MS, BA
18. Integrating Frailty Care into Acute Hospital Workflow through Practice Based Research**
    Jane W. Swanson, PhD, **Flora B. Haus, MSN, NEA-BC, RN-BC**, Mariane Ivy Dimalanta, BSN, RN-BC, Lawrence A. Santiago, MSN, RN-BC
19. Interventions to Reduce Patient Falls in Acute Care Hospitals
    Elizabeth L. Spiva, PhD, RN, PLNC, Patricia L. Hart, PhD, RN

**Presentations are by hospitals that are also participating in the Partnership for Patients' Hospital Engagement Networks (HEN).

20. Use of a Clinical Nurse Specialist to Decrease Code Calls: Evaluation and Outcomes
Robin D. Proffitt, MSN, MBA, RN, APN, CCNS, CNRN, Beverly M. Gugliotta, RN, CCRN
21. Hospital Nursing Research Committee to Facilitate Study to Measure and Improve Pain Outcomes
Lindsey N. Andrews, BSN, RN, CPN, **Tamara Haslar, MSN, RN, ACNS-BC, FNP-BC, AOCNS**
22. Fast Track Extubation In Recovery of Open Heart Patients
Antonio Arata, MBA, BSN, RN, NE-BC
23. Does a Standardized Uniform Style and Color Influence the Professional Status of Registered Nurses?
Linda A. Hatfield, PhD, MS, BS, RN, NNP-BC, **Mary Del Guidice, MSN, BS, RN, CENP**, Margaret M. Pearce, MSN, BSN, RN, FNP-BC
24. Increasing Patient Satisfaction During the Discharge Process
Faith Kollen, BSN, **Jennifer Krajacic, MSN, RN**
25. Evidence-Based Approach To Improve Patient Safety**
Elena D. Memoracion, MSN, RN, NEA-BC, **Mary E. Bayer, MPA, BSN, RN**
26. Using the National Database for Nursing Quality Indicators (NDNQI) to Drive a Multi-faceted Approach to Fall Reduction
Cathy A. Hebert, MSN, BSN, GCNS-BC, **Monica D. Ridgway, MHA, BSN, RN-BC, CPHQ**
27. Utilizing NDNQI® for Multi-Site Pain Care Quality Project: Successes and Lessons Learned**
Beth Spornitz, BA, **Catima Potter, MPH**, Nancy Dunton, PhD, FAAN
28. Exploring Factors Associated with Nurses' Adoption of an Evidence-Based Practice to Reduce Duration of Catheterization**
Brian T. Conner, PhD, RN
29. Using Process Improvement Methodology to Decrease Total Fall Rates At A Large Academic Medical Center
Deborah A. Christopher, MSN, RN, **Phyllis Dubendorf, MSN, RN, CCNS, CNRN**, **Christopher R. Trainor, BSn, RN, PCCN**
30. The Effectiveness of Clinical Practice Guidelines for Prevention of Pressure Ulcer in Private Hospital, Bangkok Thailand
Kannika Klinhorm, MNS, BNS, RN, Siritha Siriphakthorn, MEd, BNS, RN, Wasana Kitpojanee, BNS, RN
31. Improving Adverse Drug Events Detection in Al Khor Hospital using IHI Trigger Tool
Awad A. Amayreh Sr., BSN
32. Exploring End-of-Life Knowledge and Attitudes Toward Certification Among Oncology and Palliative Care Nurses**
Laura F. Mitchell, MSN, APRN, AOCN, ACNS-BC, CHPN, Carla P. Hermann, PhD, RN
33. The Pressure Is On: Skin Savers to the Rescue
Danyel B. Johnson, MSN, RN, Amy D. Clegg, MSN, BSN, ANP, GNP, NP-C, CWOCN, Dawn O. Engels, MSN, RN, CWOCN, Allyson B. Daniels, BSN, RN, Janice B. Goltare, RN-BC, Emmanuel A. Castro, BSN, RN-BC
34. The Pain Care Quality Study: One Hospital's Experience**
Karen L. Rice, DNS, APRN, ACNS-BC, ANP, Patricia Brandon, BSN, RN-BC, **Shelley Thibeau, PhD(c), RNC**

EXAMINE VARIOUS INNOVATIVE MODELS USED TO CREATE AND SUSTAIN A CULTURE OF SAFETY

35. Staff Engagement in Safe Patient Handling**
Donna B. Kinlaw, MHA, BSN, RN, CCRN
36. Promoting a Culture of Safety through Mitigating Workplace Violence with Early "Out of Control" Patient Interventions**
Kelli Dahl, MS, CHEP, **Jim Woodard, MBA, BSN, RN**
37. There's No Place Like Home: Preventing Nurse Turnover with a Nursing Internship Program
Theresa M. Heindlmeyer, BSN, RN-BC
38. Innovative Ways to Engage Frontline Staff: Quality Improvement Analyst Program
Autumne Bailey, MSN, RN, PCNS-BC, Jennifer Slayton, MSN, RN, Susan Hernandez, MBA, BSN, RN
39. Every Line Every Day - CLABSI Reduction Outside of the Intensive Care Setting**
Sharon Nersinger, MS, RN, Jessamine Scipione, BSN, RN, CCRN, Janet I. Taylor, SCM, RN
40. Sucess vs Failure: Creating a Shared Vision of Acceptance, Accountability, & Alignment to Achieve Effective Results
Nicole Martinez, BSN, RN
41. Reducing Staff Injuries: The Impact of a Safe Patient Handling Program
Katie M. Franz, BSN, RN
42. Simulation-Based Learning and Its Effectiveness in Creating a Culture of Safety in a Community Hospital
Candida Uy-Beriro, MA, BSN, CNM, RN, Lorraine Munoz-Cuadrado, MSN, BSN, RNC, IBCLC
43. KIDS CARE: A Model to Improve Patient and Family Safety and Satisfaction
Karen A. Merrigan, BSN, RN, CNN, Ana Figueroa-Altmann, DM, MSN, RN, Elizabeth Steinmiller, MSN, PMHCNS-BC, Joanna L. Horst, MSN, RNC, NEA-BC, Katherine Finn Davis, PhD, RN
44. STEPPING into a Safer Environment**
Sally F. Bennett, PhD, MS, RN, Wendy C. Bellows, BSN, RN, C, Donna Marie Campbell, RN, C, Kimberly F. Paris, BSN, RN
45. Quality Focus Plan
Jill L. Adams, MS, RN, CPHQ

**Presentations are by hospitals that are also participating in the Partnership for Patients' Hospital Engagement Networks (HEN).

46. Event Reporting: A Paradigm Shift That Works!
    Lisa J. Cuccio, MSN, RN, NE-BC, Ellen Cerullo, MS, RN
47. The Development of a Nursing Quality and Patient Safety Fellowship
    Barry S. Gallison, DNP, MS, APRN-BC, NEA-BC, CPHQ, Judith A. Rizzo, PhD, RN, NEA-BC, CPHQ, Peggy Quinn, MPH, RN
48. Regular Feedback and User Centered Designs Can Increase Staff Participation in Hazard Reporting**
    Andrea B. Ryan, MSN, RN, Jani M. North Saale, BSN, RN, Rollin (Terry) J. Fairbanks, MD, MS, Nancy P. Barton, BSN, RN, George A. Sample, MD, FCCP
49. Establishment of a Comprehensive Network-Wide Pressure Ulcer Assessment Process**
    Carolyn L. Davidson, PhD, RN, CCRN, APRN, Courtney B. Vose, MBA, MSN, RN, APRN
50. Nursing Process Review: Utilizing a Consistent Approach to Evaluate Practice Breakdowns and Patient Safety**
    Kimberly L. Rehling-Anthony, MSN, BSN, WHNP, RN, IBCLC, C-EFM, Melanie Roberts, MS, APRN, CCRN, CCNS
51. Putting the Pressure on Reducing Hospital Acquired Pressure Ulcers
    Barry S. Gallison, DNP, MS, APRN-BC, NEA-BC, CPHQ, Tochi N. Okorie, MBA, RN, Mary E. Quinn, MSN, RN, Lourdes Mellino, MA, MEd, RN, NEA-BC, Debra O'Hehir, MBA, MSN, RN
52. Critical Incident Stress Management Team; Creating a Magnetic Environment Through Staff Support Satisfaction
    Lenore M. Costello, DNP, RN
53. New Graduate Emergency Department Orientation: Are They Given The Right Tools?**
    Tamara Smith, MSN, RN, CEN
54. Sensory Modulation Room on a Locked Inpatient Mental Health Unit
    Lynda T. Brettschneider, MSN, BSN, AD, RN
55. Multidrug-Resistant Organisms: An Innovative Approach to Preventing Healthcare Transmission**
    Michelle P. Mace, MSN, RN, CIC, **Joelle Calloway, BSN, RN-BC**
56. Arming Frontline Nurses With Data to Improve Outcomes
    Kathleen A. Baudreau, MSN, RN, CPHQ, **Rebecca C. Clark, PhD, RN**
57. Empowering Direct Care Nurses to Create a Culture of Safety Through the Clinical Ladder Advancement Process
    Pamela J. Pedersen, MS, APN, ACNS-BC, CCRN, Beverly T. McLaughlin, MS, RN, NE-BC
58. Promoting Patient Safety with Perioperative Handoff Communication**
    Nancy L. Robinson, DNP, MSN, RN, LHRM, CCM
59. Bringing Quality to the Bedside: The Evolution of the Nurse Quality Champion**
    Suzanne Nuss, PhD, RN
60. "Shared Governance equals Shared Decision, is it or is it not?"**
    Rosalina Butao, MSN, RN, Victoria McCue, BSN, RN, Tanya Judkins-Cohn, MSN, MEd, RN, Julie Lamoureux, DMD, MSc, Fatima Garcia, BSN, RN, CCRN, CSC, CMC
61. Behavioral Emergency Response Team
    Gina Lauth, MSHA, BSN, RN, BC, **Anna L. McPherson, BSN**
62. Improving the Quality of Team Communication through Coaching**
    Catherine Kleiner, PhD, RN, **Katherine A. Halverson-Carpenter, MBA, RN, CNOR**, Terri D. Link, MPH, BSN, RN, CNOR
63. Staff and Managers Partner to Enhance Staff Satisfaction and Operational Failures**
    Jeanine M. Frumenti, DNP, RN
64. Empowering Staff Nurses: A Newly Opened Hospital's Journey to Shared Governance**
    Victoria Y. McCue, BSN, RN, CPN, Rosalina Butao, MSN, RN, Denise H. Harris, MSN, MBA, RN, NEA-BC
65. Breakthroughs in Patient Safety (BIPS) Program: Transforming Our Commitment to Patient Safety**
    William Parks, MD, FAAP, **Jody Collins, MSN, RN**, Victoria King, MSN, MHA, RN, CNOR, NEA-BC
66. Staff Nurse: Quality & Safety Officer at the Bedside**
    Margaret R. Morales, MA, RN, ACNS, NEA-BC.
67. Nursing Peer Review: Raising the Bar on Quality & Safety/A Hospital's Innovative Process for Improving Patient Outcomes**
    Victoria Y. McCue, BSN, RN, CPN, Rosalina Butao, MSN, RN
68. Workplace Violence Prevention: From a Fragmented to an Integrated Approach
    Linda F. Robinson, BSN, RN, CEN, CFN
69. Nurse Driven Strategies for the Reduction of Hospital Acquired Pressure Ulcers in Three Neuroscience Units**
    Nancy Epstein, MD, **Janice McGuinness, BSN, CNRN**, Sherry Persaud-Roberts, BSN, CNRN, Susan Marra, BSN, RN, Jeannine Ramos, BSN, CNRN, Diane Toscano, RN, Linda Policastro, Lee Moldowsky, MSN, RN-BC
70. Improving Patient Safety Through the Prevention and Treatment of Delirium
    Heather Hart, BSN, RN, Debra Crane, RN
71. Diabetes Champions of Change: A Multidisciplinary Team Approach to Improving Diabetes Care**
    Bridget Everhart, MSN, RN, NP, CDE, Kim Fischer, BSN, RN, CCTN
72. Valuing Patient Feedback: A discharge phone call practice in an inpatient psychiatric hospital
    Jennifer Barut, MSN, BSN, RN-BC, **Avni Cirpili, MSN, BSN, RN, NEA-BC**
73. Patient Safety is No Accident**
    Deborah L. Saylor, MSN, RN, CENP, CMSRN

**Presentations are by hospitals that are also participating in the Partnership for Patients' Hospital Engagement Networks (HEN).

POSTER SESSIONS

74. Over the Rainbow: Increasing Patient Safety and Satisfaction with Decreased Lab Draws**
Cherl J. Phillips, BSN, RN, CEN, **Bella G. Pepito, MHA, RN, CEN**, Yen H. Nguyen, MSN, RN, CCRN, CEN, Becky Martin, MT, (ASCP)
75. Pillars of Professionalism (POP): "POP"ing a Path to Professional Development with a Clinical Ladder Advancement Program**
Palaka C. Patel, MSN, RN, Linda Celia, MSN, RN, BC, Rosemary Dunn, DrNP, MBA, RN, Nicole Berardi, BSN, RN, **Andrea Rost, BSN, RN**
76. Why staff buy-in isn't enough: Lessons learned from helping staff to own and improve their practice
Kathleen Thies, PhD, RN
77. Resetting the Goal: Strategies to Decrease Door to Reperfusion Time for ST Elevation MI Patients
Cynthia C. Briner, MSN, RN
78. Expanding the C. difficile Infection Prevention Bundle to include Patient Hand Hygiene
Jody Feigel, MSN, RN, Marian Pokrywka, MS, Barbara Douglas, BSN, Hensler Amelia, BS, Weber David, MD, **Lynette H. Hathaway, MSN, RN, CIC**
79. Back to Basics in the Operating Room
Marianne D. Saunders, BSN, RN, CNOR, **Joyce M. Stengel, MSN, RN, CNOR**
80. SWAT: Empowering Staff to OWN Their Environment Through Peer Accountability**
Sharon Clark, BS, RN, Julie Kaszuba, BSN, RN
81. Integration of Evidence Based Practice Using a Multidisciplinary Team Approach To Eliminate Retained Foreign Objects
Melanie Braswell, DNP, RN, CNS, CNOR, **Annette Anderson, MSN/Ed, MBA, MA, RN**
82. Enhancing systems integration in healthcare using simulation education**
Belinda L. Curtis, MSN, RN, BC, Hollie Thornton, BSN, RN, CCRN
83. Reducing the risk of healthcare associated Clostridium difficile infection by focusing on environmental interventions**
Darlene C. Carey, BSN, RN, CIC, Palma D. Iacovitti, MBA, BSN, RN
84. Core Initiatives and Innovative Models for Fall Prevention**
Phillip Smetak, BSN, RN, **Diana Brosa, MHCL, BSN, RN, OCN**, **Judy Burghart, BS**
85. Reducing Incidence of Hospital Acquired Pressure Ulcers at Henry Ford West Bloomfield Hospital (HFWB)**
Cristina A. Raymundo, BSN, RN, Heather Y. Ainsworth, BSN
86. Improving Patient Safety By Decreasing Peripherally Inserted Central Catheter Occlusion Rates Through Education
Martha Vanessa Hardison, ADN, CNIV, VA-BC
87. Expanding the Role of an Acute Care Nurse Practitioner to Improve Patient Throughput and Decrease Length of Stay**
April Kapu, MSN, RN, ACNP-BC, **Nina E. Collins, MSN, RN, ACNP-BC**
88. Fall-O The Process! Fall Prevention Program**
Paulette S. Faul, MSN, RNC, CRRN
89. Reaching Outcomes through alignment of facility and individual goals, shared governance structure and NDNQI data**
Martha A. Grammer, BSN, RN
90. One Hundred Nurses Partner for Exemplary Nursing Sensitive Quality Indicators**
Cheryl Christ-Libertin, MS, RN, CPNP-PC
91. Reaching the Core Step One: Eliminate Non-Value Added Nursing Work
Mary C. Sitterding, MSN, Lisa D. Greenan, MSN, RN, CNML, BC
92. NOW "Lead" this: SAFE CARE
Lori L. Wiegand, MSN, RN, NEA-BC
93. Impact of Staff Engagement and Reduction of Pressure Ulcers
Andrea Weinstein, RN, Karen Magarelli, MSN, RN, **Vittoria A. Pontieri-Lewis, MS, RN, CWOCN, ACNS-BC**, Linda M. Tamburri, MS, RN, APN, CCRN
94. Huddle Up: A Touchdown For Patient Safety**
Kapri D. Ames-Barker, MSN, RN, BC, Jennifer L. Woodard, MSN, RN-BC, ACNS-BC
95. Frontline Nurse: Agent of Change in Decreasing Urinary Tract Infections and Creating a Culture of Patient Advocacy
Tricia Shustock, BSN, RN, PCCN, Mary Anderson, BSN, RN, PCCN, **Alla Kaner, BSN, RN**, Anna Beideman, BSN, RN , Evelyn Desmond, MSN, RN, NE-BC
96. Creating a culture of accounatbility, safety, and empowerment through the use of real time peer review
Tracey A. Malast, MSN, **Onyekachi Festus, BSN, RN**
97. Beating the Benchmark: Sustained Success in CLABSI Rate Reduction in a Surgical Trauma Burn ICU**
Kristi D. Wilkins, MSN, RN, CCRN, CCNS, **Olivia Lezanski, BSN, RN, CCRN**
98. Hand Hygiene Data Monitoring Using the iPod Touch to Improve Patient Safety**
Teresa M. Hulett, BSN, RN, **Catherine Mickey, BSN, RN, CCRN**

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POSTER SESSIONS

99. Standardize Safety & Quality: Enculturation of Evidence Based "Bundles" into daily practice to improve patient outcomes
Lori Hubbard, BSN, RN, Diane Vorio, MS, MSN, RN, NEA-BC, Nancy F. Considine, BS

100. A Current State Assessment of Anesthesiology Controlled Medication Security in Ambulatory Surgery Centers
John A. Savage Jr., DNP, CRNA, APRN

101. Utilizing Lean Methodology in Reduction of Hospital Acquired Pressure Ulcers (HAPUs)**
Carol L. Brewer, BSN, RN, CWS, CHRN, FACCWS

102. The Synergy to Reduce Codes: Structures Crumble Without a Foundation**
Rebecca A. Paulsen, MS, BSN, RN, CPN

103. Breaking through Patient Education Barriers: Success through Individualized Mobile Tablet Education**
Laura M. McNally, MSN, RN, CCNS, CCRN-CMC

104. Reduction in Central Line Associated Blood Stream Infection (CLABSI): An Comprehensive Approach
Lisa Haddad, MS, BSN, RN, **Mickey McBride, BS, RN**

105. Patient Safety First**
Sarah E. Wise, RN

106. Sustaining excellence in prevention of pressure ulcers in a pediatric population
Teresa Stanley, MSN, RN

107. Sustaining a Culture of Safety and Quality in our Pediatric Intensive Care Unit
Mary Jean Kelly, MSN, BSN, RN, PNP, CCRN, Meena Kalyanaraman, MD, Maryellen Wiggins, MSN, RN, ACRN, NE-BC, Cheryle Aizley, MSN, PNP, BSN, RN, CCRN

108. Nursing Professional Practice: Led by Vision, Evaluated by Metrics
Debra Nussdorfer, MSN, BSN, RN, PMHCNS-BC, NE-BC, **Evelyn Angeles, BSN, RN, CCRN**

109. A Continuum of Quality and Safety
Alfa Lafleur, MSN, RN, CNL, Gregory Passanante, MBA, BSN, RN

110. Knock Out Errors the Safe Way!
Debra W. Lanclos, MBA, BSN, RN, Debra Rockman, MBA, BSN, RN, CPHQ, CPHRM

111. An Interdisciplinary Approach to Improving Hand Hygiene Compliance**
Krista N. Williamson, BSN, RN, CMSRN, CNML, Amy H. McCowan, MEd, BSN, RN

112. A Pharmacy and Nursing Collaborative: A Multidisciplinary Approach to Patient Safety**
Angela Dangler, PharmD, **Staci Aden, BSN, RN, CMSRN**

113. Violence Against Nurses and Other Health Care Personnel in an Urban Level I Trauma Center
Rick B. Kelley, MA, BSN, BA, RN, Shellie A. Scribner, BSN, RN, CEN, Pam Huff, BS, RN, CEN

114. Paving the way for Health Literacy: Meet Ima Littleoff**
Kathryn Shradley, BS, RN, CVRN

115. Interdisciplinary Collaboration in the Reduction of Catheter Associated Urinary Tract Infections (CAUTI)**
Terry Gion, MS, RN, CRRN, **Suzanne Purvis, DNP, RN, GCNS-BC**

116. Development of a pressure ulcer prevention protocol for patients requiring non-invasive positive pressure ventilation
Cynthia Dugan, MAS, RN, CPHQ, **Janet Doyle-Munoz, BSN, RN, CWON**, Dorothy Zarillo, MSN, NEA, BC, Toni McTigue, APRN, BC, CWOCN, Salvatore J. Ruggiero, RRT, NPS, Laura Doyle, BSN, RN

117. What Do Nurses Want? Making Patient Safety Data Meaningful
Lisa Q. Corbett, MSN, APRN, CS, CWOCN, Valerie Neary, MSN, RN, Darcie Shewokis, BSN, RN, OCN, Sharon Clark, BSN, RN, Rebecca Joiner, BSN, RN-BC, Ashley Dube, BSN, RN, **Gail Nelson, MS, RN, NEA-BC**

118. Optimizing Action Plans to Enhance a Culture of Safety and Improve RN Satisfaction
Margaret Yoho, MSN, RN

119. Standardizing medication administration process measures improves accuracy and creates a culture of safety
Mary Moore, MS, RN

120. STOP Pressure Ulcers Campaign
Sonya M. Moore, MSN, RN, Devin Carr, MSN, RN, RRT, ACNS-BC, NEA-BC, CPPS, Sheree Lee, BSN, RN, CWOCN, Pamela Jones, MSN, RN, NEA-BC

121. Culture Shift and Intentional Rounding Decreases Falls**
Dori Moorehead, BSN, RN

122. A Culture of Safety in the Neonatal ICU**
Kathleen A. Marble, MSN, RNC-NIC

123. Passing the Baton with Huddles and Bedside Handoffs**
Rhonda DePriest, BSN, RN, ONC

124. Restraint Knowledge, Attitude & Beliefs
Kristine M. Leahy-Gross, BSN, RN • **Suzanne Purvis, DNP, RN, GCNS-BC**

EVALUATE EFFECTIVENESS IN INTEGRATING NEW TECHNOLOGIES THAT SUPPORT QUALITY IMPROVEMENT

125. Health Literacy and Medication Knowledge: Will a Graphic Medication Form Improve Medication Recall After Discharge?
Jennifer L. Thompson-Wood, MSN, BSN, RN

126. Viability of Ultrasound Guided Peripheral IV Insertion: Characteristics of Patients and Outcomes
Ricardo J. Ramirez, BSN, RN, CCRN

**Presentations are by hospitals that are also participating in the Partnership for Patients' Hospital Engagement Networks (HEN).

127. Multiparameter Early Warning Score (MEWS) in the Electronic Health Record
Andrew Schmid, MHA, BA, RN
128. Improving Nursing Quality Indicator Outcomes with the use of Nursing Informatics**
Sara Moghadam, BA, RN, PCCN, Connie Johnson, BSN, RN, WCC, LLE, DAPWCA, Nune Mehrabyan, MS, BSN, Juliet Puorro, MSN, RN, CNL, ONC
129. Practice Environment Scale: Grid Highlights Opportunities for Improvement
Hollie Shaner-McRae, DNP, RN, FAAN, **Anne Ireland, MSN, RN, AOCN**
130. Emergency Department Nursing Medication Administration Documentation
Arceli R. Katigbak, MSN, RN, CCRN, Sondra Turner, RN, Yolanda Del Toro-Borrero, MBA, HCM, RN
131. Applying Smart Pump Data to Improve Safety at the Bedside
Marie Link, PharmD, **Karen A. Morris, RN**
132. Improving Quality Outcomes through Implementation of a Core Measure Nurse and the Electronic Medical Record**
Mary Subervielle, MSN, BSN, RN
133. Use of Disease Registry to Facilitate Nurse Case Management of Diabetics to Achieve Lower Lipid Levels
Katurah Windham, MSN, RN, CEN, Kiwanda Williams, BS, LPN
134. Sustainability for 39 Months....A CLABSI Free Intensive Care Unit
Karen Schmieder, MSN, RN, CCRN
135. Utilizing Data in a Perioperative Electronic Health Record to Drive Quality Improvement
Rita Lanaras, BS, RN, CNOR, **Lucy Duffy, MA, RN, CNOR**, **Barbara A. Herrmann, BSN, RN, CNOR**
136. The Impact of Barcoding Technology on Reported Medication Errors
Andrea Holecek, EdD, MSN, MBA, APRN, AOCNS
137. Innovation of Skin Risk Assessment to Support Quality Improvement**
Kristina L. Foster, MS, RN, APRN, BC, CWOCN
138. Virtual Journal Club: Innovatively engaging nurses with evidence in their workplace**
Fatima Garcia, BSN, RN, CCRN, CSC, CMC, Tanya M. Judkins-Cohn, MSN, MEd, RN, Devica R. Samsundar, MLIS, AHIP
139. MAPS to Quality Improvement in Nursing Orientation**
Kathy L. Brown, MS, RN-BC, CPHQ
140. The Yellow Brick Road to Success: An Intensive and Focused Orientation Program Skyrockets Retention & Staff Satisfaction**
Kimberly Hummel, BSN, RN, **Jill Rachild, BSN, BS, RN**, Rosemary Dunn, DrNP, MBA, RN
141. When back to basics is not enough: Strategies to decrease HAPUs
Kimberly D. Hall, DNP., RN, GCNS-BC, CWCN-AP, **Kathleen A. Baudreau, MSN, RN, CPHQ**, Rebecca C. Clark, PhD, RN
142. Obstructive Sleep Apnea Intervention and Treatment for Surgical Patients at Risk
Lisa M. Long, MBA, BSN, RN, Kelly L. Nutter, BSN, RN, Helen F. Harding, MBA, BSN, RN
143. A QI project to improve patient outcomes: Preventing tracheotomy related skin breakdown**
Katelin Palombaro, BSN, RN, Mary Ellen Novak, RN, Susan Wasienko, BSN, RN, **Patricia Torrey, BSN, RN**
144. Using Appreciative Inquiry to facilitate Registered Nurse Advisory Group to improve RN Satisfaction
Paula F. Coe, MSN, RN, NEA-BC, Abigail Strouse, MS, RN, ACNS-BC, CBN, Debra McNamara, MS, RN, RN-BC, MaryAnn Jurewicz, BSN, RN, Deborah Lampo, MSN, RN, CNML
145. Decreasing Ventilator Days Utilizing a Progressive Upright Mobility Program**
Joanne K. McGovern, BSN, RN, CCRN, **Annie Hodge, BSN, RN**, Stephanie Boudwin, BSN, RN, CCRN, Lauren Dolhancryk, BSN, RN, Megan Barrett, BSN, RN, Judith DiPerri, MSN, BSN, RN-BC, CWOCN, Rebecca Swope, BSN, RN
146. Developing an Efficient CAUTI Surveillance Method Using an Automated Data Collection Process
Young-Shin Park, MSN, RN, CNOR, Natalie S. Bell, MSN, RN, ACNP-BC, OCN, MaryAnn Connor, MSN, RN, CPHIMS, Crystal Son, MPH
147. Interactive Teaching Strategies and the Effect on Knowledge and Outcomes**
Rhonda D. Schleider, MSN, RN, CCRN
148. Patient Condition Surveillance Tool: Identifying at-risk patients to minimize negative nurse-sensitive outcomes**
Lori Hubbard, BSN, RN, Diane Vorio, MSN, RN, NEA-BC, Joan Rimar, DNSc, RN, Nancy F. Considine, BS
149. Integrated Technology Serves and Informs Clinical Practice: Pressure Ulcer Prevalence Surveys**
Lori D. Merkel, MS, BSN, RN, RNC-NIC, Debbie L. Stoner, AS
150. ProClarity Database Used to Improve and Manage Diabetic Patients
Kesha Swint, MSN/MHA, Maria Varnon

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POSTER SESSIONS

151. Smart Orders with Embedded Logic Align Clinical Practice and Guidelines**
Halina Beninati, BSN, RN, **Kevin P. Browne, MS, RN, CCRN**, Elizabeth Grahn, MSN, NP-C, CWOCN, Tracey Liucci, BSN, RN
152. Improving Communication: The Effectiveness of the Electronic Kardex in Reducing Patient Falls**
Margaret Adler, MSN, RN-BC, WCC, Christine Malmgreen, MA, MSN, RN-BC
153. Got Supplies? Get LEAN!
Becky Dodge, MBA, BSN, RN, Tracy Carroll, BSN, PCCN, RN
154. Pediatric Skin Integrity and the Use of a Postoperative Reporting Tool: A Summary of Evidence for Best Practice**
Jocelyn L. Atkins, MSN, CNOR
155. Integrating Technology into Sepsis Education
Karrin K. Dunbar, BSN, RN
156. Working THROUGH the workaround: FIX why your nurses can't adopt Health Information Technology and STOP why they won't
JoAnne Scalise, MS, BSN, RN
157. Effective Staff Utilization: Enhancing Patient Flow with Unit-Based Capacity Nurses and Workload Leveling**
Madelin Adames, BSN, BA, RN, Jamie T. Le-Lazar, MBA, Deborah A. DeVine, MS, RN, AOCN, CRNI, **Zach Robison, MBA**, Connie Chambers, MSCIT, RN, CPHQ

ILLUSTRATE AND ANALYZE STRATEGIES DESIGNED FOR PATIENT ENGAGEMENT IN QUALITY

158. Engagement and Sustainment of a Patient Family Advisory Council
Joanne T. Ashford, MN, BA
159. Quality in Pain Management: Asking the Patient**
Nancy Eksterowicz, MSN, RN, BC
160. ROADMAP...Setting the Course for Patient and Family Involvement in Their Plan of Care**
Kristina Holleran, BSN, RN, CMSRN, Tracie Heckman, MSN, RN, CMSRN
161. Patient Flow Highway: Getting Your Patient Into The Fast Lane To Exit!**
Mary Kay Silverman, BSN, RN, CEN, **Margaret Drake, BS, RN**, Dana Keddie, RN, Rosemary Dunn, DrNP, MBA, RN
162. Bedside Shift Report: Patient/Staff Engagement Improves Overall Communication, Satisfaction and Outcomes**
Melanie G. Bouknight, RN, BSN, NE-BC, Anita H. Sease, RN, MSN, NE-BC
163. Project "BREATHE"**
Ani Jacob, DNP, MSN, RNC-NIC, Margaret Cooper, BSN, RN, CPN, **Kelly Henry, RN, AAN, CPN**, Kathy Agoursalidas, BSN, RN, CPN, Mary Schafer, MS, PNP, CCRN
164. Listening to voice of the patient in developing a Patient Centered Handoff**
Mary Ann Friesen, PhD, RN, CPHQ, Anna Herbst, MSN, RN, Karen Gabel Speroni, PhD, RN, Jeanine Turner, PhD, James D. Robinson, PhD
165. HUSH Initiative, A Noise Reduction Project
Mary Rachel Romero, MSN, RN, CPAN, CAPA, Monica Brock, MSN, RN, CPAN
166. White Boards: A Strategy to Engage Patients in the Plan of Care through Communication
Jennifer R. Williams, MSN, RN, NE-BC

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VIRTUAL POSTERS

SESSION 999: VIRTUAL POSTERS

Instructions: The following virtual posters will be available online for registered attendees only at: https://ana.confex.com/ana/ndnqi13/schedule/index.cgi. First create an account and then you can login and view them. The posters will be available for viewing from February 6–February 22, 2013. Questions can be left for the presenter on line and they will respond during their live online sessions on:

Monday, February 11 • 3:00pm–5:00pm | Thursday, February 21 • 10:00am–12:00pm

Conference Learning Objectives:

- Examine Various Innovative Models Used to Create and Sustain a Culture of Safety
- Evaluate Effectiveness in Integrating New Technologies that Support Quality Improvement
- Analyze Methods for Translating Research and Evidence into Practice
- Illustrate and Analyze Strategies Designed for Patient Engagement in Quality

ANALYZE METHODS FOR TRANSLATING RESEARCH AND EVIDENCE INTO PRACTICE

1. Comparing efficacy and safety of weight based and non-weight based intravenous dosing of Diltiazem
   Lisa A. Clark, MSN, BSN, PCCN, Vallire D. Hooper, PhD, RN, CPAN, FAAN, Ellen Ferguson, BSN, RN, PCCN, Julie L. Applegate, PharmD, BCPS
2. Implementing Evidence Based Practice at the Bedside to Eliminate Hospital Acquired Pressure Ulcers
   Stephanie Heckman, MSN, RN, ACNS-BC, CMSRN, Amira Kehoe, MBA, BSN, RN, CWCN
3. RN Fall Estimates as a Proxy Measure for Fall Counts from Incident Reports
   Diane K. Boyle, PhD, RN, Byron J. Gajewski, PhD, Lili Garrard, MS, Michael Simon, PhD
4. The Association of RN Workgroup Job Satisfaction and Nurse Staffing with Patient Falls on Acute Care Hospital Units
   JiSun Choi, PhD, RN, Diane K. Boyle, PhD, RN
5. Journal Clubs - Translating Research into Practice
   Diane Hanley, MSN, RN-BC, EJD
6. Emergency Nurses' Readiness for Evidence-Based Practice Change: The Next Generation
   Mary K. Naccarato, MSN, RN, CCNS, CEN
7. Translating sepsis research to improve outcomes in obstetrical and gynecological patients
   Sue A. Neumann, MS, RNC, CPHRM, **Patricia R. Johnson, DNP, RN, CNEA-BC**, Lisa S. Lee, BS, RN, Cheri Johnson, BSN, RNC-OB, Fancy Manton, PharmD, BS, RPh
8. Translating Data into Practice: Device Related Pressure Ulcers
   Rebecca Morton, BSN, RN, CWCN, Lisa Corbett, MSN, APRN, BC, CWOCN, Barbara Falkowski, BSN, RN, CWCN, Beverly Styles, MSN, BSN, RN, CWOCN, Nancy Ough, LPN

EXAMINE VARIOUS INNOVATIVE MODELS USED TO CREATE AND SUSTAIN A CULTURE OF SAFETY

9. Pressure Ulcer Prevention (PUP)
   Sharon Monday, MS, BSN, RN, NEA-BC, Crystal L. Wilkerson, MS, BSN, RN
10. Success in Preventing Catheter Associated Urinary Tract Infections - What works?
    Michelle P. Mace, MSN, RN, CIC, **Joelle Calloway, BSN, RN-BC**
11. The Anatomy of a Model
    Donna Poduska, MS, RN, NE-BC, NEA-BC
12. Bedside Safety Handoffs: Transitioning Trust for Patients and Staff
    Kasey L. Paulus, RN, BAN
13. Reduction in Rental Bed Usage while Reducing Hospital Acquired Skin Breakdown
    Robin P. Thaxton, RN, Betty Wood, BSN, RN
14. Interprofessional Collaborative Approach to Improving Postpartum Hemorrhage Rates
    Anisha Fuller, MSN, RN, Kim Domaradzki, BSN, RN
15. Evidence & Practice: A Fall Reduction Program Using Implementation Science
    Patricia A. Kelly, DNP, APRN, CNS, AOCN, Adrienne C. Nitsos, MBA, RN, MA, Joyce Lee, MSN, RN, OCN
16. Preventing delirium in the Acute Care setting using a volunteer program
    Paula J. Duncan, BS, RN
17. Improving Nursing Satisfaction: A Unit Based Practice Council's Plan
    Joana Pichs, BSN, RN, Victoria Y. McCue, BSN, CPN, **Amy L. Saenz, RN**
18. Putting the "E" in SafEty-Education for New Products
    Mary J. Koschel, MSN, RN-BC, CFRN, NREMTP

VIRTUAL POSTERS

19. Fall Prevention: Design and Implementation of the Code Yellow Program
    Carolynn H. Globig, BSN, RN, BC
20. Are You an Apple Eater or an Apple Polisher? Cultivating Staff without Being a Bully to Increase Satisfaction and Safety
    Julia M. Barry, BSN, BFA, RN, Nicole Berardi, BSN, RN, MaryKay Silverman, BSN, RN, Rosemary Dunn, DrNP, MBA, RN
21. Engaging Frontline Staff in Process Improvement: Increasing Utilization of the Obstetrical Emergency Team
    Kim Domaradzki, BSN, RN, Nicole Herndon, MSN, RN, NNP-BC, NEA-BC, Robin Seaton, MSN, RN, FNP-BC, C-EFM
22. A Staff Driven Fall Prevention Initiative on a Cardiovascular Unit at Mayo Clinic Florida
    Jane A. Myrick, MSN, RN, ACNS-BC, Anne G. Brent, RN, Theresa A. Gonzalez, BSN, RN, Shin H. Park, MSN, RN, Renata B. Pogodzinski, RN, **Cathy D. Tabone, BSN, RN**
23. Raising Fall Prevention Awareness
    Sara Moghadam, BA, RN, PCCN, **Juliet Puorro, MSN, RN, CNL, ONC**
24. Unit Based Skin Champions and their Role in Decreasing Hospital Acquired Pressure Ulcers
    Dawn Carson, RN, BA, CWOCN, NHA
25. No Patient Left Behind
    Pamela E. Sapp, MN, RN, OCNS-C
26. Using the National Institutes of Health Stroke Scale to Safely Evaluate and Treat Stroke Patients
    Victoria Uche, MSN, RN, Hilary Hancock, BSN, BS, Megan Poms, BSN, BA, Virginia Martin, BSN, MA, BA
27. From Here to There: Hand-Off and Huddle
    Nancy G. Addison, BSN, RN, CCRN, Sarah M. Wilson, BSN, RN, Evie Nicholson, BSN
28. Targeted interventions for compliance with hand hygiene measures in the rehabilitation setting
    Mary Ann Euliarte, MSN, MBA, RN, CRRN, **Lisa W. Thomas, MS, CNS, RN, CRRN**
29. Patient Bedside Handoff between the Post Anesthesia Care Unit and the Surgical Orthopedic Unit
    Elizabeth A. Duffy, MSN, BSN, RN, NE-BC, Nancy Bertera, MSN, RN, CPAN, CAPA
30. The Role of Safety Rounds in Fall and Pressure Ulcer Prevention
    Sonya M. Moore, MSN, RN, June Bowman, MSN, RN, Pamela Jones, MSN, RN, NEA-BC
31. The Design and implementation of a wound care resource nurse group
    Karen Whitmore, MS, BSN, RN-BC, CWS

EVALUATE EFFECTIVENESS IN INTEGRATING NEW TECHNOLOGIES THAT SUPPORT QUALITY IMPROVEMENT

32. Scanning for Safety
    Karen Schmieder, MSN, RN, CCRN, Barbara King, BSN, RN
33. Creation of a Violence Risk Assessment Tool: A QI Project
    Consolacion L. Huerfano, MHA, BSN, RN-BC
34. GI Suite Changes Effectively Improves Quality of Patient Care and Staff Satisfaction
    Kendra L. Gaumer, BSN, RN, RN-BC, **Darius H. Gray, BSN, RN, NE-BC**
35. For Every Nurse—The Right Information at the Right Time
    Shelley Miller, MSN, RN, PCCN
36. Discharge Huddle Augmented by Technology Improves Efficiency of Discharging Patients into Continuum Partners
    Patricia C. Galo, RN, Christina B. Watwood, MPH/MHA, BSN, RN, **Donna E. Rice Cella, BSN, RN**, Jack W. Boone, MS, BS, Edmond J. Hickey, MS, MSW
37. Adoption of Bar Code Scanning into the Electronic Medical Record and the Anesthesia Information Management Systems
    Joel S. Berger, BA, BSN, CRNA, Elizabeth Rebello, MD, Spencer S. Kee, FRCA, MBChB
38. From Audit to Action: Reducing Hospital Acquired Pressure Ulcers
    Elizabeth Pham, MHA, Bonnie Ashcom, BSN, WCOCN, Sheldon Bloch, BBA, Faith Duncan, BSN, Jocelyn Goffney, MSN, BSN, Elizabeth Himes, MHA, Josepha O'Brien, MSN, BSN, CWOCN, Janet Ramundo, MSN, BSN, CWOCN, Catherine Short, BSN, CWOCN

ILLUSTRATE AND ANALYZE STRATEGIES DESIGNED FOR PATIENT ENGAGEMENT IN QUALITY

39. Striving for Patient Centered Education: A Nursing Teams Journey to Implement Teach-Back in an Urban Acute Care Hospital
    Myra L. Couch, MSN, RN-BC, Mary Rudy, MN, RN, NEA-BC, Ellesha McCray, MBA, MSN, RN, NE-BC, Darlene Dietrich, MBA, MSN, RN, Roseanne Zawinski, MSN, RN-BC
40. Pain Management: Are you on target?
    Angela R. Chandler, BSN, RN, ONC, Vallire Hooper, PhD, RN, CPAN, FAAN, Jan Bailey, MSN, RN, OCNS-C, Kristy Stewart, MSN, RN, ONC

EXHIBITORS

EXHIBIT SCHEDULE

Wednesday, February 6
5:30pm–8:00pm

Thursday, February 7
7:00am–7:50am
12:00pm–2:00pm
5:00pm–7:00pm

Friday, February 8
7:00am–7:50am

LOCATION Grand Hall

Exhibitors as of January 14, 2013

Food Buffets

320 AstraZeneca	318 Kaplan University	316 Ideopolis, LLC	314 GE Healthcare
221 ArjoHuntleigh	219 CareerSmart Learning	217 CPI	215 Voalte

310 Jamar Health Products, Inc.	308 Veterans Crisis Line	306 AADE
211 Lippincott Nursing Solutions	209 Bowie State University	207 Food and Drug Administration

222 Armstrong Medical Industries, Inc.	220 yourPatient BOARDS.COM	218 SupportCard	216 Shift Wizard	214 Guldmann, Inc.
123 QI Macros SPC Software for Excel	121 GlobalHealth Education	119 Herzing University	117 Georgetown University - Nursing	115 West-Com Nurse Call Systems, Inc.

210 Eloquest Healthcare	208 LiftSeat Corporation	206 Walden University
211 Nihon Kohden America	109 OnSomble	107 Curos by Ivera Medical

122 The Ohio State University College of Nursing	120 Vree Health™	118 Calmoseptine, Inc.	116 Capella University

Main Entrance

EXHIBITORS

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