ANCC NATIONAL MAGNET CONFERENCE®
CONCURRENT SESSIONS

* SUBJECT TO CHANGE

DIVERSITY IN PRACTICE

STRENGTH THROUGH COLLABORATION

nursecredentialing.org/MagnetConference
WEDNESDAY, OCTOBER 11
11:30 a.m.–12:30 p.m.

Sessions are held at the George R. Brown Convention Center (GRB) unless noted otherwise.

C401 Bringin’ It to the Bedside: Nursing-Led Savings
GRB—GEN ASSEMBLY THEATER A
**INNOVATION** Identify organizational strategies to support and engage clinical nurses at the bedside in nonlabor expense reduction and learn how to apply structured improvement methodologies at the unit level to identify and mitigate non-value-added expenses and processes. Find out how to develop and implement a spread plan strategy for sharing best practices across clinical units.
Megan Waxler, BSN, RN, CCRN, CPN; Cheryl Gebeline-Myers, MS; Jessica L. Phillips, BSN, RN, CPN; and Jacqueline T. Noll, MSN, RN, CEN—The Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania

C402 Bringing Nursing Humor into Your Workplace
HILTON—LANIER GRAND BALLROOM G-L
**PRACTICE** Humor evokes a positive attitude and can unite nurses in practice. Get energized as you explore the unique sense of humor that all nurses share and how you can use it as a coping mechanism in your workplace.
Terry M. Foster, MSN, RN, CCRN, CPEN, CEN, FAEN—St. Elizabeth Medical Center, Edgewood and Taylor Mill, Kentucky

C403 Falls Reduction through Implementation of Evidence-Based Practice
GRB—GRAND BALLROOM A
**EBP** Fall prevention is a primary safety imperative for all hospitals. Evaluate patient fall events and learn the latest evidence-based prevention practices from clinical nurses.
Judy Badia, MSN, RNC—Greenwich Hospital, Greenwich, Connecticut

C404 Fifty Tips, Tools, and Strategies to Get Your Organization Magnetized!
HILTON—LANIER GRAND BALLROOM A-F
**INNOVATION** How does an organization educate, prepare, and engage for an initial Magnet® journey? Utilize your innovative passion, focus on breaking down operational silos, and coach Magnet Champions with carefully crafted interventions. Walk away with fifty tips, tools, and strategies on how to engage your organization in pursuing excellence.
Jill Whade, BSN, RN, CPN, and Brigit Piercy, BSN, MHA, RN, RN-BC—WakeMed Health & Hospitals, Raleigh, North Carolina

C405 Igniting a Culture of Inquiry: Five Unique Elements of an Exemplary Nurse Residency Program
HILTON—BALLROOM OF AMERICAS DEF
**PRACTICE** Learn what features prompted Magnet® appraisers during an organization’s fourth Magnet redesignation to recommend an academic community hospital’s Nurse Residency Program (NRP) as an “exemplar.” Gain pragmatic strategies to incorporate within any NRP that will positively impact retention, competencies, and patient outcomes and ignite an organizational culture of inquiry.
Carolyn L. Davidson, PhD, RN, CCRN-a, APRN, CPHQ; Patricia A. Karo, MSEd, BSN, RN-BC; Cynthia A. Cappel, DNP, RN-BC, NE-BC; and Michelle Choma, MSN, BSN, RN—(1) Patient Care Services, Lehigh Valley Health Network, Allentown, Pennsylvania; (2) Lehigh Valley Health Network, Allentown, Pennsylvania

C406 Improving the Pediatric Medication Discharge Process
GRB—ROOM 320
**PRACTICE** Learn effective ways to increase collaboration between pharmacists, physicians, and nurses to improve the discharge medication process for families and reduce inaccurate medication plans.
Melanie R. Lord, BSN, RN, CPN; Nicole L. Manchester, MSN, RN, CNL; Lorraine L. McElwain, MD, FAAP; and Jonathan P. Bourque, PharmD, BCPS—(1) Maine Medical Center, Portland, Maine
C407 Increasing Clinical Nurse Engagement through a CNO Partnership with Leaders at the Bedside
GRB—GRAND BALLROOM C
LEADERSHIP Discuss how one organization improved nurse satisfaction and engagement through the development of a “cabinet” of clinical nurses from across the organization to increase bidirectional communication and collaboration between the CNO and the frontline staff. This partnership resulted in a 15 percent increase in RN satisfaction related to nursing administration.
Mary Dei Guidice, MSN, BS, RN, CENP; Kathryn T. Farrell, MSN, RN; Richard Armstrong, BSN, RN; and Alexis Thomas, BSN, RN-C-OB—(1) Nursing, Penn Medicine-Pennsylvania Hospital, Philadelphia, Pennsylvania; (2) Penn Medicine-Pennsylvania Hospital, Philadelphia, Pennsylvania

C408 Magnet® Metrics: Amplifying Excellence and Transforming Culture
GRB—GRAND BALLROOM B
LEADERSHIP Learn how a large urban hospital system used Magnet® metrics to amplify excellence, transform culture, achieve Magnet designation, and continue the journey.
Mona Ohmart, BSN, RNC, and Sharon Brehm, MSN, RN, ACNS-BC—TriHealth Good Samaritan Hospital, Cincinnati, Ohio

C409 Making Magic! Mixing Staff Nurse Expertise with Leader Support
GRB—ROOM 372
EBP Engage with nursing leaders as they share their experience with staff nurse engagement throughout the planning and design of a 19-story critical care tower at a large pediatric academic hospital.
Tarra D. Kerr Christopher, MSN, RN, NEA-BC; Maria Happe, MSN, RN, CPNP-AC, CCRN; Shannon Holland, MSN, RN, NEA-BC, CCRN-K; and Janet M. Winebar, MSM, BSN, RN, CNML—Texas Children’s Hospital, Houston, Texas

C410 Nurse Managers, Contributory Work Environment Factors, and Workplace Bullying
GRB—GEN ASSEMBLY THEATER C
EBP Gain insight from the results of a national study that examined nurse managers and contributory work environment factors for workplace bullying. Learn about primary perpetrators and the severity levels of workplace bullying demonstrated toward nurse managers at Magnet® and non-Magnet hospitals.
Joy Parchment, PhD, RN, NE-BC—Arnold Palmer Medical Center, Orlando, Florida

C411 Creating and Sustaining a Culture of Excellence: Pathway to the “Best of the West”
GRB—ROOM 310
PRACTICE Discover how a health system used the Magnet and Pathway to Excellence frameworks to become one of the best health systems in the country.
Charles Perkins, MBA, and Deborah Burton, PhD, MN, RN—Providence Health & Services, Renton, Washington

C412 Primary Palliative Care: Collaboration Improving Access to Care
GRB—ROOM 371
INNOVATION Learn the many benefits of unit-based primary palliative care, including improved patient and family satisfaction, easier care of children with life-threatening illnesses, less moral distress among staff, and improved nursing confidence in skills.
Deborah A. Lafond, DNP, PPCNP-BC, CPON, CHPPN; Sabrina Bowling, BSN, RN, CPN; Justine Mize-Fortkiewicz, MSN, RN, CCRN, CPN; and Marsha G. Smith, BSN, RN, CM-BC—Children’s National Health System, Washington, DC

C413 Strength in Diversity: Transforming Nurse Leaders into EBP Experts
GRB—ROOM 342
LEADERSHIP Learn how a coordinator of nursing research transformed nurse leaders into experts in evidence-based practice, empowering them to expand scientific inquiry among clinical nurses in diverse healthcare settings.
Judith A. Moran-Peters, DNSc, NE-BC, BC, RN, and John T. Mather—Memorial Hospital, Port Jefferson, New York

C414 The FAIR Committee: An Innovative Approach to Patient-Centered Care
GRB—ROOM 362
INNOVATION Learn about the Frequent Admission Inpatient Reduction (FAIR) Committee, a structure that identifies patients with frequent and avoidable emergency department visits and inpatient encounters. The committee develops patient-centered, interprofessional care plans designed to optimize inpatient and outpatient support while bolstering self-management skills, with a goal of decreased hospital utilization.
Nicholle Boles, BSN, RN, and Elizabeth W. DePierro—Middlesex Hospital, Middletown, Connecticut
WEDNESDAY, OCTOBER 11
11:30 a.m.–12:30 p.m.

C415 The Power of Three: Chasing Zero Patient Harm in Three Steps
GRB—GEN ASSEMBLY THEATER B
PRACTICE No one comes to the hospital and expects to fall, or expects to contract an infection. Gain insight into how a busy progressive care unit utilized Lean concepts and a Chasing Zero framework to enculturate zero patient harm into its day-to-day operations.
Adam Meier, MSN, RN, NE-BC; Sylvia A. Duncan, MSN, APRN, ACNS-BC, PCCN; and Katie Boling, BSN, RN—University of Kansas Hospital, Kansas City, Kansas

C416 Driving Harm to Zero: Impact of an Opioid Safety Bundle
GRB—ROOM 332
PRACTICE Decrease preventable opioid-induced oversedation events. Learn how one hospital developed an acute care opioid safety bundle that allocates the appropriate clinical and financial resources.
Nan J. Davidson, MA, RN, CNS-BC—Porter Adventist Hospital, Centura Health, Denver, Colorado

C417 Utilizing School-Based Therapy for Poorly Controlled Asthma
GRB—ROOM 351
PRACTICE Discover how one school-based health program improves outcomes for patients with poorly controlled asthma. Coordinated care and observed medication administration have decreased symptoms, emergency department visits, and inpatient hospitalizations.
Courtney Rowe, MSN, CPNP-AC—Nationwide Children’s Hospital, Columbus, Ohio
**WEDNESDAY, OCTOBER 6**

2:30 p.m.–3:30 p.m.

Sessions are held at the George R. Brown Convention Center (GRB) unless noted otherwise.

**C418 A Clinical Ladder Rewards Exceptional Advanced Practice Registered Nurses**

GRB—ROOM 332  

**PRACTICE** Learn about a clinical advancement program for advanced practice registered nurses (APRNs). The APRN advancement program is based on key components of the advanced practice role. It promotes excellent clinical care and professional leadership to achieve positive outcomes for patients and their families.

Janis B. Smith, DNP, RN-BC, Patient Care Services; and Mindy Eldridge, MSN, BSN, RN, FNP-BC—Children’s Mercy Hospital, Kansas City, Missouri

**C419 Clinical Leadership in Interprofessional Practice**

GRB—GRAND BALLROOM B  

**PRACTICE** Learn from the ANCC Accreditation leadership team on strategies to advance your leadership skills within the interprofessional practice environment.

Jennifer Graebe MSN, RN, NEA-BC, and Sheryl Cosme DNP, RN-BC—ANCC, Silver Spring, MD

**C420 Advanced Practice Registered Nurses’ Perceptions of Patient Workload: Results of a Multi-Institutional Survey**

GRB—ROOM 320  

**EBP** Explore the concept of healthy work environments for Advanced Practice Registered Nurses (APRNs) relative to perceived reasonable and safe workloads, including patient ratios, staffing, time spent providing indirect care, and requisite hours to complete caregiver responsibilities. Data can be used to dialogue and develop optimal and sustainable APRN workload.

April N. Kapu, DNP, BS, APRN, ACNP-BC—Vanderbilt University Medical Center, Nashville, Tennessee; Carmel McComiskey, DNP, PPCNP-BC, CPNP-AC, FAANP, FAAN—University of Maryland Medical Center, Baltimore, Maryland; Patricia Selig, PhD, FNP-BC—VCU Medical Center, Richmond, Virginia; and Julie W. Raum, DNP, FNP-BC, AAHIVS—Medical College of Wisconsin, Milwaukee, Wisconsin

**EDUCATION TRACKS**

**EVIDENCE-BASED PRACTICE/RESEARCH (EBP)**

Evidence-based practice, new knowledge, innovations, or improvements in nursing practice

**INNOVATION**

Progressive, nontraditional, out-of-the-box strategies, process improvements, and exemplars that affect nurses and/or interprofessional team members

**LEADERSHIP**

Actions implemented by nurses demonstrating organizational leadership at the staff, middle, and executive role levels

**PRACTICE**

Actions implemented by nurses to facilitate exemplary nursing practice
WEDNESDAY, OCTOBER 11
2:30 p.m.–3:30 p.m.

C423 Improvement in Engagement through Unit Council Redesign
HILTON—LANIER GRAND BALLROOM G-L
LEADERSHIP Learn how you can successfully redesign your unit council model to improve staff engagement and collaboration, as you advance successful projects to improve satisfaction, safety, and quality.
Roxanne C. Holm, MSN, RN, RN-BC; Hliberto Fuentes Jr., BSN, RN, ONC; Jacquie P. Middlemiss, BSN, RN, ONC; and Deborah A. Macy, BSN, RN, BC—John Muir Medical Center, Walnut Creek, California

C424 Improving Opioid Safety through Risk Assessment
GRB—GEN ASSEMBLY THEATER A
PRACTICE Hear about an evidence-based practice project designed to evaluate nurse documentation and patient outcomes before and after education on ORADE.
Ashley R. Sweet, BSN, RN-BC, PCCN—Sparrow Hospital, Lansing, Michigan

C425 Improving Patient Safety: Who are You Watching?
GRB—GRAND BALLROOM A
PRACTICE Through the lens of evidence, learn how a pediatric hospital customized and implemented an evidence-based watcher program to reduce preventable patient harm. The program can be applied to all patient populations.
Julie Nicol, MSN, RN, CPN, and Karen Hensley, MSN, RN, CPN, CNML—Le Bonheur Children’s Hospital, Memphis, Tennessee

C426 Kaizen and Simulation for Improved Code Blue Response
HILTON—BALLROOM OF AMERICAS DEF
PRACTICE Standardize your code blue response and education plan! Discover ways to clarify roles, make the process more efficient, and streamline documentation.
Heidi G. Traxler, MSN, RN, CHSE; Catrice M. Nakamura, MSN, CCRN-K; and Natalie R. Remacle, MSN, CCRN—Providence Little Company of Mary Medical Center, Torrance, California

C427 One Sedation Scale: The RASS with Safety Guidelines
GRB—ROOM 371
EBP Learn the impact of safety statements to guide decisions when administering opioids using the Richmond Agitation Sedation Scale.
Nan J. Davidson, MA, RN, CNS-BC—Porter Adventist Hospital, Centura Health, Denver, Colorado

C428 Optimal Turning for Reducing Pressure Ulcers: LS_HAPI Study
GRB—GEN ASSEMBLY THEATER B
EBP Gain unique research insights into preventive care for HAPI you can use right now to improve clinical practice.
David Pickham, PhD, RN, FAHA—Stanford Health Care, Stanford, California

C429 Overview of the 2019 Magnet® Application Manual: A Roadmap for Excellence
GRB—GRAND BALLROOM C
PRACTICE Get a sneak peak at the 2019 Magnet® Application Manual! A senior Magnet Program Analyst shares what’s new, what’s different, and tips for writing to the requirements.
Jason Long, MSN, RN, NE-BC—ANCC, Silver Spring, Maryland

C430 Pop-Up Simulation Leveraging Clinical Nurses as Mentors: Code LITE
GRB—ROOM 351
INNOVATION Increase resuscitation experiences and mentoring opportunities in the ICU. Code LITE (low-tech internal training experience) will show you how.
Shekinah S. Hensley, MSN, RN, CCRN, and Jenna S. Miller, MD, FAAP—Children’s Mercy Hospitals and Clinics, Kansas City, Missouri

C431 Role Analysis and Realignment to Assure Optimal Outpatient Medication Access
GRB—ROOM 351
PRACTICE Learn about realigning work and creating standard work to meet the needs of patients requiring take-home medications.
Sarah Kirby, RN, and Adrienne J. Banavage, MSN, RN-BC, OCN—University of Virginia Health System, Charlottesville, Virginia

C432 Strategies for Stabilizing Unlicensed Assistive Personnel: Critical Members of the Nursing Care Delivery Team
GRB—GEN ASSEMBLY THEATER C
LEADERSHIP This presentation describes collaboration among nursing leadership, human resources, and education staff to develop and implement changes to screening and orientation processes of unlicensed assistive personnel (UAP). These resource allocations improved the quality of UAP hires, decreased turnover, and decreased associated costs to the organization.
Edith Hoehn, BSN, RN, CVRN, and Cherona Hajewski, DNP, RN, NEA-BC—Deaconess Hospital, Evansville, Indiana
C433 The Transformational Impact of an Advanced Practice Nursing Leadership Model
GRB—ROOM 342
LEADERSHIP This presentation will describe an Advanced Practice Nursing (APN) Leadership Model focusing on the development of a formal reporting structure allowing APNs to report directly to APN managers. This reporting structure has empowered APNs and promoted professional development, resulting in increases in billing, access to care, publications, presentations, and research engagement.

Julie Creaden, MSN, APN, CPNP-PC—Ann & Robert H. Lurie Children’s Hospital of Chicago, Chicago, Illinois

C434 Well-U: Mind, Body, and Spirit Cultivating Well-Being in the Workplace
HILTON—LANIER GRAND BALLROOM A-F
INNOVATION Participants will learn about Wellness University (Well-U), a creatively structured, ongoing wellness model with the elements of body, mind, and spirit delivered through various methodologies. Gain insight on recognizing, acknowledging, and strategizing a plan of action to proactively decrease stress and burnout among nursing staff.

Kelly Johnson, MSN, CEN, NE-BC; Palma D. Iacovitti, MBA, BSN, RN; Amanda Lyons, MSN, RN; and Robin Boothby, MSN, RN, NE-BC—(1) Mayo Clinic Florida, Jacksonville, Florida; (2) Transplant Surgical Services, Mayo Clinic Florida, Jacksonville, Florida
THURSDAY, OCTOBER 12
8:00 a.m.–9:00 a.m.

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C501 Are EDs the Best Place to Care for Psychiatric Patients in Crisis?
GRB—GEN ASSEMBLY THEATER A
PRACTICE Explore an innovative program to provide recovery-oriented psychiatric services to people who come to hospital emergency departments in crisis.
Jeannine Loucks, MSN, RN, RN-BC, PMHN—St. Joseph Hospital-Orange, Orange, California

C502 Are You a High-Performing Leader According to Magnet® Standards?
HILTON—LANIER GRAND BALLROOM G-L
LEADERSHIP This interactive presentation will utilize a unique diagnostic tool to help leaders and staff become more engaged in the Magnet® process and identify specific areas of professional growth.
Stacey Brull, DNP, RN, NE-BC, and Susan Finlayson, DNP, RN, NE-BC—Mercy Medical Center, Baltimore, Maryland

C503 Facilitating Effective Transitions of New Graduate Nurses: A Look at the Magnet® Standards
GRB—GRAND BALLROOM A
EBP Learn from the experts! ANCC Magnet® and Accreditation staff share best practices to effectively transition new graduate nurses and meet 2019 Magnet Application Manual standards.
Sheryl Cosme, DNP, RN-BC, and Carey Yarbrough, MSN, RN—ANCC, Silver Spring, Maryland

C504 Impact of Nurse Residency on Career and Institutional Growth
GRB—ROOM 362
PRACTICE Learn how a 12-month nurse residency program impacted professional development and institutional growth over a seven-year period.
Ann L. Smith, PhD, CPNP, CNE, RN, and Mary Cazzelli, PhD, RN—Cook Children’s Medical Center, Fort Worth, Texas

C505 In Case of Disaster, Get Certified: Interprofessional Healthcare Disaster Certification and its Utility in Continual Competence for the Healthcare Professional
GRB—ROOM 310
PRACTICE Explore the value of certification through the prism of National Healthcare Disaster Certification—the world’s first interprofessional certification designed to verify the competence of the individual disaster healthcare professional.
Marianne Horahan, MBA, MPH, RN, NEA-BC, CPHQ, and Terreline S. Sims, MS—ANCC, Silver Spring, Maryland

C506 Magnetic North: Journey to a System Professional Practice Model
GRB—ROOM 371
EBP Learn how a Magnet® system translated its professional practice model to diverse practice settings across five hospitals to serve as its “Magnetic North” and guide nursing practice.
THURSDAY, OCTOBER 12
8:00 a.m.–9:00 a.m.

C507 Making Magic: Translating Knowledge about Pediatric Pain into Clinical Practice
GRB—ROOM 372

EBP Pediatric post-procedural pain was positively impacted through individualized, family-centered pain care plans and a consistent, multidisciplinary approach to pain management. This research resulted in a grant-funded Comfort Play Station that utilizes age-appropriate tools, in conjunction with medications, to decrease anxiety and improve the pain experience.

Man-Yee, Karen Tsang, BSN, RN, CPN, and Wanda C. Bowman, BSN, RN, NE-BC—WakeMed Health & Hospitals, Raleigh, North Carolina

C508 New to This: Transforming from Expert Back to Novice
GRB—ROOM 320

LEADERSHIP Explore the journey of one expert nurse educator who found herself back in the concrete world of novice nurses when she landed the role of Magnet® program director. Hear about the transformation she made as she stretched her comfort zone, learning the ANCC language and navigating the Magnet culture.

Theresa McGuire, MSN, RN-BC, Mercy Health Saint Mary’s—Grand Rapids, Michigan

C509 Nursing-Led Collaborative Responses to Early Warning Scores
HILTON—BALLROOM OF AMERICAS DEF

PRACTICE Explore the nurse-led development of a system to detect patient deterioration, with a structured response to promote collaborative multidisciplinary involvement, resulting in better communication and outcomes.

Courtney L. Stellpflug, MS, APRN, CNS, and Eriana R. Ihrke, BSN, RN, CMSRN—Mayo Clinic, Rochester, Minnesota

C510 Out in a Flash: Emergency Department Throughput
GRB—ROOM 332

PRACTICE Find out how you can harness the power of interdisciplinary collaboration to reduce door-to-bed length of stay toward a target of 300 minutes.

Kelli Noble, BSN, RN—Mercy Health, Warren, Ohio

C511 Paradigm Shift in Fall Prediction Generated from Psychometric Evaluation of the Symptom-Based Poudre Fall Scale
GRB—ROOM 351

PRACTICE Expose definitional and methodological abstruseness in the fall prediction literature (e.g., variation in fall types predicted, units of analysis) and its implications for inflated scale psychometrics. Explore the merits of symptom-based predictors relative to etiologic-based predictors. Learn why fall scale psychometrics characteristically represent psychometrics for the entire fall prevention program.

Janet Craighead, PhD, RN, and Ric Detlefsen, MSN, RN, CPHQ—UC Health Northern Colorado Region, Fort Collins, Colorado

C512 Protecting the Nursing Workforce through an Aggression Prevention Team and Behavior Alert Response
GRB—GRAND BALLROOM B

INNOVATION Learn about an aggression prevention team and behavior alert response to threats of violence in the workplace in an urban, academic healthcare setting. Utilizing a systematic, multidisciplinary approach, a tiered response was developed including prevention, response, and recovery strategies. Implementation resulted in a 12 percent decrease in assaults.

Debra L. Fabert, MSN, RN, BC—IU Health Bloomington Hospital, Bloomington, Indiana, and Joseph Anderson, MBA—Indiana University Hospital-AHC, Indianapolis, Indiana

C513 Raising the Titanic—Authentic Leadership through Collaboration
HILTON—LANIER GRAND BALLROOM A-F

LEADERSHIP Learn how one unit used authentic leadership to develop trusting relationships, establish a supportive environment, genuinely care for staff, and transform the unit culture.

Robert E. Boesch, MSN, RN, CNML; Crystal Youngs, BSN, RN, OCN; Jennifer L Zimmerman, BSN, RN; and Patricia Booth, BSN, RN2—(1) Penn State Health, Hershey, Pennsylvania; (2) Penn State Hershey Medical Center, Hershey, Pennsylvania
**THURSDAY, OCTOBER 12**

8:00 a.m.–9:00 a.m.

**C514 Reducing Readmissions through Transforming Nursing Care**
GRB—GRAND BALLROOM C

**INNOVATION** Learn how nurses transformed healthcare delivery to reduce hospital readmissions for high-risk patients and improve the journey toward the quadruple aim.

Mary Beth Strauss, DNP, RN, NE-BC; Kathleen Beyerman, EdD, RN, NE-BC; and Karen Keaney, MPA/H, RN, ACHCE—Winchester Hospital, Winchester, Massachusetts

**C515 Show Me the Money: Finding Financial Resources to Fund New Knowledge, Innovations, and Improvements**
GRB—GEN ASSEMBLY THEATER C

**INNOVATION** Learn strategies to secure financial resources to fund research and evidence-based practice endeavors and how to use these monies to implement a successful study.

Rebecca C. Clark, PhD, RN—Carilion Clinic, Roanoke, Virginia, and Deborah Hodges, BSN, RN—Carilion Roanoke Memorial Hospital, Roanoke, Virginia

**C516 The Power of Synergistic Partnerships: Maximizing Talent to Write Your Best Document**
GRB—ROOM 342

**INNOVATION** Explore an innovative methodology for document writing that includes the concept of a unique, synergistic partnership. Learn how a community-based hospital organization developed a successful writing relationship with no financial impact.

Andrea Holecek, EdD, MSN, MBA, RN, APN, AOCNS, NE-BC, FACHE, and Elizabeth Hernandez, BA—Bayhealth Medical Center, Dover, Delaware

**C517 Leadership in Creating Healthy Communities**
GRB—GEN ASSEMBLY THEATER B

**INNOVATION** Learn how investing in a full-time nurse executive focused on community health can bring a broader public health focus to acute care, leverage external resources for the community, increase education opportunities, and engage staff in community health work.

Barry Ross, MPH, MBA, RN, and Tracy Bryars, MPH, RDN, CDE, CLE—St. Jude Medical Center, Fullerton California
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**C518 Beyond Fall Risk Assessment: Implications for Prediction**  
GRB—GEN ASSEMBLY THEATER C  
**EBP** Identifying high-risk fall patients is an essential element of daily nursing practice. But why are moderate- and low-risk patients falling, and how can you prevent these potential injuries and extended hospital stays?  
Judith Walsh, PhD, RN; Christine Russe, MSN, RN, CEN, CPEN, TCRN, FAEN; Alexander Nava, MSN, BASc, RN, CNL, PCCN, CMSRN; and Skip Morelock, PhD, RN, NEA-BC—Texas Health Presbyterian Hospital Plano, Plano, Texas

**C519 Blame to Success ... Transformational Journey to Create a Magnet® Culture**  
GRB—GRAND BALLROOM B  
**LEADERSHIP** Learn successful structures and processes that evolved in an international hospital to embed Magnet® principles at every level of the organization. Understand how Magnet underpinned strategic planning, professional practice, and shared governance, and empowered staff. Gain insights into the transformation of a culture of blame to a culture of success.  
Sandra Moss, MHlth Sc, RN, BN—Princess Alexandra Hospital, Woolloongabba, Australia

**C520 Costs and Outcomes Using Video Monitoring Versus In-Room Sitters**  
GRB—GEN ASSEMBLY THEATER B  
**EBP** Explore how one organization saves between $500,000 and one million dollars annually by significantly decreasing in-room patient sitters without impacting patient safety. Using an evaluative research design with quasi-experimental sampling, the organization evaluated a practice change that demonstrated statistically significant financial savings without a significant difference in patient falls or self-harm events.  
Janet Davis, DNP, RN, NE-BC, CPHQ—Tampa General Hospital, Tampa, Florida

**C521 Creating a Job Description: From Competency Model to Practice**  
GRB—ROOM 310  
**INNOVATION** Discover an original approach to revise a pediatric acute care hospital’s staff nurse job description using consensus building to synthesize competencies from a QSEN-based model.  
Nancy W. Mosca, PhD, RN-C, PNP-BC, PHCNS-BC; Lisa A. Aurilio, MSN, MBA, RN, NEA-BC; Neil L. McNinch, MS, RN; and Eileen M. Zehe, MSN, RN, SPHR, SHRM-SCP—Akron Children’s Hospital, Akron, Ohio

**C522 Cultivating Mindfulness: Transforming Moral Distress**  
HILTON—LANIER GRAND BALLROOM G-L  
**INNOVATION** Find new ways to combat moral distress, a pervasive challenge in nursing today. Explore the development of an innovative program to cultivate mindfulness, ethical competence, and resilience for your nurses.  
Cynda H. Rushton, PhD, RN FAAN; Sandra M. Swoboda, MS, RN FCCM; and Heidi Holtz, PhD, RN—Johns Hopkins Berman Institute of Bioethics and Johns Hopkins University School of Nursing, Baltimore, Maryland

**C523 Designated Today, on the Journey Tomorrow: Making the Best of Internal and External Resources**  
GRB—ROOM 362  
**LEADERSHIP** Learn about innovative strategies to maintain a culture of excellence and become redesignated without last-minute stresses or all-nighters. Using internal and external resources provides the best of both worlds: organization legacy and knowledge, as well as external validation of perceptions and actual readiness.  
Brandy Feliu, MSN, RN—John T. Mather Memorial Hospital, Port Jefferson, New York, and Teresa L. Anderson, EdD, MSN, RN, NE-BC—Nobl Health, Lincoln, Nebraska
C524 Designing a Cardiac Surgery Nurse-Driven Resuscitation Protocol  
**GRB—ROOM 371**  
PRACTICE Be the first to learn about an APRN-driven resuscitation protocol for postoperative cardiac surgery patients based on newly discovered evidence.  
Melanie Roberts, DNP, RN-BC, CNS, CCNS, CCRN—UCHealth, Medical Center of the Rockies, Loveland, Colorado

C525 Engage, Educate, and Enculturate: A Strategy for Recruitment and Retention of New Nurse Graduates  
**GRB—GRAND BALLROOM C**  
INNOVATION Explore how a student nurse program and graduate nurse residency program complement one another as strategies to recruit and retain new nurses. Tapping nursing students early in their academic journey is an innovative way to ensure a long-range staffing plan that meets future organizational needs.  
Belle McCool, DNP, RN, NE-BC—Deaconess Hospital, Evansville, Indiana

C526 Improved Efficiency = Decreased LOS for Complex Patients  
**HILTON—BALLROOM OF AMERICAS DEF**  
PRACTICE Improve efficiency and reduce length of stay! Hear results from a nurse-led interprofessional team that developed clinical pathways for postoperative care of complex patients.  
Sandra M. Heyboer, MSN, RN-BC; Kathleen Didier, BA, RN; and Mary Malesky, BSN, RN, CNML—Northwest Community Healthcare, Arlington Heights, Illinois

C527 Maker Health: Cultivating a Spirit of Creativity and Innovation in Healthcare  
**GRB—GEN ASSEMBLY THEATER A**  
INNOVATION Explore concepts related to making and maker culture in healthcare. Learn about one health system’s journey to establish the nation’s first maker space in a hospital.  
David Marshall, JD, DNP, RN, CENP, NEA-BC, and Tammy Cupit, PhD, RN-BC—University of Texas Medical Branch, Galveston, Texas

C528 The Hidden/Under-Used Potential of the EHR for Nursing Research  
**GRB—ROOM 342**  
EBP ANCC Research Council members will lead a panel discussing how electronic health documentation systems can be leveraged to create robust databases for use in developing decision supports and in demonstrating healthcare providers’ contributions to patient outcomes.  
Sheila Haas, PhD, RN, FAAN—Niehoff School of Nursing, Loyola University, Chicago, Illinois, and Marianne Weiss, DNSc, RN—Franciscan Healthcare and Marquette University College of Nursing, Milwaukee, Wisconsin

C529 Secrets of Our 6-cess—Achieving Outcomes through Engagement  
**GRB—GRAND BALLROOM A**  
LEADERSHIP Six consecutive Magnet® designations without deficiencies? It’s true! Learn the key elements, including a user-friendly dashboard, engagement of nurse leaders at all levels, and CNO-specific strategies for engagement.  
Cindy Sayre, PhD, RN; Chantelle L. Dykstra, BSN, RN, CMSRN; Michael H. Powers, MS, RN, CCRN; and Elizabeth Bridges, PhD, RN, CCNS, FCCM, FAAN—University of Texas Medical Branch, Galveston, Texas

C530 Sickle Cell Nurse Navigation: An Innovative Approach so Crisis Doesn’t Mean an Emergency Department Visit  
**GRB—ROOM 320**  
PRACTICE Learn how implementation of a nurse navigation program in an ambulatory care treatment model leads to higher-quality and more efficient care for individuals with sickle cell disease. This model promotes timely pain management and improves the patient experience while decreasing emergency department utilization and hospitalization.  
Kerri Stuart, MSN, RN, OCN; Debra Burgess, MHA, BSN, RN; Alyssa Johnson, BSN, RN, CEN; and Natalie Merilius, MS, BSN, RN, OCN— (1) UCDMC, Sacramento, California; (2) UC Davis, Sacramento, California

C531 Telesitter Program Reduces Falls and Costs  
**GRB—ROOM 372**  
PRACTICE Find out how you can reduce patient falls with the inpatient Telesitter Program, which provides 24-hour video monitoring of patients at high fall risk. Implementation requires interdisciplinary planning, processes, and policies.  
Laura A. Forgione, BSN, RN-BC—Southern New Hampshire Medical Center, Nashua, New Hampshire
THURSDAY, OCTOBER 12
9:30 a.m.–10:30 a.m.

**C532 The 2019 Magnet® Application Manual: The Essence of Data Presentation**
HILTON—LANIER GRAND BALLROOM A-F
**PRACTICE** Examine the complex requirements for data collection and presentation related to nurse satisfaction, nursing-sensitive clinical indicators, and patient satisfaction under the 2019 Magnet® Application Manual. A senior Magnet Program Analyst will guide you step by step as you master the critical elements of data presentation.
Cynthia A. Coyle, MSN, MBA, BSN, RN—ANCC, Silver Spring, Maryland

**C533 Theory-Driven Evaluation of a Multisite Nursing Professional Practice Model**
GRB—ROOM 351
**PRACTICE** Evaluate the relevance and components of a theory-driven evaluation tool using a multisite implementation approach for a professional practice model. Qualitative and quantitative data are used to identify clinical nurse, nurse leader, and patient perspectives of model components that yield desired measurable outcomes.
Deborah Gentile, PhD, RN-BC—Aurora Health Care, Milwaukee, Wisconsin, and Sara J. Marzinski, BSN, RN, CCRN-K—Aurora St. Luke’s Medical Center, Milwaukee, Wisconsin

**C534 We Like to Move it, Move it! Implementing a Mobility Program in the ICU**
GRB—ROOM 332
**PRACTICE** Discover how an ICU implemented a program to move from a culture of fear to a culture of mobility and improve patient outcomes.
Kate Volle, BSN, RN, CCRN—Penrose Hospital, Colorado Springs, Colorado
Sessions are held at the George R. Brown Convention Center (GRB) unless noted otherwise.

**C535 #JoinThem: Leveraging Social Media as an Innovative Nursing Leadership Communication Tool**

**HILTON—LANIER GRAND BALLROOM G-L**

**INNOVATION** Explore current trends in social media related to nursing and healthcare. Discover how social media may be leveraged as a communication tool with nurses to increase staff engagement. Nursing leaders should embrace social media as a potential transformational leadership tool, or they might get left behind!

Amelia K. Little, MSN, RN, and Shaun C. Frame, MSN, RN-BC, CCRN—Medical University of South Carolina, Charleston, South Carolina

**C536 A Collaborative Approach to Decrease Central Line Infections**

**GRB—ROOM 332**

**PRACTICE** Learn how a Level IV NICU’s performance improvement team collaborated with multiple disciplines and departments to decrease central line infection rates.

Donnetta J. Perkins, BSN, RN, CNML, and Lindsay M. Taylor, BSN, RN—Children’s Hospital & Medical Center, Omaha, Nebraska

**C537 Collaborating to Create a CarePod-Based Care Delivery Model**

**GRB—ROOM 362**

**PRACTICE** Learn how one community hospital’s medical-surgical unit implemented a collaborative care delivery model and improved the patient and nurse experience in the process.

David Chilicki, BSN, RN, ONC—Northwestern Medicine Lake Forest Hospital, Lake Forest, Illinois

**C538 Discovering How New Nurses Learn to Respond to Alarms Using Simulation**

**GRB—ROOM 320**

**PRACTICE** Gain insight into how newly graduated intensive care unit nurses best learn to identify and respond to alarms. Learn about an innovative research-based strategy to improve alarm recognition.

Jamie Tumulty, MSN, BSN, BS, RN, CPNP-AC, and Patricia Waltz, PhD, RN—University of Maryland Medical System, Baltimore, Maryland

**C539 Growing Your Own: CNO Succession Planning**

**GRB—GEN ASSEMBLY THEATER A**

**LEADERSHIP** Organizational sustainability requires a steady stream of strong leaders. Hear how one small rural hospital identifies, assesses, and develops talent to ensure highly qualified leadership continuity.

Amy Pettit, DNP, RN, NE-BC, CSSBB—Schneck Medical Center, Seymour, Indiana

**C540 Paired Concurrent: Hollywood Helps Magnet® Designation**

**GRB—ROOM 372**

**And the Oscar Goes to ... Motivating with Pop Culture during the Magnet® Journey**

**LEADERSHIP** Explore how a hospital used popular culture to keep staff engaged.

Jason Bauer, MSN, RN—Nursing Consulting Partners, Franklin, Wisconsin, and Ann Gantzer, PhD, RN, NEA-BC—Swedish American Hospital, Rockford, Illinois

**Lights, Camera, Action: Five Minutes of Magnet®**

**LEADERSHIP** Find out how you can harness the power of media to reach all nurses, regardless of shift and location, and use humor, good lighting, and amateur acting to help you achieve Magnet success.

Joel Stettler, BSN, RN, OCN, and Jason Kawa, RN—Moffitt Cancer Center, Tampa, Florida

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**THURSDAY, OCTOBER 12**

11:00 a.m.–noon
THURSDAY, OCTOBER 12
11:00 a.m.–noon

C541 How “Socks” Improved Patient Handoffs: Emergency to Inpatient Units
GRB—GEN ASSEMBLY THEATER B
INNOVATION Hand-off is a vulnerable time for patients. Staff nurses share details of their innovative program that sends inpatient nurses to the ED for a nurse-to-nurse handoff and escort the patient back to the unit.
Beth Eidson, MBA, RN BSN CEN—Boone Hospital Center, Columbia, Missouri

C542 Impact of Shift Length on Nurses’ Mood and Fatigue: Are Nurses the Next Grumpy Cat?
GRB—GRAND BALLROOM C
EBP Learn about the impact of shift length on nurses’ mood and fatigue.
Wendy Ungard, DNP, RN, NEA-BC—Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, and Kim P. Baughman, DNP, RN, NE-BC—The Christ Hospital, Cincinnati, Ohio

C543 Improving HCAHPS Scores: Interprofessional Patient-Centered Approach
HILTON—LANIER GRAND BALLROOM A-F
PRACTICE Discover these nurse-led strategies to leverage interprofessional teamwork across the continuum and improve patient experience, HCAHPS scores, and patient-centered care.
Lynette Alberti, MS, RN, NEA-BC; Kellie C. Armstrong, MS, RN, CBN; and Lisa Poncin, MS, RN, NE-BC—The Miriam Hospital, Providence, Rhode Island

C544 IV Smart Pumps: A Descriptive Study of Drug Library Compliance in 44 Hospitals
GRB—ROOM 371
EBP Improve the safety of your smart-pump medication administration! Learn how the use of IV smart pumps varies between and within hospitals, as well as strategies to make things safer.
Karen K. Giuliano, PhD, RN—Hallmark Health, Medford, Massachusetts

C545 Leveraging the Bedside Nurse Perspective to Ensure Research Success
GRB—ROOM 342
INNOVATION Find out how a clinical trial led to drastic changes in the way research is conducted in this NICU. By including nurses in all phases of the research process, the hospital achieved high compliance with protocols, increased nurse-led research projects, and transformed the culture for bedside staff.
Jessica H. Withers, MSN, RN, RNC-NIC, and Leslie A. Parker, PhD, ARNP—University of Florida, Gainesville, Florida; Elizabeth M. Talaga, MSN, ARNP, RNC-NIC—UF Health Shands Children’s Hospital, Gainesville, Florida

C546 My Mother is Very Ill: Are You Ready for the Unexpected?
GRB—ROOM 310
LEADERSHIP Learn how to sustain the momentum of Magnet® if the Magnet program director (MPD) unexpectedly resigns. Succession planning is commonplace for those considered key in a healthcare organization; does it extend to the MPD level? Bolster the organization’s Magnet lifeblood, the MPD role, through an intentionally built, critical-to-mission strategy.
Marjorie Jenkins, PhD, MBA, BSN, RN, NEA-BC, FACHE; Sarah A. Lackey, DNP, RN, CCNS; and Theresa M. Brodrick, RN, NE-BC—(1) Cone Health, Greensboro, North Carolina; (2) Kaiser Permanente, Oakland, California

C547 Paired Concurrent: Nursing’s Global Focus
HILTON—BALLROOM OF AMERICAS DEF
Creating a Global Nursing Fellowship: Improving Pediatric Health Worldwide through Nursing Excellence
INNOVATION Gain insight into the building and support of a global nursing fellowship and learn how to overcome challenges faced in low-health-resource settings.
Marilyn M. Moonan, MSN, RN-BC, CPN—Boston Children’s Hospital, Boston, Massachusetts

Empowering Nurses to Transform Healthcare Globally: A United States-Haiti Nursing Partnership
INNOVATION Learn how a U.S. hospital lived the Magnet® vision to “serve as the fount of knowledge and expertise for delivery of nursing care globally” and partnered with a Haitian hospital to improve outcomes.
Kim Hitchings, MSN, RN, NEA-BC; Anne Panik, MS, BSN, RN, NEA-BC; and Barbara R. Labriola, MSW, BA, RN, CMSRN—Lehigh Valley Health Network, Allentown, Pennsylvania
THURSDAY, OCTOBER 12
11:00 a.m.–noon

C548 Practice Shared Governance Councils as a Vehicle for Nursing Research: Say What?
GRB—GEN ASSEMBLY THEATER C
INNOVATION Navigate one medical center’s innovative strategy to establish a research trajectory within the shared decision-making council dynamic.
Shakira L. Henderson, PhD, DNP, MS, MPH, RNC-NIC, IBCLC, and Daphne Brewington, PhD, RN—Vidant Medical Center, Greenville, North Carolina

C549 Quality and Safety through Innovation and Collaboration
GRB—GRAND BALLROOM B
INNOVATION Heighten your clinical nurses’ working knowledge of quality and safety metrics! A large Magnet® organization shares innovative and collaborative strategies.
Jennifer L. Schobert, BSN, RN, CMSRN, and Darin M. Bershefsky, BSN, RN—Yale New Haven Hospital, New Haven, Connecticut

C550 Stand Up: An Interdisciplinary Approach to Improve MD-RN Communications through Nurse-Led Rounds
GRB—GRAND BALLROOM A
PRACTICE Improve nursing satisfaction and interdisciplinary care of patients in the intensive care unit by utilizing a standard rounding process with a nurse presentation using an RN script. Develop relationships and foster teamwork among the interdisciplinary team to provide clarity on the patients’ plans of care and implement evidence-based practices.
Maureen Fay, MSN, MS, RN, CCRN, CNML, NE-BC; Brian C. Phillips, BSN, RN, CCRN; Jamie L. Kustudia, BSN, RN, CCRN; and Robert Faurote, MS, BSN, RN, CNS, ACCNS-AG, PCCN—(1) Stanford Hospital, Stanford, California; (2) Stanford Health Care, Stanford, California

C551 Stroke Coordinators Collaborate on Statewide Treatment Times
GRB—ROOM 351
PRACTICE Find out how stroke coordinators across Virginia collaborated to improve statewide hospital arrival-to-treatment times for acute ischemic stroke patients.
Heather Turner, BSN, RN, CNRN, SCRN—University of Virginia Medical Center, Charlottesville, Virginia
THURSDAY, OCTOBER 12
2:00 p.m.–3:00 p.m.

Sessions are held at the George R. Brown Convention Center (GRB) unless noted otherwise.

C552 A Dynamic Duo: Transforming the Care Delivery System
GRB—ROOM 371
INNOVATION
Find out how a unique care delivery system leveraged the roles of clinical nurse leader and social worker to improve care continuity and patient outcomes.
Denise M. Wienand, MSN, Med, RN, CNL; Julie Yacopino, MSN, RN MSN; Rachel E. Start, MSN, RN, NE-BC; and Karen Mayer, PhD, MSN, MHA, RN, FACHE, NEA-BC—Rush Oak Park Hospital, Oak Park, Illinois

C553 A Quantitative Study of Rapid Response Interventions for Medical-Surgical Patients
GRB—GEN ASSEMBLY THEATER B
EBP
Gain insight into how nurses react to clinical deterioration in the medical-surgical patient population as explored in a retrospective chart review of the four hours prior to call of a rapid response. Learn the statistically significant factors leading to rapid response when compared with a control group.
Christine Tarver, DNP, RN, CNS, NEA-BC—El Camino Hospital, Mountain View, California

C554 Paired Concurrent: Advocating for End of Life
GRB—GRAND BALLROOM B
End-of-Life Initiative: A Nurse-Driven Interprofessional Approach
PRACTICE
Providing quality end-of-life (EOL) care is an important organizational initiative. Learn how one nurse-driven interprofessional team launched a hospital-wide EOL initiative that significantly improved staff comfort with the dying process.
Leah A. Scaramuzzo, MSN, RN-BC, AOCN—Billings Clinic, Billings, Montana
Evidence-Based Resources to Provide Patient-Centered End-of-Life Care in the ICU Setting
PRACTICE
Gain insight into providing patient- and family-centered care for the dying adult ICU patient using seven evidence-based resources readily available to nurses and interprofessional staff in a comfort cart.
JoAnne Senneff, MSN, RN, CCRN-K—Houston Methodist Hospital, Houston, Texas, and Mary L. Harris, MSN, RN, CCRN-K, Houston Methodist Sugar Land Hospital, Sugarland, Texas

C555 Bedside Entrepreneurship: Transform Innovation into Action
GRB—ROOM 372
INNOVATION
Learn strategies to engage bedside staff in developing innovative products—from idea generation to prototype development and licensing. Frontline staff share their journey!
Jacqueline Anzalone, MHA, BSN, BSE, RN; Michele R. Davey, RN; Paul L. Dehel, BA; and Cheryl Gebeline-Myers, MS—Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania

C556 Developing Nurse Leaders through a Research Fellowship
GRB—ROOM 342
LEADERSHIP
Research fellowships are a great way to promote nursing science and develop nurse leaders. Hear one medical center’s experience with a Neuroscience Nursing Recent Center Fellowship.
DaiWai M. Olson, PhD, RN CCRN FNCS; Susan Hernandez, MBA, BSN, RN; and Sonja E. Stutzman, PhD—University of Texas Southwestern Medical Center, Dallas, Texas

C557 Effects of Essential Oils on Sleep among Cardiac Rehab Patients
GRB—ROOM 332
EBP
Explore one low-cost strategy to improve sleep in cardiac rehab patients: essential oils. How are they used? What do they do?
Brenda J. McDonnell, BSN, RN, CCAP, PCCN-K—Texas Health Harris Methodist Fort Worth, Fort Worth, Texas
C558 Enabling Nurse-Driven Documentation Redesign  
GRB—GEN ASSEMBLY THEATER C  
PRACTICE Find out more about one medical center’s multidisciplinary, nurse-led initiative to increase value and decrease nursing documentation volume by 30 percent.  
Deborah Ariosto, PhD, RN—Vanderbilt University Medical Center, Nashville, Tennessee

C559 Evaluating the Professional Practice Model, International Context  
GRB—ROOM 310  
PRACTICE Find out how you can use a professional practice model and shared governance structure to improve practice, systems, and patient outcomes.  
Fiona I. Haines, MCurr, BCur, RN, Adv. Mid.; Sandra R. Lovering, DHSc, BSN, CTN-A, FAAN; and Taghreed H. Jilan, BSN, RN—King Faisal Specialist Hospital & Research Centre—Jeddah, Jeddah, Saudi Arabia

C560 Get Your Head into the Cloud: Using Technology to Streamline the Magnet® Document Submission Process  
HILTON—BALLROOM OF AMERICAS DEF  
INNOVATION Discover how one organization was able to create and submit a successful Magnet® document in less than six months. The use of cloud technology optimized efficiency, engaged nursing and interprofessional teams, and provided transparency and real-time updates throughout the document writing and submission process.  
Jessie A. Reich, MSN, RN, ANP-BC, CMSRN, and Courtney Maloney, MSN, RN—Penn Medicine-Pennsylvania Hospital, Philadelphia, Pennsylvania

C561 Go Big and Don’t Go HOME — Outcomes of a Nurse Commuter Program Pilot  
GRB—ROOM 351  
INNOVATION Workforce availability and generational nuances require nurse leaders to develop innovative strategies to recruit and retain nurses. For one hospital, the Direct Care Nurse Commuter Program was the answer.  
Mary Fanning, DNP, RN, FRC, NEA-BC, and Douglas W. Mitchell, BSN, RN, MBA—WVU Medicine, Morgantown, West Virginia

C562 Nurse Residency Program and New Graduate Nurses: Translation of Research into Practice  
GRB—GEN ASSEMBLY THEATER A  
LEADERSHIP Gain insight into new graduate nurses’ professional and personal growth during the first year of transition from student to professional practice and apply this knowledge to better align new graduate nurses’ skills, confidence, and competence with patient care and organizational needs.  
Pamela Adams, DNP, RN—Indiana University Health Bloomington Hospital, Bloomington, Indiana

C563 Pain Communication Algorithm: Improving Staff Communication and Reducing Delays in Pain Control  
HILTON—LANIER GRAND BALLROOM A-F  
PRACTICE Learn about the development and implementation of a pain communication algorithm. Discover how use of the algorithm improved communication between providers and nursing, increased utilization of complementary therapy in the treatment of pain, and reduced the length of time patients ranked their pain as “unacceptable” by 42 percent.  
Veronica Nolden, MS, RN, OCN—VCU Medical Center, Richmond, Virginia, and Jessica Keiser, MD—VCU Health, Richmond, Virginia

C564 Project Management: A Partnership to Support Magnet® Designation  
GRB—GRAND BALLROOM C  
INNOVATION Discover how project management principles and resources, as well as strategic organizational partnerships, can help you streamline and improve efficiency surrounding the designation/redesignation process.  
Sara Caven, MSN, RN—University of Iowa Hospitals and Clinics, Iowa City, Iowa

C565 Readmission Review Team: Expanding the Continuum of Care  
GRB—ROOM 362  
INNOVATION Learn about a multidisciplinary team that reviews clinical care of frequently admitted patients and strategizes how to best help these patients. The aim is to decrease readmissions while focusing on care across the continuum. The team delivered a 59 percent decrease in readmissions and emergency department visits of those reviewed.  
Kristine Leahy-Gross, MSN, RN, CPHQ, and Maria Brenny-Fitzpatrick, DNP, RN, FNP-C, GNP-BC—UW Health, Madison, Wisconsin
THURSDAY, OCTOBER 12
2:00 p.m.–3:00 p.m.

**C566 Strategic Workforce Action Planning: Right Staff, Time, and Cost**
Hilton—Lanier Grand Ballroom G-L

**Leadership** Find out how this hospital’s Strategic Workforce Action Planning Committee improved nurse staffing, sustained quality outcomes, supported a healthy work environment, and reduced premium labor costs.
Christine Young, MSN, MBA, RN, NEA-BC; Megan Dorrington, MSN, MBA, RN, CPN; and Matthew J. White, MBA, CPA—Akron Children’s Hospital, Akron, Ohio

**C567 The Strength of Harm Teams—System to Unit Level Collaboration Impact**
GRB—Room 320

**Practice** Find out more about a designed nurse/physician dyad-led harm team to address and define standard care requirements to reduce central line infections in a large healthcare system.
Linda Chase, PhD, RN, NEA-BC—Indiana University Health Adult Academic Health Center, Indianapolis, Indiana, and Rachel Metherd, MHA—Indiana University Health, Indianapolis, Indiana

**C568 Transforming Culture: An Innovative Practice Change**
GRB—Grand Ballroom A

**Practice** Explore how empowered nursing leaders transformed their roles within the rapid response team and strengthened the climate of safety.
Elizabeth J. Avis, MSN, RN, CCRN; Erin Reilly, BSN, RN, CCRN; and Lois Grant, ASN, RN—Thomas Jefferson University Hospital, Philadelphia, Pennsylvania
FRIDAY, OCTOBER 13
8:00 a.m.–9:00 a.m.

Sessions are held at the George R. Brown Convention Center (GRB) unless noted otherwise.

**C601 Clinical Financial Integration Teams (C-FITs): Improve Patient Outcomes and Reduce Cost**

GRB—ROOM 362

**INNOVATION**

Discover how one organization took a proactive approach to addressing the reimbursement changes affecting healthcare. Clinical Financial Integration Teams (C-FITs) demonstrate how a structured framework led to improved patient outcomes and substantial cost savings, enabling one organization to validate a savings of more than $66 million.

Julia M. Dexter, BSN, RN; Jennifer Hopwood, DNP, RN, NE-BC; Cassandra Horack, MS, PSL, RN; and Robert J. Garcia, MBA—OSF Saint Francis Medical Center, Peoria, Illinois

**C602 Communication About Readiness-for-Discharge Study**

GRB—ROOM 372

**EBP**

Find out how the AHRQ TeamSTEPPS® process was used to manage discharge and improve discharge processes.

Kristi Opper, MS—Froedtert Hospital, Milwaukee, Wisconsin; Marianne Weiss, DNSc, RN—Marquette University, Milwaukee, Wisconsin; and Joe Beiler, MS—Froedtert Hospital, Milwaukee, Wisconsin

**C603 Developing an APRN Council from the Ground Up**

GRB—ROOM 332

**LEADERSHIP**

Explore how development of an APRN Council provided the infrastructure needed to link APRNs throughout the regional system, served as a platform to discuss issues, and provided APRN organizational leadership in evidence-based practice and research. Outcomes include increased job satisfaction, better-connected peers, and organizational awareness of the APRN role.

Erin Oley, DNP, MS, MA, RN, FNP-BC—Billings Clinic, Red Lodge, Montana, and Miranda Meunier, MSN, RN, GNP-BC—Billings Clinic, Billings, Montana

**C604 Paired Concurrent: Healthcare Solutions for Veterans**

GRB—ROOM 351

**I Feel Too Weak to Ask for Help: Understanding Veteran Health-Seeking and Care in the Community**

**PRACTICE**

Gain insight into Iraq and Afghanistan veterans’ health-seeking behavior and healthcare resource utilization. Learn to provide culturally competent care to vets in a variety of settings.

Uchenna Nworah, PhD, RN, FNP-BC, and Karen Stonecypher, PhD, RN—Michael E. DeBakey VA Medical Center, Houston, Texas

**MOVE! It While You Can: A Message to Veterans**

**PRACTICE**

Learn more about the Department of Veterans Affairs’ mandate to ensure all veterans are screened for obesity and those interested are referred to a MOVE! weight management program.

Nini Ramirez, MSN, MBA/HCM, RN, CEN—Michael E. DeBakey VA Medical Center, Houston, Texas

**C605 Identifying Factors that Influence New Nurse Graduate Performance**

GRB—GEN ASSEMBLY THEATER A

**EBP**

Improve work performance among new nurse graduates! Leverage the work environment and behavior to overcome challenges.

Nakisa L. Garris, PhD, CRNP—Children’s National Medical Center, Washington, DC
FRIDAY, OCTOBER 13
8:00 a.m.–9:00 a.m.

C606 If It’s Broken, Fix It! An Innovation in Self-Management Education
GRB—GEN ASSEMBLY THEATER B
INNOVATION Discover the nurse-led innovation that revolutionized self-management education for people with chronic conditions, and earned best practice recognition from The Joint Commission, AHA, and the Magnet Recognition Program®.
Shannon C. Patel, DNP, RN, AGPCNP-BC, CCRN, and Pamela Walch, MSN, BSW, RN—AtlantiCare, Galloway, New Jersey

C607 Improving Adolescent Psychiatric Patients’ Medication Knowledge
GRB—ROOM 320
PRACTICE A clinical nurse shares her journey to successfully increase medication knowledge and satisfaction among adolescent behavioral/mental health patients, while reducing readmission risk.
Judith A. Moran-Peters, DNSc, NE-BC, BC, RN, and Linda Hill, MSN, RN, PMHCNS-BC—John T. Mather Memorial Hospital, Port Jefferson, New York

C608 Keeping the Magnet® Spirit Alive through Online Collaboration
GRB—GRAND BALLROOM B
INNOVATION Maximize the role of your Magnet® champions between designations! Find out how one organization created an interactive website and leveraged the online community to share narratives and track champion attendance.
Adrienne Bloom, MA, RN, OCN; Cheryl Co, BSN, RN, OCN; and Danielle Silletti, BSN, RN, CAPA—Memorial Sloan Kettering Cancer Center, New York, New York

C609 Lean in the OR: Enhancing the Surgical Experience
HILTON—BALLROOM OF AMERICAS DEF
PRACTICE Learn how one hospital used Magnet® principles and the Magnet culture to implement Lean in the OR and improve outcomes, staff satisfaction, and workflows.
Lila Martin, MSN, RN; Rebecca Gearhart, MSN, RN, CNOR; and Brian Selig, DNP, MHA, RN, NEA-BC, CEN—The University of Kansas Hospital, Kansas City, Kansas

C610 Millennials: Leveraging the Leaders of the Future
HILTON—LANIER GRAND BALLROOM A-F
LEADERSHIP Harness the energy of your millennial nurses and transform patient, environmental, and cultural outcomes!
Karen Mayer, PhD, MHA, RN, FACHE, NEA-BC; Rachel E. Start, MSN, RN, NE-BC; and Lauren N. Robertson, BSN, RN, CCRN—Rush Oak Park Hospital, Oak Park, Illinois

C611 Next in Line: Succession Planning through Shared Governance
GRB—GEN ASSEMBLY THEATER C
LEADERSHIP Successful succession planning saved this hospital more than $1.25 million! Learn how an evidence-based conceptual framework guided the integration.
Janette V. Moreno, DNP, RN, CCRN-K, NEA-BC; Anita S. Girard, DNP, RN, CNL, CPHQ, NEA-BC; Wendy Foad, MS, RN, NEA-BC; and Helen Benedetti, BSN, RN, OCN, BMTCN, CN IV—Stanford Health Care, Stanford, California

C612 No Longer Wishful Thinking: Expanding Self-Care from the Nurse to the Work Environment
ANA Invited Session
HILTON—LANIER GRAND BALLROOM G-L
PRACTICE Strategies to eliminate nurse fatigue, burnout, and incivility.
Ann Marie Leichman, MSN, RN, NEA-BC—The Valley Hospital, Paramus, New Jersey; Garrett Chan PhD, APRN, FAEN, FPCN, FNAP, FAAN—Stanford Health Care, Stanford, California; and Seun Ross, DNP, CRNP-F, NP-C, NEA-BC—ANA, Silver Spring, Maryland

C613 Nurses Integrate CDC Opioid Guidelines into Ambulatory Care
GRB—ROOM 372
PRACTICE Find out how nurses in an ambulatory care setting led a practice redesign to meet the new CDC standards for the assessment, documentation, and follow up of patients receiving chronic opioid prescriptions.
Deborah Bates, BSN, RN—Mayo Clinic, Rochester, Minnesota
FRIDAY, OCTOBER 13
8:00 a.m.–9:00 a.m.

**C614 Optimizing Communication with Nurses: 1st to Know**
GRB—GRAND BALLROOM A

**INNOVATION** Read all about it! Learn easy ways to develop a fun, interactive electronic newsletter to share mandatory education with nursing staff and improve communication and engagement.

Dale Callicutt, PhD, RN, RN-BC, CCRN-K—Novant Health, Winston-Salem, North Carolina

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**C615 Safety Culture Change: It Takes a Village**
GRB—GEN ASSEMBLY THEATRE C

**INNOVATION** Learn from a nurse and physician dyad in implementing a collaborative error-prevention program. Through interprofessional collaborative learning, silos were broken down and a robust culture of safety was established.

Jennifer S. Lau, BSN, RN, CEN, CPEN; April Adley, MHA, BSN, RN, CNML, RN; and Margaret Mikula, MD, FAAP—Penn State Health, Hershey, Pennsylvania

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**C616 Transitional Surgery Center: An Innovative Interdisciplinary Approach in Reducing 30-Day Hospital Readmissions**
GRB—ROOM 310

**PRACTICE** Learn about how the creation of a transitional surgery center can reduce surgical patient readmissions by three to five percent in the first eight to 10 months of implementation. This interdisciplinary effort has successfully addressed patient concerns by implementing early interventions to reduce complications and readmissions.

Priya Nair, MS, RN; Jennifer Zeller, MS, CRNP; and Carmel McComiskey, DNP, PPCNP-BC, CPNP-AC, FAANP, FAAN—University of Maryland Medical Center, Baltimore, Maryland

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**C617 Utilization of Simulation-Based Design Tests in Facility Design**
GRB—ROOM 371

**INNOVATION** Intensive care units are complex care spaces that require proper design to optimize patient care work flows that enhance patient safety, minimize risk, and foster family-centered care. Explore how simulation can be utilized in preconstruction testing to drive facility design.

Maria Happe, MSN, RN, CPNP-AC, CCRN; Kerry Sembera, MSN, CPNP-AC, CCRN; and Gemma F. Eleegores, MSN, RN, CCRN—Texas Children’s Hospital, Houston, Texas
CONCURRENT SESSIONS

FRIDAY, OCTOBER 13
9:30 a.m.–10:30 a.m.

Sessions are held at the George R. Brown Convention Center (GRB) unless noted otherwise.

C618 Connecting Patients to Care: How a Nurse Navigator Improves Care Outside the Emergency Department
GRB—ROOM 332
INNOVATION Learn about the implementation of the nurse navigator role in an emergency department (ED), and discover how the nurse navigator is able to impact and improve care coordination in and outside of the ED.
Tonya Ellingson, BSN, RN, CEN, SANE-A; Alicia Vermeulen, MSN, RN, CEN, CFRN; and Denise Haisch, RN, CEN—Avera McKennan Hospital and University Health Center, Sioux Falls, South Dakota

C619 Coordination of Care During Transition from Acute to Subacute Care
GRB—ROOM 351
INNOVATION Improve the care transition process with nurse practitioners (NP). See how one hospital used NPs to address transition challenges, improve care coordination, and reduce readmissions.
Tiffany M. Ferguson, MSN, FNP-BC, and Jamie Hamick, MSN, FNP-BC—Northwest Community Hospital, Arlington Heights, Illinois

C620 Decreasing Readmission Rates: A Nursing-Led Initiative
GRB—ROOM 372
PRACTICE Learn how trauma nurses at a leading trauma center improved outcomes and reduced readmissions with an evidence-based transitional care coordination program.
Rebecca Tyrrell, ADN, RN, CCCTM, and Jacqueline Gregory, BSN, RN—R. Adams Cowley Shock Trauma Center, University of Maryland Medical Center, Baltimore, Maryland

C621 Drowsy Healthcare Workers in a Business that Never Sleeps
GRB—GRAND BALLROOM B
EBP Sleep-deprived staff pose safety risks to patients. Explore the latest nurse-led research on the effects of sleep disturbance on work performance and discuss opportunities for improvement.
Ashley F. English, BSN, RN; Joshua A. Burton, BS, RN; and Maddy A. Himmel, BSN, RN, CEN—Kootenai Health, Coeur d’Alene, Idaho

C622 Engaging Nursing Leaders in Risk Mitigation and Error Management
GRB—GRAND BALLROOM A
LEADERSHIP How can you facilitate effective conversations to identify and prevent safety incidents? Hear how one children’s hospital taught nurse leaders to use a systematic framework to identify root causes and develop action plans to prevent harm.
Kristin A. Cummins, DNP, RN, NE-BC, and Sharon D. Bondurant, BSN, RN, CPHRM—Riley Hospital for Children at Indiana University Health, Indianapolis, Indiana

C623 Engaging Others with True Colors: Embrace the Rainbow
HILTON—LANIER GRAND BALLROOM A-F
INNOVATION Learn how one unit improved conflict resolution and nursing engagement to be an “Employer of Choice”-ranked unit in a 919-bed healthcare system. Discover how unit management collaborated with the unit council to develop and implement a program based on the True Colors personality test, focusing on enhanced communication.
Lisa L. Kleeberg, BSN, CMSRN; Patricia J. Thomas, BSN, RN; and April L. Turner, BSN, RN-BC—WakeMed Health & Hospitals, Raleigh, North Carolina

EDUCATION TRACKS

EVIDENCE-BASED PRACTICE/RESEARCH (EBP)
Evidence-based practice, new knowledge, innovations, or improvements in nursing practice

INNOVATION
Progressive, nontraditional, out-of-the-box strategies, process improvements, and exemplars that affect nurses and/or interprofessional team members

LEADERSHIP
Actions implemented by nurses demonstrating organizational leadership at the staff, middle, and executive role levels

PRACTICE
Actions implemented by nurses to facilitate exemplary nursing practice
FRIDAY, OCTOBER 13
9:30 a.m.–10:30 a.m.

C624 Howdy, Partner: Successful Strategies to Not Panic and Prepare Your Next Magnet® Program Director Sheriff
GRB—ROOM 342
LEADERSHIP The Magnet® program director (MPD) is a critical leadership role. Through strategic recruitment, defined competencies, and detailed succession planning, the transition of individuals in this role can be seamless and transparent for both leadership and staff. This leadership strategy can promote professional development and dynamic leadership for Magnet-designated hospitals.
Mary Fanning, DNP, RN, FRE, NEA-BC, and Lya M. Stroupe, DNP, APRN, CPNP, NEA-BC—WVU Medicine, Morgantown, West Virginia

C625 Improving Nursing Autonomy Through Peer Review
HILTON—LANIER GRAND BALLROOM G-L
EBP Share a Magnet® hospital’s journey to improve patient outcomes by establishing a formal peer review program and adopting evidence-based practice principles of peer review implementation.
Maricarmen Luhrsen, MSN, RN, NE-BC—Torrance Memorial Medical Center, Torrance, California; Vicki M. George, PhD, RN, FAAN—Nursing Consulting Partners, LLC, Plainfield, New Hampshire; and Barb Haag-Heitman, PhD, FAAN, PHCNS-BC—Nursing Consulting Partners, Key Colony Beach, Florida

C626 Innovative Education Delivery: Getting Nurses Out of the Classroom
GRB—GRAND BALLROOM C
INNOVATION Explore new ideas in clinical education delivery that leverage technology, save money, and match the learning needs of nurses.
Kristin O. Sollars, MSN, RN, CCRN-K, and Marci L. Ebberts, MSN, RN, CCRN-K—Saint Luke’s Hospital, Kansas City, Missouri

C627 Integrating Evidence into an Organizational Lean Framework
GRB—ROOM 371
PRACTICE Find out how this Magnet® hospital integrated evidence-based practice into its new Lean management system, as well as the strategies used to educate and transform Lean problem-solving and improve nursing care.
Margo A. Halm, PhD, RN, NEA-BC; Ann D. Alway, MS, RN, CNRN, CNS; Sandra Bunn, MSN, RN, ACNS-BC, BC-ADM; and Nancy Dunn, MS, BA, RN—Salem Health, An OHSU Partner, Salem, Oregon

C628 Interprofessional Rounding Using a Multidisciplinary Tool
HILTON—BALLROOM OF AMERICAS DEF
INNOVATION Discover how nursing care coordinators in a community hospital led the development and implementation of a rounding tool to improve multidisciplinary collaboration, increase patient involvement in goal setting, and reduce readmission rates.
Marlene A. Marks, BSN, RN, CCM, and Lillian F. Hershberger, BSN, RN, CCM—Goshen Health, Goshen, Indiana

C629 Nurse-Led Documentation Planned Change
GRB—ROOM 320
LEADERSHIP Learn how a shared governance council led a collaborative process of documentation reconfiguration, and clinical nurse decision-making improved efficiencies and developed best practices for future planned change.
Laurie A. McCarthy, MSN, RN, CCRN; Lisa Robinson, BSN, RN; Darla S. Marks, MSN, RN; and Andrew H. Groff, MBA, MSIS—Penn State Health, Hershey, Pennsylvania

C630 Paired Concurrent: Patient Outcomes Come First
GRB—GENERAL ASSEMBLY THEATER A
Council Redesign to Achieve Nursing-Sensitive Quality Outcomes
PRACTICE Redesign your Nursing Quality & Safety Council to serve as a forum where individual units report out detailed investigations completed by their Unit Nurse Practice Council on quality measure failures.
Rebecca Hellrich, BSN, RN, RN-BC, and Kathy M. Leach, PhD, RN—Missouri Baptist Medical Center, St. Louis, Missouri

Improving Patient Safety by Improving Skin Integrity in High-Risk Patients and Preventing Pressure Ulcers
PRACTICE Learn how an organization implemented key strategies to decrease hospital-acquired pressure ulcers and engaged an interdisciplinary team to develop a nurse-driven skin care protocol focused on prevention for high-risk patients.
Aimee Anderson, MSN, BS, RN, CCRN, NE-BC—Lancaster General Health, Lancaster, Pennsylvania
FRIDAY, OCTOBER 13
9:30 a.m.–10:30 a.m.
Sessions are held at the George R. Brown Convention Center unless noted otherwise.

C631 Predicting and Intervening on Patients at High Risk for Readmission
GRB—ROOM 310
INNOVATION Acquire knowledge about how one hospital utilized the modified LACE tool to stratify patients at high risk for readmission and partnered with patients and families to develop individualized transitional care plans.
Angeline Dewey, MSN, RN, APRN, ACNS-BC, CCRN, CNR, and Jessica A. Taylor, MSN, APRN, PHCNS-BC, CMSRN—Bayhealth Medical Center, Dover, Delaware

C632 Site Visits and Beyond: Utilizing Technology to Integrate Nursing Excellence
GRB—GEN ASSEMBLY THEATER B
INNOVATION Explore novel ways of communicating with, and engaging, staff on the journey to nursing excellence. Hear a unique overview of preparedness for Magnet® and beyond that displays the points of pride established in each unit and area, including off-site facilities and staff.
Karen A. Carroll, PhD, RN, NEA-BC, and Inga Uremovich, BSN, RN, CPN—Ann & Robert H. Lurie Children’s Hospital of Chicago, Chicago, Illinois

C633 Utilizing Lean Methodology to Improve Patient Outcomes and Cost
GRB—GEN ASSEMBLY THEATER C
PRACTICE Discover how one hospital successfully utilized Lean methodology to improve care delivery and staff work environment through sustainable change.
Stephanie Meyer, MS-FNP, RN, and Nicole Carr, BSN, RN, CNOR—Children’s Mercy Hospital, Kansas City, Kansas City, Missouri

C634 Walk this Way: Steps to Promoting Nurse-Led Patient Ambulation
GRB—ROOM 362
PRACTICE Explore the steps taken to implement an evidence-based practice change in patient ambulation using the shared decision-making model at a community-based Magnet® hospital. Nurses have been identified as the professionals most capable of promoting ambulation in the hospital setting.
Maryanne Preston, MS, RN-BC, and Kim E. Winne, MSN, RN, CMSRN—Saratoga Hospital, Saratoga Springs, New York
FRIDAY, OCTOBER 13
12:30 p.m.–1:30 p.m.

Sessions are held at the George R. Brown Convention Center (GRB) unless noted otherwise.

C635  Do You Know the Code? Incorporating the 2015 Code of Ethics for Nurses into Practice
GRB—GRAND BALLROOM B
PRACTICE  Abiding by the nursing profession’s Code of Ethics is nonnegotiable. Learn about the new 2015 Code and participate in examining diverse clinical case studies with ethical, moral, and professional practice nuances. Engage via smartphone technology as the speakers pose questions before and after case presentation.
Cynthia Umbrell, MSN, CNS, RN, CNS, CCRN; Marie K. Jordan, DNP, MHA, RN, NE-BC; and Tanya M. Wagner, BSN, RN—Lehigh Valley Health Network, Allentown, Pennsylvania

C636  Early to Bed, Early to Rise: A Discharge Collaborative
GRB—GEN ASSEMBLY THEATER C
PRACTICE  Discover how this multidisciplinary team identified and overcame barriers to early discharge, creating a more satisfied staff and patient experience.
Helina Somervell, DNP, FNP-BC, and Deborah B. Hobson, BSN, RN—The Johns Hopkins Hospital, Baltimore, Maryland

C637  Improving Patients’ Experiences Communicating with Nurses
HILTON—LANIER GRAND BALLROOM A-F
PRACTICE  Strengthen nurse-patient communication! Discover best practices that can help you achieve sustained improvement in HCAHPS scores around nurse communication.
Aditi D. Rao, PhD, RN—Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania

C638  Innovative Strategies in Nursing Management Succession Planning
GRB—GRAND BALLROOM A
LEADERSHIP  Learn more about the development of this action-based learning succession planning program that meets the increasing demand for qualified nurse managers and exceeds international benchmarks.
Helen M. Redekopp, MSN, BSN, RN, BC—King Faisal Specialist Hospital & Research Centre, Riyadh, Saudi Arabia

C639  Leveraging Diversity of Community Partners for Crisis Care
GRB—ROOM 310
INNOVATION  Hear how a nurse-led coalition brought together local leaders and services to reduce suicide, homelessness, and human suffering in the community.
Claudia G. Miewald, DNP, APRN, PMHCNS-BC, and Don Robinson, MA, FBI (retired)—Kootenai Health, Coeur D’Alene, Idaho

C640  Paired Concurrent: Making an Impact with Patients and New Nurses
GRB—ROOM 342
Elements of a Transition-to-Practice Program that Predict Retention, Intent to Stay, and Graduate Nurse Experience
PRACTICE  Hear outcomes of a multisite, descriptive, correlation research study that served as the foundation for a successful, statewide transition-to-practice program.
Mary Fanning, DNP, RN, FRE, NEA-BC—WVU Medicine, Morgantown, West Virginia
Death and Domestic Violence: How You Can Make a Difference
PRACTICE  Examine how nurses at a Level 1 trauma center incorporated an evidence-based lethality assessment to link patients at high risk for harm/homicide to immediate support services, and learn how you can implement a similar program in your setting.
Chantal Howard, MSN, RN, CEN; Leighann K. Perry, BSN, RN, CEN; and Anna Natasha Sullivan, MSW—(1) WakeMed Health & Hospitals, Raleigh, North Carolina; (2) Interact Family Safety and Empowerment Center, Raleigh, North Carolina
FRIDAY, OCTOBER 13
12:30 p.m.–1:30 p.m.

**C641** Mobilizing Older Adult Patients via a Nurse-Driven Intervention: Movin’

**GRB—ROOM 362**

**INNOVATION** Explore an innovative model of care: Movin’, a nurse-driven intervention, tackles five system barriers (psychomotor skills, ambulation pathways, organizational culture, resources, and communication) that prevent nurses from ambulating patients. Gain new knowledge on the impact Movin’ has on patient ambulation and transformative changes in nursing practice and culture.

Clara “Katie” Winsor, MSN, RN CPHQ; Shelly VanDenBergh, MS, RN, GCNS-BC; and Barbara King, PhD, APRN-BC—(1) UW Health, Madison, Wisconsin; (2) University of Wisconsin-Madison School of Nursing, Madison, Wisconsin

**C642** Nurse Satisfaction: Keeping the Main Thing the Main Thing

**HILTON—LANIER GRAND BALLROOM G-L**

**LEADERSHIP** Discover how a chief nursing officer partnered with nursing leadership to develop a plan to strategically transform the culture of nursing. Learn about the structures, processes, and actions taken by nurses at every level to prioritize patient care and drive an elevation of nursing practice and improvement in nurse satisfaction.

Mary Del Guidice, MSN, BS, RN, CENP; Kathryn T. Farrell, MSN, RN; and Jacelyn Watford, MSN, BSN, RN, CMSRN—Penn Medicine-Pennsylvania Hospital, Philadelphia, Pennsylvania

**C643** Nursing Collaboration with the Multidisciplinary Team

**HILTON—BALLROOM OF AMERICAS DEF**

**EBP** Learn more about how nurses in a community hospital recognized the need for multidisciplinary support, resulting in lower length of stay and costs, and increased quality of care and life.

Jessica C. Lineberger, BSN, RN, and Lisa Nichols, BSN, RN—Novant Health Huntersville Medical Center, Huntersville, North Carolina

**C644** Partnership Yields Successful Communication Strategy for Nursing

**GRB—GEN ASSEMBLY THEATER A**

**LEADERSHIP** Find out how you can implement a communications strategy that leverages technology to address communication challenges and meet the communication preferences of a multigenerational workforce.

Jody C. Childs, MBA, RN, and Rosanne R. Moore, BA—Texas Children’s Hospital, Houston, Texas

**C645** Reducing Length of Stay and Readmission for Heart Failure Patients

**GRB—ROOM 372**

**EBP** Explore results of a study that measured the impact of a hospital-based transition of care process on length of stay and readmission rates.

Terry Ngaru, DNP, MSN, RN, NE-BC—Houston Methodist Hospital, Houston, Texas

**C646** Reducing Mortality through the Use of an Early Warning System

**GRB—ROOM 332**

**PRACTICE** Help your nurses synthesize data and respond to changes in a timely manner. Learn how a nurse-driven protocol decreased acute care mortality in an academic medical center hospital by 30 percent.

Katherine E. Walsh, DrPH, MS, RN, NEA-BC, and Meredith J. Cowan, MS, RN-BC, RNC-OB—Houston Methodist St. John Hospital, Houston, Texas

**C647** Technology Improved Safety Rounding in Behavioral Health

**GRB—ROOM 371**

**INNOVATION** Explore the nurse-led development of an electronic solution to close gaps in safety rounds in behavioral health units. This smartphone app provides programmable alerts and documentation uploads to the medical record.

Deborah C. Small, DNP, RN, NE-BC; Janet Pier, MSN, RN, CPHQ; Christine Wrobel, BSN, RN; and Denise M. Ready, MBA, BSN, RN—Cleveland Clinic Fairview Hospital, Cleveland, Ohio

**C648** The Ethics Café®: A Resource for Nurses to Address and Cope with Complex Ethical Dilemmas

**GRB—GRAND BALLROOM C**

**INNOVATION** Learn how a large tertiary care hospital initiated an Ethics Café, facilitating an environment where nurses learn how to identify, analyze, and resolve ethical issues encountered in practice. In an informal setting, nurses learn how to integrate the Nursing Code of Ethics into the core of their nursing identity.

Jane Ellen Barr, DNP, RN, CWON—Long Island Jewish Medical Center, New Hyde Park, New York
FRIDAY, OCTOBER 13
12:30 p.m.–1:30 p.m.

**C649 What’s Your Plan? Community Campaign in Advance Care Planning**
GRB—ROOM 320

**INNOVATION**  Did you know that 70 percent of people say they would prefer to die at home, yet 70 percent die in a hospital or long-term-care setting? Learn how nurses can engage in the community, primary care setting, and hospital to promote conversation about end-of-life wishes.

Margaret K. Budai, MSN, RN, NP-C, CNS—Poudre Valley Hospital, Fort Collins, Colorado; Patti Welfare, MA, BS—Community Health Improvement/Aspen Club/UCHealth, Fort Collins, Colorado; and Elizabeth Morgan, BSN, RN—UC Health, Fort Collins, Colorado

**C650 Three-Minute Micro-SIMs Solve an Education Time Crunch**
GRB—GEN ASSEMBLY THEATER B

**PRACTICE**  Find out how developing three-minute simulations in a neuroscience ICU allowed point-of-care staff to participate in simulations during their shifts.

Byron A. Carlisle, BSN, RN, CCRN, and DaiWai M. Olson, PhD, RN, CCRN FNCS—University of Texas Southwestern Medical Center, Dallas, Texas

**C651 Nurse-Driven ICS Survivor Support Group**
GRB—ROOM 351

**PRACTICE**  ICU survivors and families are invited to a monthly, nurse-driven support group. The 90-minute meetings use art or music therapy, spiritual care, and survivor videos to facilitate open discussions. Attendees share their experiences with critical illness and gain support from a network of peers and healthcare professionals.

Janet Kloos, PhD, RN, CCNS, CCRN—University Hospitals Cleveland Medical Center, Cleveland, Ohio