

Research
Empowerment Day
Workshop

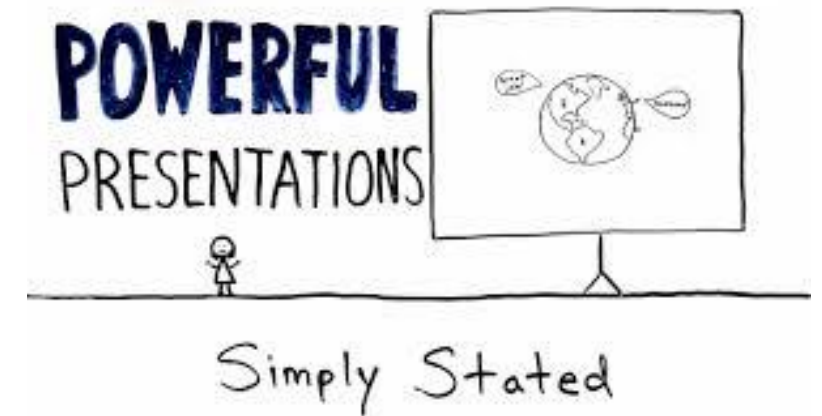
The Objective of a Poster Presentation:

- A poster presentation promotes your project.
- It demonstrates your ability as a researcher.
- Allows you to share information with your organization and community.
- It helps to develop your communication skill.
- It helps to build networks and contacts.
- A great way to get feedback.
- When doing an Evidence-Based Project, Quality Improvement, or Research project, a poster presentation allows you to articulate the following clearly:
 - What you did.
 - How you did it.
 - Why you did do it.
 - How it contributes to your field and the larger field of human knowledge.



What Makes a Good Poster?

- Important information should be readable from about 10 feet away.
- The title is short and draws interest.
- Word count of about 300 to 800 words.
 - Keep it succinct and not overly wordy
- White space is essential to increase visual appeal and readability (this is the “empty” space between sections, columns, headings, blocks of text, and graphics).
- Consistent and clean layout-pay attention to symmetry and alignment.
- You should be able to read it in less than 10 minutes
- It's organized and flows logically.




Keep the Poster Visual!

- Include attractive pictures and figures.
 - Images and graphs say much more than words.
- Use balanced color choices.
 - Make it pop!
 - Use only 2-3 colors.
 - Capture attention, and highlight information, but do not distract!
- Keep it visually appealing & readable.
- Avoid resolution overkill-150 dpi to 300dpi.
- Save photos as jpg or png.
- Web images are sometimes difficult to obtain good resolution.
- Using bullets, numbering, and headlines makes it easy to read.



Font



Planning - Font Size & Choice

72 Point	72 Point
32 Point Text	32 Point Text
16 Point Text	16 Point Text
San-Serif	Serif

- Use fonts that are easy to read (such as Times New Roman, Garamond, and Arial).
- Title: 85 points
- Authors: 56 pt.
- Sub-headings: 36 pt.
- Body text: 24 pt.
- Captions: 18 pt.

Creating a Dynamic Poster

Brief Descriptive Project Title

Authors and affiliations listed

Johns Hopkins University

Brief Summary/ Abstract

- Summarize the poster
 - **Why?** (motivation/ importance)
 - **How?** (methods)
 - **What?** (results)

Goal/ Objective

- Clear statement of problem and hypothesis
- Use clear language, uncomplicated by jargon

Great spot for graphics, photos or other cool images

Methods

- Your specific contributions to the project
- What did YOU do?

Great spot for graphics, photos or other cool images

Results

- Briefly describe results
- Use minimal text
- Use 2 - 4 most relevant graphics to support conclusions, clearly labeled

Conclusions

- Summarize conclusions
- What are take-home messages (Big Picture)?
- What are next steps (if relevant)?

Great spot for graphics, photos or other cool images

Great spot for graphics, photos or other cool images

Additional Questions?

- Provide your contact info (email, Twitter, website)

Mistakes to Avoid

- Not following the guidelines.
- Having a poster that's too busy.
 - Not enough white space.
- Having too much text and not enough graphics.
- Not proof-reading!
- Not practicing enough.
 - Know your stuff.

Creating a Reference Page

- It is important to give credit to all sources that are utilized in the creation of your research poster.
- The reference style utilized in the nursing profession is the American Psychological Association (APA) 7th edition.
- For additional guidance in understanding the basics of the APA format, check out the resources provided by Purdue Owl.

Purdue Owl



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APA FORMATTING AND STYLE GUIDE (7TH EDITION)

General Format

In-Text Citations: The Basics

In-Text Citations: Author/Authors

Footnotes and Endnotes

Purdue OWL > Research and Citation > APA Style (7th Edition) >

APA Formatting and Style Guide (7th Edition) > **APA Formatting and Style Guide (7th Edition)**

APA Formatting and Style Guide (7th Edition)

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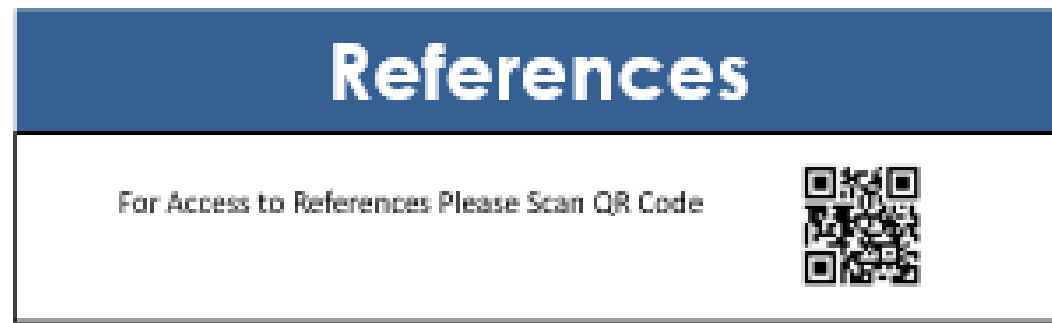
General Format

Guidelines on writing an APA style paper

Creating a Reference Page

Using a QR Code

- QR codes are a great alternative for sharing references.
- Simply create your reference page in word, save the file as a PDF, and upload the file into a QR Code generator such as Vistaprint's Free QR Code Generator.



UMC's Scholarly Resources - OVID

Regulatory Readiness UMC Email SDS Info Applications Forms & Docs Education Portal Policies & Procedures IT Support

UMC

children's Hospital

Intranet

DEPARTMENTS CLINICAL WEBSITES NEWS & MEDIA HUMAN RESOURCES

Mason's Message 8-27-2024

Voting is now underway for the Las Vegas ReviewJournal's "Best of Las Vegas" awards. As a result, UMC has earned nominations in eight key categories this year, including Best Hospital! Voting is open through September 12. Please take a few seconds each day to helpClick to Read More

Going for Gold!

Every device. Every day.

Vote for Our World-Class Team!

BEST of LAS VEGAS!

Click here to vote online through September 12!

Employee SELF Service

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UMC POST NEWS AND ANNOUNCEMENTS

8/27/2024 Mason's Message

8/12/2024 Mason's Message

7/29/2024 Mason's Message

7/16/2024 Mason's Message

7/1/2024 Mason's Message

6/18/2024 Mason's Message

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5/7/2024 Mason's Message

QUICK LINKS

COVID-19 HCW Information

UMC Research Toolkit

Cafe @ UMC Menu

Project Request Form

Engineering Request

Timecard

Employee Parking Permits

Safety Suggestion Box

Missing Persons

Select a Popular Link

iShare

Joint Commission Readiness

Lexicomp

Lippincott Advisor

Lippincott Blended Learning

Lippincott Learning

Lippincott Procedures

Management Dashboard

Manager Evaluation

MedSurg POD Staffing Needs

MedSurg POD Staffing Report

Micromedex

Office Share

OneUMC Project Information

OVID

PACS

Pharmacy Surveys

Photo Albums

Portal News

Providers Credentialed at UMC List

Matrix: Hospitalist / Managed Care Lab

UNLV SOM Resident Privileges

UMC's Scholarly Resources–UpToDate



University Medical Center of Southern Nevada ▾

[Contents ▾](#) [Calculators](#) [Drug Interactions](#) [UpToDate Pathways](#)

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Utilizing Pictures In Your Poster

- Including photos or illustrations on your poster serves to help make your poster more visually appealing and break up blocks of text.
- When incorporating an image, make sure that you choose one that is a high resolution image to prevent the image from coming out as grainy when printed.
- Before adding a photo to your poster it is essential that you obtain permission to avoid a copyright violation.
- If you use an image without permission you and/or UMC could be sued for copyright infringement.



How To Protect Against Copyright

- Openly Licensed Content
 - This includes images found on Google other stock photo websites
 - Do not assume a picture from Google or a search engine is safe as many of them are copyright protected
- Copyright Protected Content
 - This includes photos or images from books or websites
 - You may need to reach out to the author/organization to obtain permission to utilize the image
- UMC Approved Stock Photo Websites
 - iStock Essentials
 - Note: If there is an image that you can not find through iStock Essentials please send this request to the Research Day chair

UMC's Approved Pictures

iStock Essentials

The screenshot displays the iStock by Getty Images website interface. The top navigation bar includes the iStock logo, a menu with Video, Photos, Illustrations, Vectors, Music, AI Generator, and Resources, and links for Pricing, Boards, Sign in, and Join. Below the navigation bar, a search bar shows the query 'essentials collection'. A 'Refine' button is on the left, and a 'Search by image or video' icon is on the right. The main content area shows 2,329,129 images and videos. Filter tabs for 'All', 'Essentials (Lowest price)', and 'Signature (Best quality)' are visible. Below these are search filters for 'essential oils', 'vector', 'production line', 'creativity', and 'business people'. Further down are filters for 'All Color & Mood', 'Orientation', 'Number of people', 'Age', and 'Ethnicity'. The results are sorted by 'Most popular'. The image grid includes: a top-left image of hands using devices with network icons; a top-middle image of luxury watches; a top-right image of a modern retail display; a bottom-left image of handbags on shelves; a bottom-middle image of a man working at a desk; and a bottom-right teal banner with the text: 'Take any image from "not quite" to "just right" See how you can modify existing images—or generate entirely new ones—to your exact needs.'

Presenting Your Poster

Radiate enthusiasm & confidence!

- Maintain eye contact.
- Tell a great story.

How should you prepare for my presentation?

- Practice! Practice! Practice!
- Once your poster is finished, you should re-familiarize yourself with the larger project you're presenting.



How long should I let audience members look at the poster before engaging them in the discussion?

- Don't feel you have to start talking to viewers the minute they stop in front of your poster. Give them a few moments to read and process the information.
- Once the viewers have had time to familiarize themselves, offer to guide them through the poster. Sample communication for a viewer:
 - “Hello. Thanks for stopping to view my poster.
 - “Would you like a guided tour of my project?”
 - “Do you have any questions?”
 - **Do not read from your poster.**
 - Use the poster as a visual aid, pointing to it when you need to draw viewers' attention to a chart, photograph, or particularly interesting point.

UMC Research Day Templates

TITLE goes here

Poster Author Names,
credentials go here



BACKGROUND

Background text info goes here

PURPOSE

Purpose statement goes here

METHODS

Description of method

RESULTS

Results go here

CONCLUSIONS

Conclusion goes here

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GUESS WHAT CATEGORY?



Title: The Challenging Ileostomy: Pouching Pearls for a Loop Stoma that Sits in a Deep Well

By: Marisa Dela Rosa BSN, WCC, COCN, CCCN; Allen Del Mundo BSN, WCC, WTA-C; Tania Anderson RN, WCC, OMS; Lorjane Palacio RN, WCC, OMS



BACKGROUND

A 54-year old female with known peri-umbilical hernia, morbid obesity presenting with 2-3 days of acutely worsening abdominal pain. CT abdomen concern for necrotizing fasciitis of the abdominal wall. Patient had emergent exploratory laparotomy and loop ileostomy on RLQ. The result was a loop stoma with loop bridge support created in a deep well that regular pouch does not fit on it. Variety of appliance, accessories and pouching principles applied until we found a pouching system that fits on the stoma and improved wear time.

Patient first admission (1/7/21-2/2/21); second admission (2/26/21-3/10/21); seen in ED (4/5/21).

PURPOSE of Innovation

Multiple pouching efforts failed to accomplish a wear-time of more than 24 hours.

Patient was having difficulty in gaining confidence in changing pouch because of frequent leakage issues.

Patient was anxious to achieve a pouching system that would allow her to engage with people and do activities with confidence when discharged.

REFERENCES

1. Emory University Nell Hodgson Woodruff School of Nursing. Wound Ostomy & Continence Nursing Education Program (2016) Section XII Peristomal Skin Care and Pouching Guidelines. Ostomy And Continence Diversions Core Content (pp126-138)
2. Goldberg, Margaret. Patient Education Following Urinary/Fecal Diversion. Wound Ostomy Continence Nurses Society Core Curriculum. Ostomy Management. 2016 Chapter 11 pp131-138.

METHODS

The loop stoma with loop bridge support was located on a deep well (#1 and #2)



Side View



Application of regular 2 1/2 inch or 64mm pouch only lasted for 12 hours or lesser. Pouch lifted easily because it cannot accommodate the loop bridge support. A wound manager with 110mm size plus ostomy accessories accommodate the stoma.

Innovation Process:

Barrier rings (4") were molded and applied at 3 and 9 o'clock creases and around the stoma without covering the loop bridge support and sutures.



Wound manager pouch opening include the formation of loop bridge support to accommodate it and was additionally cut like flowers in order to be able to press inside the deep well.



Taught the patient to cover the stoma at all times and wipe the effluent in order to keep the accessories and peristoma clean and dry. Then apply the pouch, pressing the flowers like area individually in order to flattened on the base. Then apply barrier ring around the pouch.



Educated the patient not to do aggressive movement for 30 minutes to keep the adhesion of pouch unto the skin. Taught to empty the pouch if it is 1/3 to 1/2 full or full of gas.

RESULTS

Ultimately, an approach that involved modifying a wound manager pouch with combination of modified pouch accessories were used and it achieved 3-4 days wear time and rare leaks.

Teaching the patient on how to empty the pouch improved self care esteem.

Since patient was unable to change pouch independently, a step by step ostomy application procedure with pictures was included in her discharge summary when patient was discharged to LTAC. Patient was last seen in Emergency Department on 4/5/21 due to failed pouching system in SNF in which her face glowed when she saw ostomy nurse.

Step-by-step application procedure with pictures and Ostomy Rx were given. Instructed to call us if she has issues in her pouching system.

Since then, patient never came back or called back.

CONCLUSIONS

Wound manager pouch which cut like flowers, a large opening, and modified placement of barrier ring and extenders were keys to success.

Patient achieved average wear times of 3-4 days.

Patient gained self confidence and self esteem when step-by-step ostomy application procedure with pictures and Ostomy Rx were included in her discharge.



ANSWER = CASE PRESENTATION

GUESS WHAT CATEGORY?



Prevention Measures for Covid-19 in the NICU while Promoting Breastfeeding

Johanna David MSN, APRN, NNP-BC; Corrine Sawyer MSN; Ismael Martinez BSN, RN



BACKGROUND

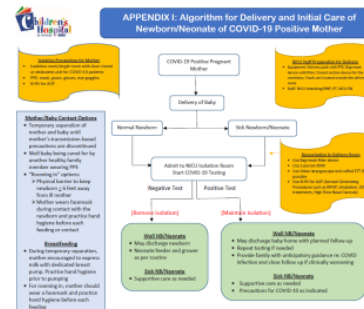
The Covid-19 Pandemic has impacted the world in unprecedented ways. Covid-19 has changed our practice and protocols in order to prevent the spread of disease. The Neonatal Intensive Care has changed practice in order to maintain the safety of the newborns born to COVID-19 positive mothers while ensuring parental bonding and continue to promote and support breastfeeding in a family with suspected or confirmed COVID-19.

PURPOSE

Initiatives have been taken to ensure safe management for Neonates at risk for COVID-19. The safe management includes strict guidelines while maintaining parental bonding and promoting breastfeeding.

METHODS

Guidelines for the management considerations for neonates at risk for COVID-19 were developed. The evidence to date suggest that the risk of the newborn acquiring COVID-19 infection is low. A study by the University of San Francisco California suggest the incidence of a positive infant born to a positive COVID-19 mother was low at 1.1%. Of the 263 infants in the study only two infants were reported COVID-19 positive.



RESULTS

Unless neonate requires NICU admission, the ideal setting for care of healthy, term newborn while in the hospital is rooming in with the mother. American Academy of Pediatrics suggest neonate may room in with a COVID-19 positive mother as long as proper hygiene is practiced. This includes handwashing prior to contact with neonate and use of face mask. Mothers should maintain a reasonable distance from her infant when possible. While it is important to protect the neonate from COVID-19, breastfeeding protects infants from infection. Human milk has natural bioactive factors, antibodies and targeted immunologic mediators. Studies have suggested that milk may not act as a vehicle for mother to child transmission of COVID-19. Importantly anti-SARS-COV-2 antibodies have been detected in milk primarily IgA but also IgG.

CONCLUSIONS

- Important to establish COVID-19 guidelines for staff and parent education in order to prevent COVID-19 infection in neonates.
- Rooming in promotes family centered care and can allow the parent education about newborn care and infection control practices.
- By establishing guidelines for staff and parent education, it is safe for the infant to remain with mother thus encouraging bonding and providing the infant with benefits of breastfeeding.

REFERENCES

Available upon request (AAP, CDC, Illi.org).
Ismael.martinez@umcsh.com



ANSWER = KNOWLEDGE ENHANCEMENT

GUESS WHAT CATEGORY?



Effect of COVID-19 Pandemic on Orthopaedic Trauma as a Result of Interpersonal Violence at a Level 1 Trauma Center

Casey A. Roehr MD, Jordan Miller MD, Ryan J. Lubbe MD, Gayle Allenback MSOT/L, MPH, GStat, Karen E. Nelson DO, Jessica Bear MD, Erik N. Kubiak MD



BACKGROUND

The coronavirus disease 2019 (COVID-19) pandemic has greatly impacted the United States economy and health-care system. A recent Oxford Economics study ranked the 50 states in terms of their economic vulnerability due to the COVID-19 pandemic, with Nevada ranking number two. According to the United States Bureau of Labor Statistics, the unemployment rate of Las Vegas in April 2020 rose to 29.8%, more than two times the United States average of 14.4%. In addition, Nevada issued statewide closures of all casinos and non-essential businesses with subsequent issuance of statewide stay-at-home orders. The unique circumstances surrounding the COVID-19 pandemic constitute trying times for many Americans, with new socioeconomic stressors.

It is unclear how such a pandemic affects the volume and type of orthopaedic injuries. Many have raised concerns that the rates of interpersonal violence will increase during this time. According to the Las Vegas Metropolitan Police Department, as of May 1, 2020 aggravated assault increased 11.78%. How this increase in interpersonal violence affects orthopaedic trauma injuries is unknown.

PURPOSE

We sought to quantify rates of interpersonal violence (IPV) of orthopaedic trauma during the time period encompassing social distancing and stay-at-home directives and compare them to previous years when such directives were not in place. We specifically focused on the number of gunshot wound (GSW) consultations and the percentage of operative gunshot wounds as a reflection of this shift in case presentation. To our knowledge, this retrospective study is the first to evaluate the effect of COVID-19 on orthopaedic trauma caused by interpersonal violence.

METHODS

This retrospective study was reviewed and approved by the University Medical Center Institutional Review Board. Charts were reviewed for all consultations placed to the Orthopaedic Trauma Service from March 17, 2020 to April 30, 2020. These dates were based on the timeline of the COVID-19 pandemic and the state social distancing and stay-at-home directives. Data such as patient age, sex, mechanisms of injury, and the presence or absence of injury-related interpersonal violence were recorded. We defined interpersonal violence as injuries resulting from assault and gunshot wounds inflicted not by one's self. Accidental self-inflicted gunshot wounds were not included in interpersonal violence and were included in a self-harm group.

Table 1. Incidence of interpersonal violence, for full sample and by study period.

Interpersonal violence	2018	2019	2020	Total
Yes	20 (5.6%)	25 (5.9%)	33 (9.9%)	78 (7.0%)
No	336 (94.1%)	396 (93.8%)	297 (88.9%) ^{a*}	1029 (92.5%)
Suicide	1 (0.3%)	1 (0.2%)	4 (1.2%)	6 (0.5%)
	357	422	334	1113

Table 2. Incidence of GSW vs. non-GSW as mechanism of injury, for full sample and by study period.

Mechanism of injury	2018	2019	2020	Total
GSWs	14 (3.9%)	16 (3.8%)	28 (8.4%) ^{a*}	58 (5.2%)
Non-GSW	343 (96.1%)	406 (96.2%)	306 (91.6%) ^{a*}	1055 (94.8%)
	357	422	334	1113

Table 3. Incidence of GSW vs. non-GSW as mechanism of injury for operative cases, for full sample and by study period.

For operative cases	2018	2019	2020	Total
GSW	6 (3.8%)	5 (3.0%)	18 (11.7%) ^{a*}	29 (6.1%)
Non-GSW	150 (96.2%)	164 (97.0%)	136 (88.3%) ^{a*}	450 (93.9%)
	156	169	154	479

Table 4. Incidence of interpersonal violence in GSW cases, for full sample and by study period.

For GSW cases	2018	2019	2020	Total
Interpersonal violence				
Yes	11 (78.6%)	10 (62.5%)	22 (78.6%)	43 (74.1%)
No	3 (21.4%)	5 (31.3%)	5 (17.9%)	13 (22.4%)
Suicide	0 (0.0%)	1 (6.3%)	1 (3.6%)	2 (3.4%)
	14	16	28	58

Table 5. Proportion of interpersonal violence-associated GSW cases that were operative vs. non-operative.

For GSW cases associated with Interpersonal Violence	2018	2019	2020	Total
Operative	5 (45.5%)	5 (50.0%)	15 (68.2%)	25 (58.1%)
Non-operative	6 (54.5%)	5 (50.0%)	7 (31.8%)	18 (41.9%)
	11	10	22	43

Gunshot wound (GSW)
^aSignificantly different than 2018
^{*}Significantly different than 2019

RESULTS

A total of 1,113 orthopaedic trauma consultation charts were reviewed. There were 357 orthopaedic trauma consultations in 2018, 422 in 2019 and 334 in 2020. Analysis via Chi-square goodness-of-fit showed a significant difference in the number of consults in both 2019 and 2020 from the number expected (371) if the number of consults had followed a uniform distribution across the study time periods ($\chi^2=11.229$, $df=2$, $p=.004$).

There was an increase in the number of consultations associated with IPV from 2018 to 2019 (20 to 25) and from 2019 to 2020 (25 to 33). Similarly, the number of consults associated with suicide increased from 1 in both 2018 and 2019 to 4 in 2020, but this did not achieve statistical significance. (Table 1)

There were a total of 58 GSW consultations: 14 in 2018, 16 in 2019 and 28 in 2020. There was a statistically significant increase in the proportion of GSW consultations per year ($\chi^2=9.728$, $df=2$, $p=.008$) when comparing 2018 to 2020 (3.9% vs 8.4%, $p<.05$) and 2019 to 2020 (3.8% vs 8.4%, $p<.05$); there was no significant difference when comparing 2018 to 2019 (3.9% vs 3.8%). (Table 2)

There were a total of 29 operative GSWs among the orthopaedic trauma consultations across the three study time periods: 6 in 2018, 5 in 2019 and 18 in 2020, representing 3.8% of operative orthopaedics trauma consultations in 2018, 3.0% in 2019, and 11.7% in 2020. This translated to statistically significant increases ($\chi^2=12.779$, $df=2$, $p=.002$) from 2018 to 2020 ($p<.05$) and from 2019 to 2020 ($p<.05$), but no significant change between 2018 and 2019. (Table 3)

CONCLUSIONS

Despite a decrease in the number of orthopaedic trauma consultations during the COVID-19 pandemic stay at home ordered, we experienced an increase in IPV cases as well as GSW consults and GSW operative cases. These results stress the importance of increased screening and documentation for IPV in addition to increased access to resources for patients during times of socioeconomic hardship.

REFERENCES


Reference available upon request



ANSWER = CLINICAL RESEARCH


GUESS WHAT CATEGORY?





Quiet at Night

Vanessa Woody BSN, RN & Danielle Porras BSN, RN



BACKGROUND

- Lack of sleep during hospital admission can have a negative effect on health and the well-being of a patient.
- Sleep deprivation increases stress on the body and delays recovery, which can result in an extended length of stay.
- Decreased quantity of sleep has also been positively associated with an increase in delirium and falls in the inpatient setting.
- Sleep disruption often begins around midnight with laboratory testing and continues throughout the night due to frequent vital signs and radiology procedures. These environmental disturbances were significantly related to the patient's sleep quality.
- In the 2nd quarter of 2019, the percentage of patients who gave UMC a rating of "ALWAYS" for the Quiet at Night measurement on the HCAHPS dropped from 47% during the 1st quarter to 31%. These percentages are well below the national average of 58%.
- Patient and family comments throughout the survey frequently mention noise as an issue while in the hospital.
- Although some noise interruptions are unavoidable, research has proven that the implementation of a quiet at night protocol is an effective way to reduce interruptions and improve sleep in the inpatient setting.

HUSH

help us support healing

METHODS


- In this research study, a retrospective quantitative approach was taken to identify if a Quiet at Night initiative is an effective way to improve patient satisfaction, quality, and quantity of sleep at night in the inpatient setting.
- The Plan, Do, Study, Act model was utilized in this study as a way to plan and test the implemented change.
- The study was implemented on two Medical-Surgical pilot units (5 North & 5 South) in which the interventions was applied and measured over a period of eight weeks.
- Exclusion criteria included those patients who were confused, prisoners, or on legal hold due to risk for self-harm. All other patients who do not fit within those categories were included in the study.
- Due to the retrospective nature of this study, the research was considered IRB exempt for this pilot program.
- Components of Quiet at Night were defined in collaboration with the interprofessional team which included Dietary, Laboratory, Radiology, Environmental Services, Public Safety, Tranquility, Pharmacy, Respiratory, and the Medical Executive Committee.
- Through this team, quiet hours were defined as a period of time between midnight until 5 AM to allow for a period uninterrupted rest for the patient.
- Each patient was provided with a sleep menu which contained several available options for patients to request at bedtime. The sleep menu included items such as a quiet kit (containing an eye mask, earplugs, lip balm, word puzzle, and pencil), an extra blanket or pillow, a warm washcloth/oral care, a warm beverage, earplugs, a Care Channel Card, and aromatherapy.
- Unit decibel meters, also known as "Yacker Trackers," were also utilized at the nursing station to serve as a visual and auditory reminder when staff were being too loud during quiet hours.
- Data collection was completed using the IRounding Press Ganey tool during leadership rounds. In addition HCAHPS result were reviewed and analyzed for improvement in patients' perception of quietness at night.

RESULTS/CONCLUSION

- During leadership rounds, 92% of patients out of a total of 421 participants reported experiencing a quiet environment at night.
- HCAHPS scores for the two pilot units showed an improvement in the 2nd and 3rd quarter in comparison to the 1st quarter of 2020.
- Through the Quiet at Night initiative, a decrease in noise levels resulted in fewer interruptions at night and improved patient restfulness.
- Overall, implementing a quiet at night initiative is considered an effective method for improving patient satisfaction, quality, and quantity of sleep at night in the healthcare setting.
- Based on these findings, the results were presented to the hospital's Medical Executive Committee and various Councils for further dissemination throughout the Medical-Surgical division and ultimately hospital wide.

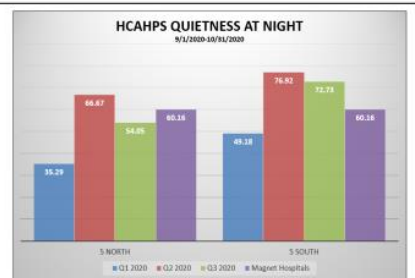
PURPOSE

- In order to investigate this phenomena, the following research question was created: For patients admitted in the inpatient setting, is a Quiet at Night initiative an effective way to improve patient satisfaction, quality, and quantity of sleep at night?





HCAHPS QUIETNESS AT NIGHT

9/1/2020-10/31/2020



Unit	Q1 2020	Q2 2020	Q3 2020	Magnet Hospitals
S NORTH	35.29	68.67	54.05	60.16
S SOUTH	49.18	76.92	72.75	60.16

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ANSWER = CLINICAL RESEARCH

GUESS WHAT CATEGORY?



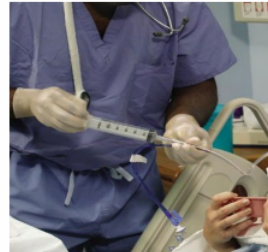
PLACEMENT VERIFICATION OF A NASOGASTRIC TUBE (NGT) IN THE ADULT PATIENT

Vanessa Woody BSN, RN



BACKGROUND

Nasogastric tube (NGT) misplacement is a sentinel event that can often result in a potentially fatal situation. After the insertion of a NGT, current practice for many nurses usually involves auscultation to verify the NGT is inserted into the right area. While auscultation may be the current practice, research has identified auscultation as an unreliable method for verifying placement. Due to the inability to differentiate between respiratory and gastrointestinal sounds, a nurse can easily mistake the sounds heard as a positive indicator that the NGT is in the right place.



PURPOSE

The purpose of this quality improvement projects is to:

- 1) Ensure the provision of quality & evidence-based care to our patients.
- 2) Educate staff on best practice guidelines and implement measures to ensure compliance to these guidelines.

EVIDENCE

Auscultation as a Means for Placement Verification:

- Due to the inability to differentiate between respiratory and gastrointestinal sounds, a nurse can easily mistake the sounds heard as a positive indicator that the NGT is in the right place.
- In addition auscultation can not detect when the NGT's tip is in the esophagus
- Thus, auscultation is considered as an unreliable means for placement verification of a NGT.

Gold Standard for NGT Placement Verification:

- Radiographic confirmation has been identified as the gold standard for verifying the correct placement of a blindly-inserted NGT in adult patients.
- This standard is supported by a recommendation from the American Society for Parenteral and Enteral Nutrition (ASPEN), AACN, and Lippincott Procedures to prevent the risk of accidental feeding into the lung.

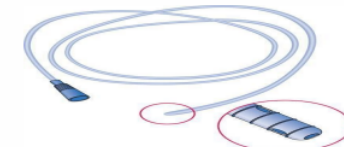
The Use of EMAR in Establishing a Standardized Method for Placement Verification:

- Order sets/ order link are a support tool within a computerized system to promote safe, efficient, and evidence-based care.
- Providing clinicians with a standardized order can serve to reduce the risk of error and prevent adverse events.
- Order sets/order links can help save time ordering procedures, promote adherence to best practice recommendations, and prevent variation in care practices.

RECOMMENDATION FOR PRACTICE

Based off of evidenced-based research, the recommendations are as follows:

- 1) The removal of the use of auscultation to verify placement from the current policy for Enteral Feeding.
- 2) Adjusting the policy to reflect the gold standard of practice by requiring the need for radiographic confirmation to verify correct placement of a blindly-inserted NGT in adult patients.
- 3) The creation of an order-link to ensure gold standard utilization, prevent variation in practices, and adverse events.
- 4) The insertion of the following into the current policy as a means for confirming NGT placement after the initial radiographic confirmation: measure aspirate volume, observe for changes in tube length, and monitor for signs of respiratory distress.



REFERENCES


FOR ACCESS TO REFERENCES
PLEASE SCAN QR CODE




ANSWER = KNOWLEDGE ENHANCEMENT

GUESS WHAT CATEGORY?





Tranquility and the Lions Burn Center
The Use of Healing Touch and the C.A.R.E. Channel in the Burn Population
Michelle McGrorey, BSN, RN, OCN, HTCP, NCCA, HNB-BC, HMIP; Deborah McKinney, BSN, RN, HMIP; Cheri Filewood, RN



UMC
UNIVERSITY MEDICAL CENTER

Lions Burn Unit

BACKGROUND




Research has shown that the **use of evidence-based integrative therapies has been clinically effective** in alleviating certain symptoms.

- National Institutes of Health report – Integrative approaches to health & wellness have grown within care settings across the U.S.
- Foley, et. al. study showed – Healing Touch (HT) is an appropriate therapy, decreases anxiety & pain in the post-operative environment & may contribute to decreased use of narcotics.
- UMC collected data over 12 months demonstrating a marked reduction in oncology patients' experience of pain, anxiety, nausea, tension, and stress through the use of Healing Touch (see graph below).
- Allred, K.D., et. al., Mofredj, A. et. al., Heiderscheit, A., and Pinkerton, J., as well as numerous other researchers, have consistently demonstrated a decidedly therapeutic benefit that music produces in mitigating adverse symptoms experienced in a wide variety of patient populations.

Because of the **nature and severity** of burn injuries, as well as the **limited amount of research** examining the **use of integrative modalities** along with **prescribed pain, anxiety, and stress relieving medications** for **burned patients**, it was determined that the **possibility of successfully mitigating** these symptoms, specifically through the use of **Healing Touch** and the **C.A.R.E. Channel**, deserves further investigation.

PREVIOUS RESULTS

- Burns are some of the most **devastating traumatic injuries** sustained.
- The **mitigation and control of pain** are among some of the most difficult challenges in caring for burn patients.
- Anxiety, depression, fear, nutritional demands, and uncertainty of life and its quality, create significant obstacles to healing and overall well-being.
- Relaxation and stress reduction are significant components in recovery and healing from burn injuries.
- Anecdotally, burn patients have reported significant reduction in their perception of adverse symptoms with simultaneous use of Healing Touch and the C.A.R.E. Channel.
- Tranquility nurses reported numerous occasions where burn patients experienced relief from their symptoms to the point that they were able to fall asleep during and/or after a Healing Touch/C.A.R.E. Channel session.
- Repeated requests for Healing Touch/C.A.R.E. Channel sessions have been made from burn patients.
- The C.A.R.E. Channel is widely used to create a healing environment on the Lions Burn Unit.
- Instances of less pain medication usage have been reported after a Healing Touch/C.A.R.E. Channel session.

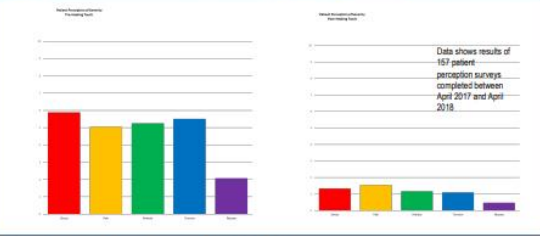




PURPOSE

In a hospital setting, **integrative therapies** play a critical role in **mitigating certain adverse symptoms** in patient populations. To determine if integrative therapies are effective in the burn patient population, **Healing Touch** and the **C.A.R.E. Channel** will be used specifically to determine what effects the application of these modalities will have on pain, anxiety, depression, stress, length of stay, and the use of any medications prescribed for, and because of, burn injuries.

CONCLUSIONS


- Research using Healing Touch refutes the, "placebo effect."
- Music and imagery (i.e., C.A.R.E. Channel) have been shown to help relieve stress and reduce the use of analgesics.
- Numerous burn patients have already benefitted from Healing Touch and the C.A.R.E. Channel.
- Currently, UMC's IRB has approved research using Healing Touch and the C.A.R.E. Channel that could prove to be an effective combination of integrative modalities for the mitigation of adverse symptoms in the burn patient population.
- If effective, these modalities could be integrated as a standard adjunct to the care of burn patients.
- Adding integrative modalities to patient care could have wide-spread implications.



Data shows results of 167 patient perception surveys completed between April 2017 and April 2018.

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References available upon request



ANSWER = PROPOSED CLINICAL PROJECT

GUESS WHAT CATEGORY?



THE TELEMETRY PLAN ACT: OVER UTILIZATION OF TELEMETRY MONITORING

Kemely Paige-Nganga CMT, Randy Bune CICC



BACKGROUND

The purpose of our intervention is to facilitate more effective utilization of telemetry in our hospital. Our goal is to reduce patient days on telemetry by adhering to the American Heart Association & Hospital policy guidelines concerning telemetry use. Overuse of telemetry is likely due to physician uncertainty regarding patient stability & path progression.

PURPOSE

The Telemetry Plan Act involves three distinct interventions to reduce inappropriate telemetry monitoring: 1. Huddle intervention 2. Mandatory order entry for telemetry. 3. Physician documentation and justification in patient record for telemetry monitoring to continue.

METHODS

This intervention consisted of a plan put into process to review charts of patients on telemetry, based on AHA/Hospital policy guidelines, and educating teams on downgrade guidelines in their departments to put the telemetry plan act into action.



TELEMETRY UNIT CRITERIA FOR D/C

- NSR FOR 48HRS
- CHRONIC/STABLE ARRHYTHMIS FOR 48HRS
- UNCHANGED RHYTHM FOR 48HRS

RN CRITERIA FOR D/C TELEMETRY

- NSR FOR 48 HRS W/O CARDIAC HX OF COMPLAINTS
- CHRONIC AND STABLE ARRHYTHMIA W/O HEMODYNAMIC COMPROMISE.
- UNCHANGED CARDIAC RHYTHM FOR 48HRS W/O CHANGE IN ACTIVE ANTIARRHYTHMIC THERAPY. POST AICD/PACEMAKER W/ NORMAL FUNCTION FOR 48HRS.

RESULTS

1. Average patient days with telemetry use was reduced by 2-5 days. 2. Patients in need of telemetry increased with appropriate diagnosis using AHA/Hospital policy criteria & guidelines. Evidence based education affects telemetry use.

CONCLUSIONS

Reducing inappropriate telemetry use is an attainable goal though continual educational interventions and adherence to both AHA and UMC policy guidelines.

REFERENCES

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www.Stars.us.org
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ANSWER = KNOWLEDGE ENHANCEMENT

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