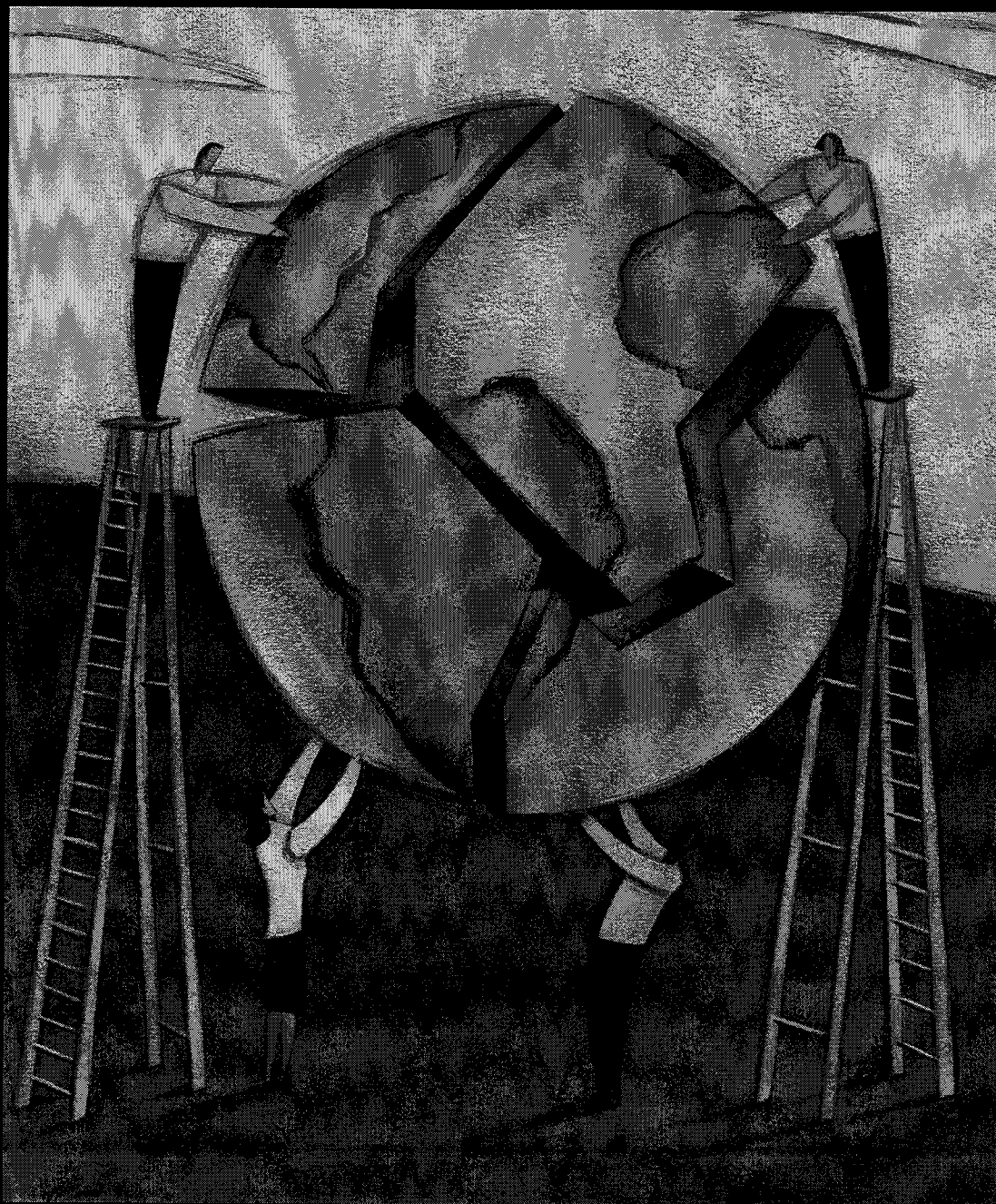


presented by
The Institute for Health Care Education and Capitol Area Alliance for Nursing Research and Research Utilization

8th Annual Conference

Evidence-Based Practice: Transcultural Research in Cyberspace
Friday, October 1, 2004 • 7:15am – 2:30pm



8TH Annual Research/Research Utilization Conference

**Evidence-Based Practice:
Transcultural Research in Cyberspace**

CONFERENCE GOALS

8TH Annual Research/Research Utilization Conference

Evidence-Based Practice: Transcultural Research in Cyberspace

Conference Goals

1. Provide a venue for dissemination of research findings to health care professionals.
2. Through presentation of research efforts, illustrate ways in which utilization of research findings are improving clinical practice.
3. Provide opportunities (through skill building/roundtable sessions) to enhance one's knowledge and the development of skill sets necessary for research utilization and research conduct.

8TH Annual Research/Research Utilization Conference

**Evidence-Based Practice:
Transcultural Research in Cyberspace**

CONFERENCE SCHEDULE

Program Schedule

- 7:15 AM REGISTRATION** Coffee & Danish
Heublein Hall, ERC lobby
- 8:00 AM WELCOME**
Joan MacRae, RN, BC, MS
Co-Chairperson, Planning Committee
Heublein Hall
- 8:05 AM OPENING REMARKS & INTRODUCTION OF KEYNOTE SPEAKER**
Laura Caramanica, RN, PhD
Vice President Nursing, Hartford Hospital
Heublein Hall
- 8:15 AM KEYNOTE ADDRESS: A Cultural Conscious Approach to Evidence-Based Practice and Research**
Josepha Campinha-Bacote, PhD, APRN, BC, CNS, CTN, FAAN
- 9:15 AM COFFEE BREAK**
Heublein Hall
Poster Exhibit Viewing – Formal Lounge
Book Exhibit – ERC Lobby
- 9:45 AM SKILL BUILDING PRESENTATIONS:**
- Presentation A (ERC Room 216)**
When to Move Past Go in the Game of Research: Evaluating the Strength of the Evidence
Sheryl Horowitz, BA, PhD
Research Analyst, Hartford Hospital
- Presentation B (ERC Robinson Library, 3rd floor)**
Searching the Research Literature
Arleen Freed, MLS AHIP and
Ellen MacNaughton, MLS
Health Sciences Library, Hartford Hospital
- CONCURRENT ABSTRACT PRESENTATIONS:**
- Presentation A (ERC Room 218)**
Understanding Puerto Rican Women's Perceptions of Heart Disease and Help-Seeking Behaviors Utilizing Focus Group Data
Jean W. Lange, PhD, RN
Associate Professor, Fairfield University
- Theory, Practice, Research: A Transcultural Nursing Experience in Ecuador*
Barbara Thompson, RN, BSN, CNOR
Director of Surgical Services, Middlesex Hospital
- Presentation B (ERC Room 221)**
Mother's Experience of Communicating with their Young Adolescent Daughters
Debra Hrelac, PhD, RN
Associate Professor of Nursing
Mount Saint Mary College
- Prevalence of Childhood Obesity in a Connecticut City: Kindergarten & 3rd Grade*
Patricia Herrera, BSN, RN
University of Connecticut

Presentation C (Heublein Hall)
Wound Hypothermia: Prevalence in Chronic Wound Care
Lisa Corbett, APRN, CS, CWOCN
Center for Wound Healing & Hyperbaric Medicine, Hartford Hospital

11:00 AM SKILL BUILDING PRESENTATIONS:

Presentation C (ERC Room 216)
Qualitative Research: Beyond the Stats
Maria Tackett, RN, MSN, CCRN, CEN
Nurse Director, Hartford Hospital

Presentation D (ERC Robinson Library, 3rd floor)
Searching the Research Literature
Arleen Freed, MLS AHIP and
Ellen MacNaughton, MLS
Health Sciences Library, Hartford Hospital

CONCURRENT ABSTRACT PRESENTATIONS:

Presentation D (ERC Room 218)
The Safe Order Program: A Payer-Provider Collaborative to Reduce Medication Errors
Colleen Smith, MSN, RN, CNA,
Vice President for Nursing,
Middlesex Hospital

An Evidence-Based Inpatient Fall Prevention Program
Marge Faraci, MSN, RN
Director of Inpatient Services,
Middlesex Hospital

Presentation E (ERC Room 221)
A Community Based Diabetes Initiative and Partnership
Kathleen McKinnan, RN, BSN, CDE
Nurse Case Manager, Middlesex Hospital

FDA Dietary Supplement Tips & Intention to Continue Supplements
Susan Czarnecki, RN, BSN
Nicholas Nicholson, RN, BSN
Racquel Palmer, RN, BSN
Kelly Ulm, RN, BSN
University of Connecticut

12:30 PM LUNCHEON (Heublein Hall)

Poster Awards - ERC Formal Lounge 1st floor

1:15 PM PLENARY ADDRESS: Transforming Nursing Practice through Telehealth Opportunities
Diane J. Skiba, PhD, FAAN

2:15 PM CONFERENCE WRAP UP (Heublein Hall)
Summary, Evaluation, and Book Giveaways

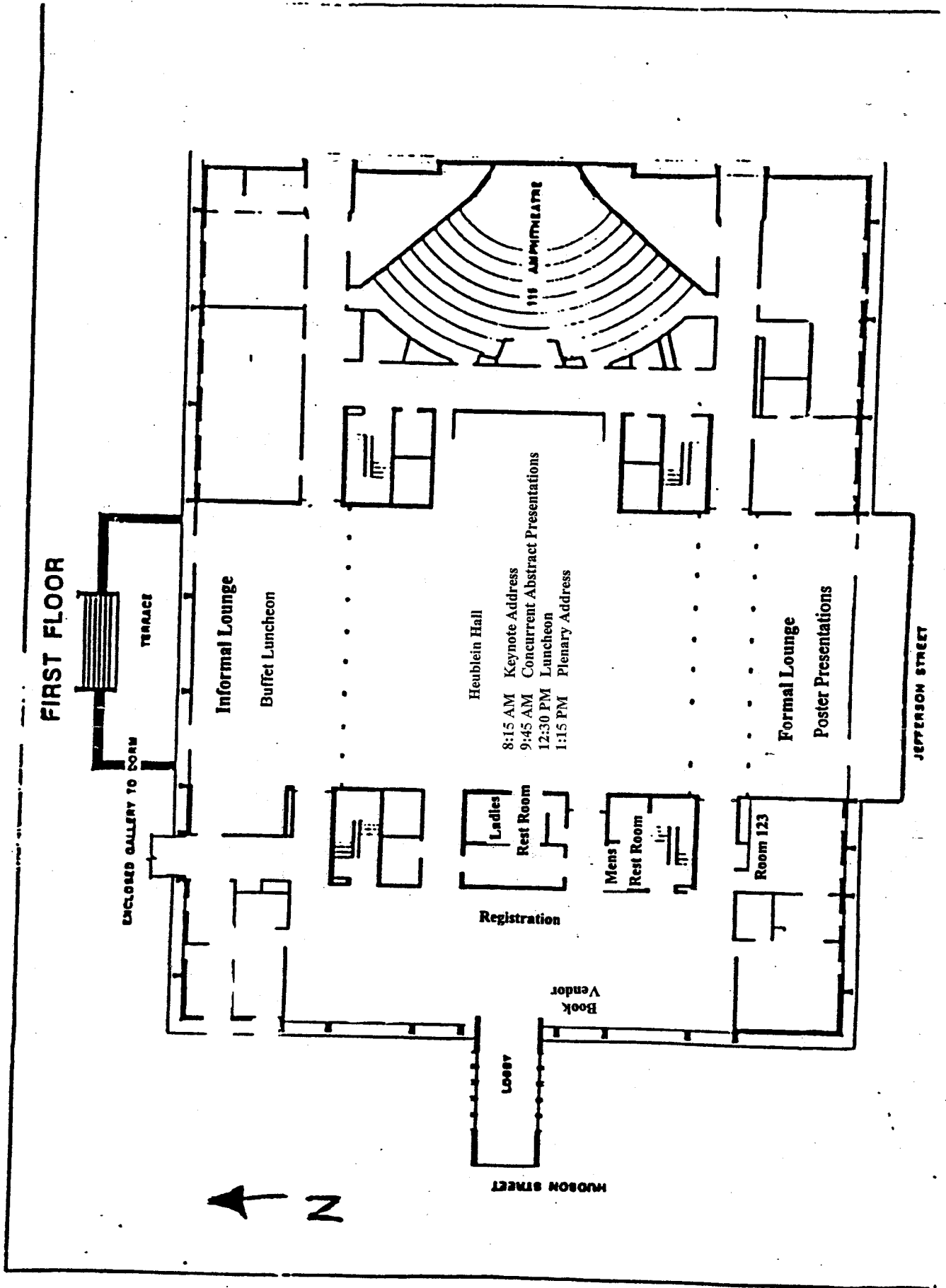
8TH Annual Research/Research Utilization Conference

**Evidence-Based Practice:
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MAP OF Education & Research Center

Education & Resource Building

FIRST FLOOR



HUBSON STREET

JEFFERSON STREET

8:15 AM Keynote Address
9:45 AM Concurrent Abstract Presentations
12:30 PM Luncheon
1:15 PM Plenary Address

115 AMPHITHEATRE

Ladies Rest Room

Mens Rest Room

Room 123

Informal Lounge

Buffet Luncheon

Formal Lounge

Poster Presentations

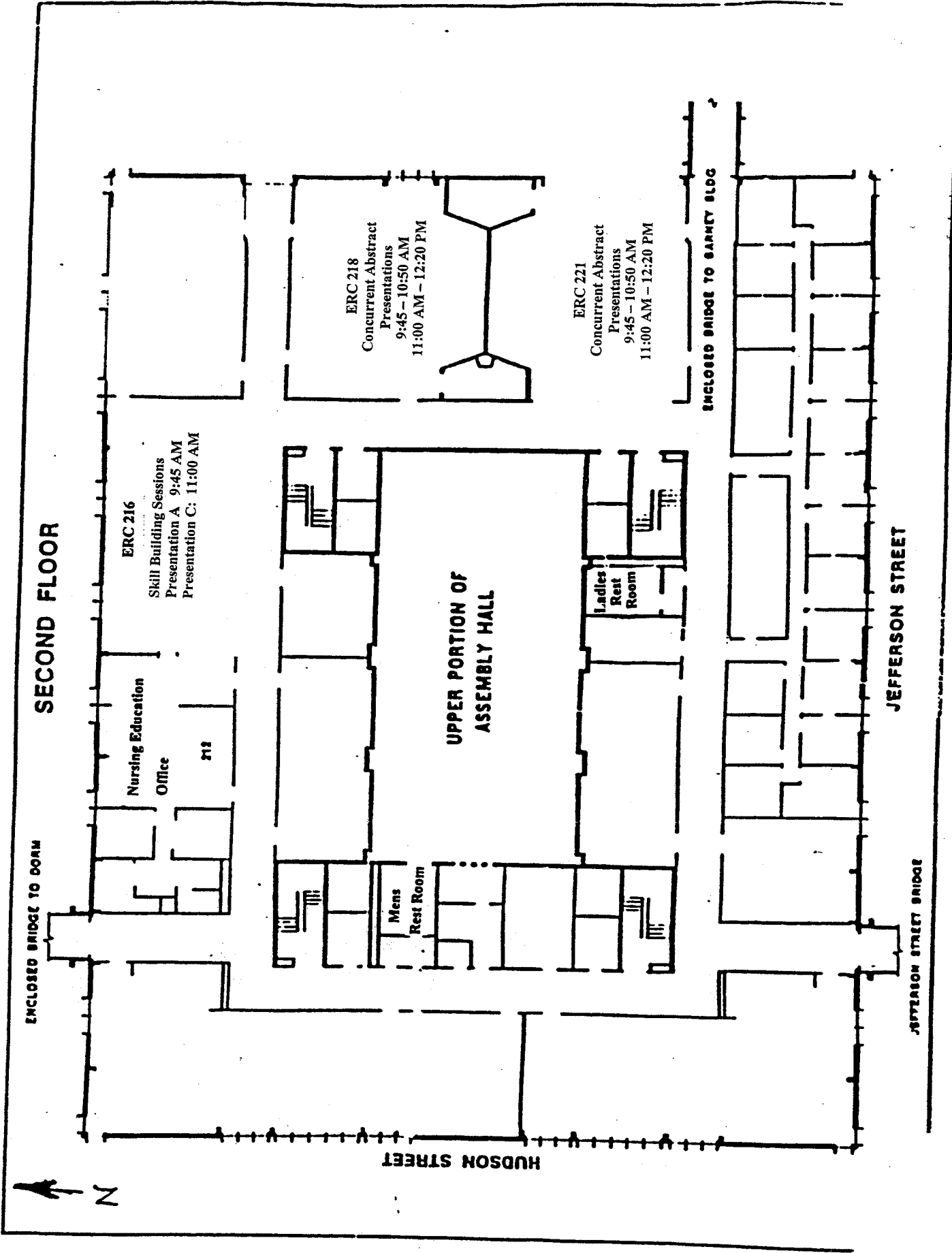
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ENCLOSED GALLERY TO CORN

TERRACE

Education & Resource Building

SECOND FLOOR



8TH Annual Research/Research Utilization Conference

**Evidence-Based Practice:
Transcultural Research in Cyberspace**

ACKNOWLEDGMENTS

8TH Annual Research/Research Utilization Conference

Evidence-Based Practice: Transcultural Research in Cyberspace

ACKNOWLEDGEMENTS

SPONSORSHIP OF KEYNOTE SPEAKER, JOSEPHA LAMPINHA-BACOTE Ph.D, APRN, CTN, FAAN AND PLENARY SPEAKER, DIANE SKIBA Ph.D., FAAN, PROVIDED BY AN EDUCATIONAL GRANT COURTESY OF GE HEALTHCARE AND ECLIPSYS.

SPECIAL THANKS TO MEMBERS OF THE CONFERENCE PLANNING COMMITTEE:

Janice Cousino, RN, MSN	Janice Lamb, RN, MSN
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Lynn Allchin, RN, Ph.D.	<i>University of Connecticut, Storrs, CT</i>
Catherine Gilliss, DNSc., RN, FAAN	<i>Yale University, New Haven, CT</i>
Dori Taylor RN, Ph.D.	<i>Sacred Heart University, Fairfield, CT</i>

Contact Hours: 5.7 CH's will be awarded to participants attending the full day conference and handing in evaluation form. For those unable to attend the entire day, individual contact hours will be awarded for Keynote Address and Plenary Address.

Hartford Hospital is an approved provider of continuing nursing education by the Connecticut Nurses' Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Contact hour approval does not imply ANCC Commission on Accreditation/CNA or Hartford Hospital endorsement of any commercial products displayed in conjunction with this conference.

8TH Annual Research/Research Utilization Conference

**Evidence-Based Practice:
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KEYNOTE ADDRESS

Josepha Campinha-Bacote, PhD, APRN, BC, CNS, CTN, FAAN

Dr. Campinha-Bacote is the President and Founder of Transcultural C.A.R.E. Associates, a private consultation service, which focuses on clinical, administrative, research, and educational issues in transcultural health care and mental health. She has worked with managed healthcare organizations, acute and long-term medical centers, outpatient healthcare organizations, academic institutions, community outreach centers and the federal government to enhance the level of cultural competence among their healthcare professionals.

She received her B.S. from the University of Rhode Island, her M.S. from Texas Women's University and her Ph.D from the University of Virginia. Currently, she is pursuing a graduate degree in Theological Studies. Dr. Campinha-Bacote holds several state, national and international certifications. She is Board Certified by the American Nurses Credentialing Center as a Clinical Nurse Specialist in Adult Psychiatric & Mental Health Nursing, certified by the Transcultural Nursing Society as a Certified Transcultural Nurse, and holds a Certificate of Authority from the Ohio Board of Nursing to practice as an Advanced Practice Clinical Nurse Specialist. In addition, Dr. Campinha-Bacote holds the academic title of adjunct faculty at several universities including The Ohio State University in Columbus, Ohio, Case Western University in Cleveland, Ohio, and the University of Cincinnati, in Cincinnati Ohio.

She has been the recipient of several national and international honors and awards, which include the Distinguished Lecturer Award from Sigma Theta Tau International, the Post-Doctoral Research Fellowship Award from the Ohio Department of Mental Health, and the Ethnic/Racial Minority Fellowship Award from the National Institute of Mental Health. Dr. Campinha-Bacote is also a Fellow of the American Academy of Nursing.

Dr. Campinha-Bacote has given more than 1,000 national and international presentations on issues concerning transcultural health care and transcultural psychiatry. She has published over 50 articles in these specialty areas and has received external funding for her research projects. Dr. Campinha-Bacote has developed a conceptual model, "*The Process of Cultural Competence in The Delivery of Healthcare Services: A Culturally Competent Model of Care,*" which several colleges of nursing, pharmacy, social work, medicine and other allied healthcare disciplines are incorporating into their undergraduate and graduate programs. Based on this model, she developed the instrument, *Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals - Revised*, which measures the level of cultural competence among healthcare professionals.

In 2000, Dr. Campinha-Bacote served on the National Advisory Committee to the U.S. Department of Health and Human Services Office of Minority Health to develop standards for culturally and Linguistically Appropriate Services (CLAS) in Health Care. She currently serves as a consultant to the National Center for Cultural Competence (NCCC) in Washington, DC and to the Health Resources and Services Administration (HRSA) Managed Care Technical Assistance Center of the U.S. Department of Health and Human Services. She is also currently on the National Project Advisory Committee for the Culturally Competent Nursing Modules Project, sponsored by U.S. Department of Health and Human Services Office of Minority Health.

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PLENARY ADDRESS

Diane J. Skiba, Ph.D., FAAN is an Associate Professor and Health Care Informatics Option Coordinator at the University of Colorado Health Care Sciences Center. Since 1982, she has taught nurses in the field of nursing informatics. She currently is funded by the Health Resources & Services Administration (HRSA) Division of Nursing Advanced Nurse Education Training grant to prepare nurses in the field of informatics. This grant supports their online Master's degree program and funds the I-Collaboratory, an online community to support informatics learners.

A longstanding member of the American Medical Informatics Association, she served as the Chair of the Nursing Informatics Work Group (NIWG) and is currently chair of the NI-WG Membership Committee. She is the co-Chair of International Medical Informatics Association Nursing Informatics-Special Interest Group (IMIA/NI-SIG) Education Working Group. She has been a tutor on numerous occasions for the European Summer School for Nursing Informatics and is currently serving on their Professional Advisory Board.

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<http://www.uchsc.edu/nursing/informatics.htm>

8TH Annual Research/Research Utilization Conference

**Evidence-Based Practice:
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**CONCURRENT ABSTRACT
PRESENTATIONS**

Understanding Puerto Rican Women's Perceptions of Heart Disease and Help-Seeking Behaviors Utilizing Focus Group Data

Authors: Sharon Benard, Jennifer Cooper, Ellen Fahey, Marlain Kalapos, Donna Tice, Nancy Wang, Nancy Watsky, Jean Lange

Purpose and Rationale: The purpose of this pilot investigation is to explore Puerto Rican (PR) women's knowledge, experiences, and help-seeking behaviors regarding coronary heart disease (CHD) symptoms and management.

Research Questions:

1. Do PR women at risk for heart disease know the symptoms and risk factors of CHD?
2. Do PR women who have experienced possible CHD symptoms associate these with CHD?
3. Among PR women experiencing symptoms of CHD, what actions or remedies are taken to remediate their symptoms?

Synthesis of Review of Literature: Heart disease is the leading cause of death and disability in the United States. PR women are at greater risk, with mortality rates 20% higher than Cuban or Mexican American women, and 15% higher than Caucasian women. CHD has not declined proportionately among Hispanics compared to other groups. Studies show that Hispanics are less likely to know about risk reducing lifestyles or to attend cardiovascular screenings. PR tradition supporting the use of readily available native remedies may influence the help-seeking behaviors among PRs experiencing symptoms of CHD. Current studies have not explored behaviors in this high-risk group, or what knowledge PR women possess regarding CHD symptoms.

Methods/Procedures: Five bilingual women of Puerto Rican heritage recruited from a Bridgeport community center consented to participate in an audiotaped focus group interview. Data was analyzed inductively through textual coding to elicit themes and answer the research questions. Ethnograph software facilitated data management. Control strategies included purposive sampling and verification of the interpretation by colleagues. Details regarding the decision trail and rich excerpts from the transcription substantiate the interpretation and facilitate auditability. Leininger's Culture Care theory was used as a framework in anticipation that cultural beliefs may play an important role in how these women manage CHD symptoms.

Results: Seven themes emerged: perceptions of symptoms, experiences with heart disease, health beliefs, treatment modalities, risk factors, emotions, and prevention/education. Collectively, the informants identified many CHD symptoms typically reported by women. Despite high prevalence among Puerto Rican women however, they were unaware that cholesterol, diabetes or hypertension were related risks. None felt they had adequate information about CHD, nor recognized it as their most likely cause of death. Preferred treatments ranged from ignoring symptoms to using native remedies or seeking medical advice. Fear of embarrassment from overreacting to symptoms was common. All expressed the need for more information regarding CHD prevention. Impact of cultural beliefs on participants' interpretation and management of CHD symptoms supports Leininger's theory.

Discussion/Application to Practice: Provision of culturally competent education about symptoms, risk reduction and management of CHD could promote earlier diagnosis among this under-recognized, high-risk group and is a priority for health care providers working with this population. Further research with larger samples is needed to more fully understand perceptions and practices regarding heart disease among Puerto Rican women.

Theory, Practice, Research: A Transcultural Nursing Experience in Ecuador

Barbara Thompson, RN...
ETC

Leininger's Theory of Transcultural Care framed the experience of 5 registered nurses who joined an interdisciplinary surgical team for a second humanitarian mission to Ecuador in 2004. Under the auspices of the "Healing the Children Foundation," the team's goal was to perform corrective surgery on children in need of orthopedic, dental, ENT and urological repairs. This presentation describes nurses' involvement in the project, highlighting how theory guided their preparation and assisted them in assessing, planning, and adapting care in a vastly different culture. The presentation focuses on what nurses learned from their transcultural experience, illustrated through photographs and stories about the children and their families. Reflecting on their trip, nurses raised questions about clinical practice with diverse cultural groups that are amenable to nursing research.

ABSTRACT: Mothers' Experience of Communicating with their Young Adolescent Daughters

Debra Ann Hrelac, Ph.D.

University of Connecticut, 2003

The purpose of this study was to explore the lived experience of communication between mothers and their young adolescent daughters from the mother's perspective.

This was a descriptive qualitative study influenced by phenomenology. Data collection consisted of one-on-one guided interviews with nine participants. Colaizzi's method of phenomenological analysis influenced the methodology of this study. Participants of this study were required to be mothers of young adolescent daughters between 11 and 13 years of age, and in the 6th through 8th grade in school. There were no age restrictions on the mothers in this study. Each interview began with this research statement.

"Please describe for me your experience of communicating with your young adolescent daughter. Describe for me your thoughts, feelings, perceptions surrounding this experience until you feel that you have nothing left to discuss about it." Data were collected until saturation was reached. Data were grouped into six reoccurring themes. The six themes emerging from this study were: 1) Timing is everything; 2) Walking on eggs...it's not always easy; 3) When it works, it works; 4) Listening to the sounds of silence; 5) The truth, the whole truth and nothing but the truth; 6) Change...can a leopard change its spots? By enhancing family communication, and in particular mother-young adolescent daughter communication, health care providers can assist families to achieve a smooth transition through this difficult period of development. Existing research attempts to adequately cover the trials and tribulations of

adolescence, but mother-young adolescent communication is not sufficiently addressed.

Findings from this study demonstrate the richness of data in this area and indicate a need for further exploration. Nursing research would benefit from the insight that emerges from family communication and family relationship studies, and in particular studies involving young adolescents.

Abstract:
Prevalence of Childhood Obesity in a Connecticut City:
Kindergarten and Third Grade
Patricia Herrera, BSN, RN
University of Connecticut

Purpose & Rationale: Childhood obesity has become a public health concern for various reasons. Due to the dramatic increase in prevalence of childhood obesity, more children will have poor health at an earlier age. In addition, it is a difficult epidemic to battle since there are many contributors that children are exposed. The key treatment for childhood obesity today is prevention but prior to the implementation of a childhood obesity program, a needs assessment is imperative. The purpose of this descriptive, longitudinal cohort research study was to assess body mass index-for-age status of current third grade students in the elementary schools in a Connecticut city and compare to their kindergarten body mass index-for-age status (n = 740).

Research Questions: Two research questions were identified to provide structure to the study. They are as follows: 1) What is the prevalence of overweight status of a cohort group from kindergarten to third grade in this Connecticut city as compared to the national reference data (NHANES 1999-2000)? and 2) Is there a relationship between race and weight status categories, according to BMI-for-Age, of this cohort group in this Connecticut city?

Synthesis of Review of Literature: Childhood obesity has become an epidemic in the United States, due to its increasing rates of prevalence in the last couple of decades. According to the National Health and Nutrition Examination Survey (NHANES of 1999-2000), ten percent of children ages two to five years of age were overweight; and fifteen percent of children ages six to eleven years of age were overweight ("National Center for Health Statistics," 1999).

Methods / Procedures: All current third graders in a south central Connecticut city that had been in the city school system since kindergarten were included in the sample (n=740). The sample's data of height and weight were obtained by school nurses from their school records. A form was developed called a Growth Tracking Form, which included the following data: date of birth, sex, race, kindergarten height and weight, and third grade height and weight. The school nurses retrieved the kindergarten height and weight information from the student's health chart. Race was determined by information on school records.

Results: An increase in prevalence of overweight status was noted to occur in a comparison from kindergarten (17%) and third grade (28.8%) of the same cohort. In addition, these results were found to be higher than the national reference data. The Pearson Chi-Square was used to analyze the association between weight status and race. No association was found between weight statuses and race in this study sample, which is contrary to the results found in the national reference data.

Discussion / Application to Practice: Since the study results found a higher prevalence rate not only from kindergarten to third grade but also in comparison to the national reference data, there is a well-defined need for childhood obesity programs to be implemented. It is important that interventions be initiated, in order, to enhance the students, faculty, and school nurses' awareness of the importance of nutrition and physical activity education programs.

Wound Hypothermia: Prevalence in Chronic Wound Care

Lisa Q. Corbett APRN CS CWOCN, John A. Montminy DO, George A. Perdrizet, MD PhD CWS, Center for Wound Healing and Hyperbaric Medicine, Hartford Hospital and University of Connecticut School of Medicine, Hartford, CT.

860-545-1115. Lcorbet@harthosp.org

Background: All homeothermic organisms have evolved mechanisms for rigid temperature regulation, slight deviations can have severe detrimental consequences for the host. A review of the literature on wound temperature failed to demonstrate a systematic survey of wound temperatures in patients with chronic lower extremity ulcers. We tested the hypothesis that chronic lower extremity wounds are hypothermic relative to surrounding skin.

Methods: Temperatures were recorded with a non-contact infrared thermometer (Derma-temp, Exergen, Brampton, ON) under standardized conditions. Six sites were routinely monitored during wound visits: 1. Wound Bed (WB), 2. Proximal Site (PROX) 3 cm distal to fibular head, 3. Distal site (DIS): dorsum of foot, 4. Contra lateral site (CON): mirror image of contra lateral leg, 5. Ambient temperature (AMB). Demographic and wound data were recorded. Mean temperatures were compared using a two-tailed Students t-test.

Results: 67 patients (36 female, 31 male) mean ages 65.7 ± 17 years were tested. Mean wound age 32 ± 18 weeks, wound etiology included Venous (N=43), Arterial (N=5), Mixed (N=6) and Other (N=13). Temperatures (mean \pm SD, °F) in the WB (84.8 ± 3.5 , range 77-90.5) were lower than PROX (86.8 ± 2.2 , range 82.4-90, $p=0.0002$) and CON sites (87.8 ± 3.4 , range 83-92, $p=0.0008$) but not different from DIS (83.7 ± 4 , range 77-92, $p=0.7$).

Conclusions: Chronic wounds are hypothermic relative to surrounding intact skin. Wound hypothermia may effect cellular and biochemical processes thought to be critical to successful wound healing.

References:

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3. Cherry, GW and Ryan, TJ. Enhanced wound angiogenesis with a new hydrocolloid dressing. In, *An Environment of Healing: The Role of Occlusion*, TJ Ryan, ed. Royal Society of Medicine International Congress and Symposium Series No. 88, London, 1985.
4. Rabkin, JM and Hunt, TK. Local heat increases blood flow and oxygen tension in wounds. *Arch Sur* 1987; 122:221-225.
5. Horzic, M et al. Three dimensional observation of wound temperature in primary healing. *Ostomy Wound Manage* 1996;42:38-47.
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Capital Area Nursing Research Alliance
October 2004

ABSTRACT

The Safe Order Program: A Payer-Provider Collaborative to Reduce Medication Errors

Colleen O. smith, MSN, RN,C

The Safe Order Program (SOP) is a collaborative project between the hospital and a managed care organization generated by mutual goals related to both patient safety and payment for quality performance systems. The SOP requires that all physician medication orders must meet standard-based criteria prior to transcription. In one year, the SOP reduced unsafe medication orders from 68% to 16%. Medication error rates decreased by 50%.

The hospital has a twenty-year history of monitoring and improving medication systems. It reports an impressive improvement record in medication error rates. In 2002, error rates were statistically very low (0.0001*). However, the percentage of errors caused by transcription was 30%. To address this, the hospital budgeted for implementation of an electronic physician order entry system in 2004 to eliminate the predominant root cause of medication errors.

Meanwhile, the hospital aggressively pursued other strategies to reduce transcription error. When a third party payer organization offered a substantial financial incentive to improve patient safety, the hospital proposed the Safe Order Program. Adapted from a successful project that originated in Connecticut Children's Medical Center, the SOP key element is mandatory "sign off" by the RN and MD on the safety of all medication orders prior to transcription.

The presentation describes the rapid evolution, implementation, monitoring, and evaluation of SOP, ongoing challenges, and future strategies to totally eliminate unsafe medication orders. Much of its success is derived externally from the collaborative payer incentive model and, internally, from the physician/nurse champion model that serve as its operational base.

* 11.29 per 100,000 doses (0.0001)

Capital Area Nursing Research Alliance
October 2004

An Evidence-Based Inpatient Fall Prevention Program

Our inpatient Fall Prevention Program is an innovative, data-driven, evidence-based, multidisciplinary initiative that is successfully reducing falls in a vulnerable patient population. A description of the Program's evolution illuminates the "forces of magnetism" alive in our organization as the power and energy behind its success.

In 2003, fall rates for our hospital inpatient medical-surgical nursing units were exceeding national benchmarks according to reports from the National Database for Nursing Quality Indicators. Nurse leaders convened an interdisciplinary team to develop, institute, and evaluate an evidence-based fall prevention program. The Fall Prevention Team includes nurses, patient care technicians, pharmacists, nutritionists, physical therapists, engineering staff, educators, and community volunteers. The Team relies on scientific process, project management and CQI principles, and standards of excellence as the theoretical framework for accomplishing its task.

Developing the Fall Prevention Program was a systematic, multi-step process that is now being replicated in seven other high-risk areas across our service continuum. The Team began with an in-depth analysis of fall data. A flow chart of current processes revealed several gaps in structure and process. Next, the team conducted an extensive search of the literature for best practices with each member sharing responsibility for critique of a broad base of literature. At monthly meetings, the Team analyzed empirical and scholarly evidence as the basis for creating new forms and processes for risk identification, assessment and monitoring of fall risk patients.

The presentation summarizes evolutionary steps of the Fall Prevention Program and the outcomes we are achieving in reducing inpatient falls.

Marge Faraci, MSN, RN
Director, Inpatient Services
Middlesex Hospital
Middletown, CT

A Community Based Diabetes Initiative and Partnership

Middlesex Hospital & Integrated Resources for Middlesex Area

Kathleen McKinnon, RN, BSN, CDE, Nurse Case Manager

Diabetes is a chronic, lifetime illness, requiring numerous lifestyle changes on the part of the patient. Patients are often required to receive healthcare services from many different sources. Lack of communication between these different sources including primary care providers, specialists, diabetes educators and nutritionists often results in uncoordinated, disjointed and inefficient delivery of care. The Aetna Foundation has been a strong supporter of programs focused on improving the quality of healthcare for patients with chronic illnesses from medically under-served populations. A grant was provided to sponsor specific programs in Hartford and Middletown.

Two organizations in Middletown have played a leading role in providing care to patients with diabetes. The community Health Center, Inc, with health centers in six cities in Central and Southeastern Connecticut, and located in Middletown's north end, is the main provider of medical care to the under-served community in Middletown. Middlesex Hospital has an ADA recognized Diabetes Education Program. While the Middlesex Hospital/IRMA program has been available to CHC patients, both organizations felt that a more integrated approach to diabetes care would result in better access for under-served patients, higher utilization of services and improve coordination of care.

Using guidelines from the American Diabetes Association, Middlesex Hospital's program encompasses educational, clinical, fiscal, and social interventions aimed at achieving/exceeding established benchmarks and reducing variation in practice. The two diabetes educators and a Registered Dietician from Middlesex Hospital, set up the program to include on-site provision of individual diabetes education and self-management training, group education sessions and close monitoring of progress and outcomes using a computerized diabetes care registry.

To better track patient's progress, information was entered into a computerized registry called CDEMS (Chronic Disease Electronic Management System.) This registry has allowed providers to keep track of patient outcomes and evaluate the impact of the program and self-management goals.

Program outcomes include 100% of patient's meeting at least one self-management goal. Of the 45 patients in program, 37 had at least one A1C assessed. Of those who had pre and post participation HbA1C, the average results declined from 9.3 to 8.2.

The focus of any "pilot program" should have the ultimate goal of being able to spread the impact to a larger population. The program was so successful that it formed the basis for a grant application to the Robert Wood Johnson Foundation. This grant entitled Advancing Diabetes Self-Management was funded for \$300,000. CHC is one of only six sites in the country to have received this award. The CHC providers and the Middlesex Hospital diabetes case managers, nurse educators and Registered Dietician continue to nurture the collaboration by ongoing referrals for those CHC patients with diabetes that would benefit from intensive case management services.

FDA Dietary Supplement Tips and Intention to Continue Supplements
Deborah Dillon McDonald, Susan Czarnecki, Nicholas Nicholson, Racquel Palmér, Kelly Ulm,
Virginia Chartier, Beth Hartin, Sharon Hull, David Lachance, Larissa Martineau,
Theresa Rachek, Olga Selikhov, Mark Siegal,

Purpose & Rationale: An estimated 40% to 48% of American adults regularly use a dietary supplement despite the fact that adverse events might occur with some supplements. To avoid adverse events, people need to be able to evaluate the safety of their diet supplements. The purpose of our research study was to test how reading a pamphlet based on the FDA dietary supplement tips affects the behavioral intention to continue to use and recommend dietary supplements.

Design: A posttest only two-group design was used with the treatment group reading the pamphlet containing the FDA dietary supplement tips for consumers and the comparison group reading a pamphlet containing healthy diet information.

Sample: A convenience sample of 113 adults who had used a diet supplement within the past month, were randomly assigned to either the treatment or comparison group.

Procedure: Participants in both conditions were given a questionnaire and information packet, which appeared identical. Data collectors were blind to the condition. All participants completed the Dietary Supplement Questionnaire describing their general health, demographics, and use of diet supplements. Treatment group participants then read the revised FDA *Tips for the Savvy Supplement User* pamphlet while comparison group participants read a pamphlet on healthy food shopping. Both groups then responded to the probability that they would continue using their supplement(s) and the probability that they would recommend their supplement(s) to someone else. Participants were then debriefed. Content analysis by pairs of independent raters determined diet supplement safety and the potential for medication interactions.

Results: Preliminary analyses revealed that significantly more people in the treatment group responded that diet supplements were not safer than medications, 61.2% versus 38.8% of the comparison group, $\chi^2(1) = 3.91, p < .05$. No significant difference resulted between groups for intention to continue to use or recommend diet supplements. Further analysis was conducted with only participants who responded that diet supplements were safer than medications and who identified a health problem. A significant difference emerged for intention to recommend the supplement, $t(31) = 2.69, p < .012$. The mean response to the probability of recommending the supplement was 57.9% ($SD = 33.55\%$) and 81.6% ($SD = 16.42\%$), respectively for the treatment and comparison group. The difference remained statistically significant with equal variances not assumed, $t = 2.44, p < .026$. Twenty participants (18.2%) either used supplements unsafely or had the potential for an unsafe medication interaction.

Conclusion & Implications: People with health problems who believed that diet supplements are safer than medications were less likely to plan to recommend their diet supplement to others after reading the revised FDA *Tips for the Savvy Supplement User* pamphlet. The pamphlet might make diet supplement users hesitate about encouraging others to use diet supplements. The majority of the participants were taking dietary supplements safely. Further study is needed to examine the effect of the pamphlet with people taking potentially harmful dietary supplements. A lower probability of recommending diet supplements to others is a helpful starting point for safer diet supplement use by consumers.

8TH Annual Research/Research Utilization Conference

**Evidence-Based Practice:
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POSTER PRESENTATIONS

Elders' Use of Community Services: Toward a Safe Environment for an Independent Aging Population

Chi Nguyen, MSN, RN

Purpose and Rationale: The purpose of this qualitative study was to look at the various resources the elderly use to remain independent in the community. The study focused on elderly women since their needs seemed to be different from men.

Research Question: What are the resources that are helpful to elderly women in maintaining their independence in the community?

Synthesis of Review of Literature: A literature review reveals that a higher proportion of non-metropolitan elderly persons report their health as "fair" or "poor" than metropolitan elders (U.S. Census Bureau, 2000). Data show that men adopt a more logical and pragmatic approach while women view receiving help as a loss of independence and an invasion of privacy (Roe, Whattam, Young & Diamond, 2001). Also, characteristics of caregivers and care recipients need to be considered when predicting the utilization of formal services in the home (Houde, 1998). Some findings suggest that attachment and demographic variables are significantly and positively correlated with a perceived high quality of life (Rickelman, Gallman & Para, 1994). A greater number of persons actually need home services, and there is a growing unmet need (Goins & Hobb, 2001). Studies show that the care-seeking process comprises two phases: care eliciting and care engaging (Russell, 1996), and support how basic human values such as family obligations, reciprocity and need for control do influence the tendency of people to obtain help (King, Collins & Liken, 1995).

Methods / Procedures: This qualitative study used the phenomenological method. A purposeful sample of fifteen women (with age range from 65 to 81) was recruited from three senior centers and two town community centers in Connecticut. Men were excluded from the subject selection as this study focused on the perceptions of women toward receiving care. Participants were told the purpose of the study and were asked to sign a consent form prior to the interview. Data collection was achieved through in-depth open-ended interviews. Data analysis included descriptive statistics and use of the Colaizzi (1978) method.

Results: The data describing the experience of elderly women receiving services in the community were grouped into four themes: 1) Overcoming the reluctance to accept help; 2) Finding quality services / Coping with poor services; 3) Having the right length of services; 4) Receiving emotional care / Connectedness. Viewing receiving services from agencies or family members and friends as a way to

remain independent at home emerged as the concept most central to the women's interpretation of this experience.

Discussion / Application to Practice: Although quality of life was an attribute of the subjects' living arrangement compared to nursing home residency, their quality of life might be different than the one assumed by researchers. Independence and control are maintained through choice, payment and involvement in decision-making. The findings of this study suggest that agency staff need to be more sensitive to the clients' needs. This is a difficult task as needs sometimes are not verbalized. Informal caregivers (family members or friends) may find the caregiving experience mentally exhaustive and influenced by the family dynamics. Care recipients need to be encouraged to view the services provided as a tool toward regaining independence more than a substitute for one's independence.

The Experience of Being Unemployed, Uninsured, Aged 47 to 64 with a Chronic Disease

Loan Nguyen, MSN, RN

Purpose and Rationale: The purpose of this qualitative study was to describe the health status of uninsured, unemployed persons, aged 47 to 64, with a chronic illness.

Research Question: What is the experience of persons aged 47 to 64 who are uninsured, unemployed and have a chronic disease?

Synthesis of Review of Literature: Data show that by year 2000, health care costs would surpass 1.7 trillion dollars or 18 percent of the Gross National Product (Lee & Estes, 1997). In the meantime, the uninsured population in the United States has increased from 38.7 million in 2000 to 41.2 million in 2001 (U.S. Census Bureau, 2002). However, only an approximate 20 percent of eligible people participate in COBRA due to financial reasons (Claxton, 1996). Studies suggest that health insurance is a critical factor in access to health care services (Smith-Campbell, 2000). Over one million adults with disabilities do not take their medications as prescribed because of cost, and more than half suffer health problems as a result (Kennedy and Erb, 2002). Also, low socioeconomic status in middle age and at retirement age is frequently associated with increased morbidity in old age (Breeze et al, 2001). Finally, lacking health insurance increases the risks of subsequent mortality (Franks, Clancy & gold, 1993).

Methods / Procedures: This was a qualitative phenomenological study. A purposeful sample of nine subjects was recruited by word-of-mouth, flyers in supermarkets, advertisement in newspapers and in employment agencies. Participants were given an explanation of the purpose of the study and asked to sign a consent form prior to the interview. Individual open-ended interviews were tape-recorded. The Colaizzi (1978) method was used for data analysis.

Results: Five themes emerged from the data as common responses to the phenomenon of being unemployed and uninsured: 1) Poorly managed illnesses result in crisis and hospitalization; 2) Intense anxiety (stress); 3) Despair (also described as withdrawal and depression); 4) Adopting alternative measures; 5) A search for meaning.

The concept identified was the impact on a person's holistic health by the dual phenomenon of being chronically ill and lacking the means to manage the illness; this was evidenced in the study by the progression from poor physical health and stress of unemployment toward the development of emotional disorders.

Discussion / Application to Practice: The results of the study call for social measures addressing the needs of the holistic person, instead of addressing the disease entity itself. Nurses and social workers in community settings have the responsibility to make resources available to local residents before emergencies occur as a result of mismanaged illnesses. Local papers, public libraries, employment agencies and town halls need to post phone numbers for food assistance, short-term medical and prescription assistance in a visible location as most people are afraid or embarrassed to ask.

THE EXPERIENCE OF CARING FOR A DYING PERSON THE NURSING STUDENT'S PERSPECTIVE

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End of life nursing care content at the undergraduate level has been identified as "very important" by 90% of surveyed nurses (Ferrell, et al. 2000). Yet between 52% and 71% of these same nurses thought their own undergraduate education was not adequate in end of life content. Undergraduate nursing educators must address this discrepancy. The purpose of this phenomenological study was to discover the lived experience of caring for a dying person from the nursing student's perspective.

Junior nursing students, during their adult health clinical course, were invited to talk with the researcher about their experience of caring for a dying person while in the clinical setting. Twelve (12) students volunteered to talk about their experience over a two semester time period. IRB approval was granted and all students signed consent forms. The discussions were audio taped and transcribed verbatim. All discussions began with the researcher asking the volunteer to "Describe your experience of caring for a dying person while in your clinical setting." Brief prompts, such as "go on" and "can you explain that in more detail," were used to help the volunteer expand on their descriptions and feelings.

While the discussions varied in length from approximately 15 to 45 minutes, each volunteer was able to describe in detail her experience of caring, both physically and emotionally, for the dying person. Each volunteer also spoke of personal thoughts and reflections when their time of caring for the dying person was over.

Analyzing the transcriptions by the Giorgi method, three major themes emerged: the experience was beneficial, it was uncomfortable not knowing what to say or do, and personal reflections emerged when the experience was completed. Because these themes were clearly evident in most discussions, recommendations based on this sample are made.

Conference participants viewing this poster will be able to list the major themes gleaned from the student volunteers and discuss their implications to undergraduate nursing education for end of life nursing care content. Viewing participants will also be able to describe suggested interventions to enhance the undergraduate experience of caring for a dying person.

Improving undergraduate education in end of life nursing care issues is a matter of importance to all schools of nursing and health care agencies. By describing the actual undergraduate experience of caring for dying individuals while in their clinical setting, educators can start to address specific interventions to improve the student's experience in this area. If educators can take steps to increase student knowledge, understanding, and acceptance of caring for dying persons, then student comfort with the situation, confidence, and skills in end of life care will likely improve. More knowledgeable and confident nursing students will lead to more knowledgeable and confident graduate nurses. The goal, as always, is to improve the care of individuals, and their families, facing the end of life.

**ABSTRACT FOR POSTER DISPLAY – 8TH ANNUAL RESEARCH CONFERENCE,
OCT. 1st, 2004**

Purpose and Rationale: Falls are a major healthcare concern for older adults residing in hospital settings. Donnelly One North (D1N) has aggressively implemented a number of chart and clinical interventions to ameliorate the problem. Nonetheless, falls still occur, and it appears that perhaps different patterns of fall risk factors may be evident. The purpose of this study is to:

- 1) Translate the data from the aggregate level analysis to the individual patient level.
- 2) Examine the relationship between the Fall Prevention Protocol and type of fall;
- 3) Examine the relationship between the Fall Prevention Protocol and patient characteristics;
- 4) Examine the rate of repeat falls by individual patients;
- 5) Compute the probability of falls on a daily basis.

Synthesis of Review of Literature: Literature review emphasizes that falls are one of the most preventable health problems we face. Falling is a huge factor in contributing to decreased health in older adults. It happens to millions of older people each year, with serious physical and functional consequences. Several key risk factors that cause falls have been identified in the literature, including chronic illness, medication use, and cognitive disorders.

Methods/Procedures: Collect Fall Prevention Protocol Sheets on every new admission on Donnelly One North for one month, providing a baseline of fall status for every patient on admission. Track every patient fall that occurs on the unit for one month. Look at census, staffing, medications, use of ECT, and other important variables that may have affected patient's mobility, balance and cognition.

Results: Pending

Discussion/Application to practice: The clinical application of the findings will be used to more effectively target at risk patients. Our goal is to learn as much as we can about how falls happen on our unit. This knowledge will assist us in our continuing efforts to reduce/prevent falls in our patient population.

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Unit Director, Institute of Living
Cynthia Gruman, PhD, Interim Director
Braceland Center for the Mental Health
Network

Abstract

Poor communication between staff nurses and lack of consistency in care were identified as problems in a Pediatric ICU in a freestanding children's hospital in New England. A task force staff nurses was created to explore different models of patient care delivery and make a recommendation for the unit. Information was gathered through a literature search, by benchmarking with other children's hospitals, and through discussions with peers. A model of primary nursing was developed to fit the unit's unique needs. A trial was implemented in April 2003, and the model continues to evolve based on feedback from staff. In general, the nursing staff feel communication and consistency of care have improved.

Key Words: PICU, PRIMARY NURSING

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A Study to Examine Availability of Advance Directives for Care Planning on a Palliative Care Unit

Authors: Elizabeth Lada-Morse RN, MSN and Celeste Yanni RN, MA

Purpose and Rationale

Only a small numbers of people in the general population, in long term and acute care facilities have executed Advance Directives (AD). Clear understanding of an individual's end of life preferences allows health care professionals to develop patient centered care plans across an individual's disease trajectory.

Palliative care focuses on enhancing comfort and promoting quality of life as defined by patients in discussion with their health care providers (Standards, National Hospice and Palliative Care Organization). The process of AD completion promotes conversations between clients and their care providers. This study will collect data on the patient characteristics and number and timing of the signing of AD on an inpatient palliative care unit.

Research Questions

In this exploratory study we will establish a baseline rate of documented and available AD for clients categorized by diagnoses that are admitted or transferred to the palliative care unit of an eight hundred-bed acute care hospital. How many and what are the characteristics of patients who sign AD. What is the relationship between time in the hospitalization when AD were completed and death on the unit?

Synthesis of the Literature:

In 2003, 50% of all deaths occurred in acute care facilities. Projected execution of AD by this population varies widely, from 1-40% (Burns, et al 2003, Miles, et al, 1996). Hospital based MDs, emergency and critical care physicians report that AD contribute to more accurate EOL decisions (Coppola et al, 2001). Chronically ill elderly who have discussions about AD with their primary care physician report an increase in their satisfaction with care (Tierney, Dexter, Gramelspacher, 2001). Family members of patients with AD report less stress when they must communicate treatment wishes (Curtis, et al 2001).

Methods/Procedures

Retrospective chart review of all clients admitted to the palliative care unit for the calendar year 2002-2003 and for which AD status is available. Summary of descriptive characteristics of population including age, sex, diagnosis, length of stay and day of death, where applicable, content of directive and time of signing in course of illness trajectory, where determinable.

Results

Currently in process. The projected completion date is August 2004.

Discussion/Application to Practice

In compliance with the policies of this acute care institution "each competent adult patient 18 years of age or older or their representative, upon admission" receives written information regarding the patient's right to accept or refuse medical treatment. The ability of health care staff to encourage execution of an AD enhances health care provider, patient and family

satisfaction with care. Therefore it is important to understand the demographics of the patient population who has AD and when in the course of hospital stay they are signed as well as who does not have AD. Knowledge of our success and failure rates will contribute to the planning of educational content for both staff and patients on these important measures of self determination.

MATH COMPETENCY SKILLS FOR MEDICATION ADMINISTRATION AN INTERVENTION STUDY

Lynn Allchin, RN; PhD
John McNulty, APRN, MC, BC
E. Carol Polifroni, RN, EdD, CNAA

The University of Connecticut School of Nursing

It is essential that nursing students be able to perform basic mathematical skills proficiently to provide safe nursing care in the clinical setting, and beyond graduation. The purpose of this intervention study was to determine if repeated exposure, over a semester's time, to math problems/skills would affect over all math comprehension and demonstration at the end of that semester.

The study was a pre-post test correlation design with all (n=96) junior students in a baccalaureate program in Northeastern United States. A math test for medication administration was administered to all 96 students at the beginning of the fall 2003 semester. The undergraduate program coordinator created twelve clinical groups. The twelve groups were randomly assigned to experimental (n=6) and control (n=6) groups. Over the course of the fourteen-week semester, the experimental group received six interventions of researcher designed math related worksheets. The worksheets provided opportunities for the clinical instructor to review responses, provide clarification, and to share correct answers to the problems posed. The control group received six researcher-designed worksheets on physical assessment. A math test was administered to all 96 students at the end of the fourteen weeks. Afterwards, the control groups received the math worksheets and the experimental groups received the physical assessment worksheets. Data collection was completed on 12/5/03. The data will be compared using standard statistical measures and on the basis of conceptual, mathematical and measurement assessments.

Conference participants viewing this poster will be able to discuss and compare pre- and post- math test scores for experimental and control groups. Viewing participants will also be able to discuss the findings of continual math exposure on this group of undergraduate nursing students and appropriate recommendations.

Medication errors, often related to poor or limited math skills, are an on-going problem. In consultation with colleagues who teach math and are mathematicians, their sole suggestion for correction of a defined math deficit was continual and frequent exposure and practice. Thus, the interventions designed in this study were aimed at meeting this need. If the data illustrates significant differences between control and experimental groups, the interventions will be recommended for use on a regular basis in all baccalaureate programs as well as in service areas where medication errors are made.

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POSTER CRITERIA

POSTER CRITERIA FOR AWARDS

We welcome your participation in selecting outstanding poster presentations for recognition awards. First, second and third place ribbons will be awarded to posters judged to be worthy of merit. During the 9:15-9:45 AM break, conference participants should:

1. Review all poster stations located in the Formal Lounge area. *Poster tables will be numbered.*
2. After reviewing all poster stations, use the poster criteria described below to choose the *ONE* poster that you felt best meets the awards criteria. Circle rank score for chosen poster.
3. For the poster you choose, assign the poster number (number on the table) on this form. ***VOTE FOR ONLY ONE POSTER EXHIBIT***
4. Fold the form in half and place in the labeled box on the Registration Table by 10:00 AM. *All voting must be completed by 10:00 AM as box will be removed for tabulating at that time.*
5. Ribbons will be awarded by the Awards Committee. Winners will be acknowledged at 1:10 PM, in the Heublein Hall, just prior to start of Plenary Address.

POSTER CRITERIA FOR AWARDS

POSTER # _____ Scale: 1=Poor 2=Fair 3=Good 4=Very Good 5= Excellent

CRITERIA	RANK				
1. Poster is attractive and draws attention (good use of color, pictures, graphs, etc.)	1	2	3	4	5
2. Important descriptors included in presentation.	1	2	3	4	5
3. Statistical findings & analysis included and was easy to understand (if N/A, delete this item)	1	2	3	4	5
4. The presentation "flows" from the study hypothesis (research question) to design, implementation, results and conclusions, in an organized fashion.	1	2	3	4	5
5. Implications for change in practice evident.	1	2	3	4	5
6. Viewer is able to grasp the total message in 5 minutes or less.	1	2	3	4	5

NOTE: All completed ballots for poster awards must be in ballot box by 10:00 AM. Please remember to only vote for ONE poster. Thank you.

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EVALUATION FORMS

8TH Annual Research/Research Utilization Conference

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**9th ANNUAL RESEARCH/RESEARCH
UTILIZATION CONFERENCE**

“LIVING WELL AND AGING WELL”

Keynote Speaker is Elizabeth Capezuti RN, Ph.D., ARNP-BC, FAAN
Plenary Speaker is Barbara Mark Ph.D., FAAN, Associate Professor

October 28, 2005

Hartford Hospital
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