Happy New Year, Kentucky Nurses:

It is with great pleasure that I take on the office of the Kentucky Nurses Association (KNA) Presidency. I have reached a point in my life where service to my profession is paramount. I hope to visit the nursing schools and healthcare agencies across the state, as well as coordinate nursing programs/initiatives with specialty nursing organizations, capitalizing on members’ areas of expertise. I am following in the footsteps of a friend and mentor, Teresa Huber, who has included me in all things about our organization over the past year. She pushed me to read the bylaws and make improvements. This year, she will continue to guide me; the two of us will be serving you together. If you are a member, we thank you; if you are not a member, we hope to inspire you to join. Please consider helping us strengthen Kentucky nurses’ voice and the voice of the people for whom we provide care.

Our annual meeting concluded a two-day event on November 4, 2016, with renewed hopes of what we want the KNA to be, to become. Special thanks to Eula Spears, Ella Hunter, Maureen Keenan (our Executive Director), Lisa Snyder, and Michelle Lasley, for making the meeting such a success. In January, Kentucky nurse leaders will be gathering at Bardstown to strategize “dreams” for the next three years. If you have ideas or issues you want considered, please send them to your chapter president, or to me at khager@bellarmine.edu. We welcome all thoughts on what we should be doing, and how we can do our work better.

As Teresa Huber told you in the last President’s Pen, our cabinets and committees have already been very active in defining our future. The Ethics and Human Rights Committee, chaired by Nancy Barnum and Whitney Van Vactor, selected human trafficking and substance use disorder as initiatives that we take across the state for 2016-2017. Several chapters have already provided programs: key nurses, social workers, and health advocates across the state have inspired us in these areas. But we want to provide more than programs to the Commonwealth; we want to be the organizers and igniters of movements across the state that will make a difference in the profession of nursing and in the lives of those that live in the Commonwealth. Future dreams of the Ethics and Human Rights Committee include addressing bullying, saluting Veterans and trying to offer support on how we can thank our heroes and improve their lives. We will be soliciting the support of our nursing sub-specialty organizations in all of these endeavors.

The Governmental Affairs Cabinet, chaired by Shawn Nordheim, supported other interest groups across the Commonwealth, in getting a bill passed that requires CPR certification in the high schools. KNA wrote letters of support, but also provided manikins to each of the school districts across the state, to ensure that the legislation would not be stymied by the cost of the manikins. Teresa Huber and Maureen Keenan have been around the state, endorsing KNA’s support for the medicinal use of marijuana. This support is in synch with the American Nurses’ Association (ANA) white paper, which was published in 2010, and reinforced in 2016, referencing the data in support of marijuana’s ability to relieve symptoms of nausea and vomiting; stimulate appetite; relieve spasticity; and decrease symptoms of depression, anxiety and sleep disorders (Whiting, 2015). One of the four overarching purposes of the KNA is to work for the improvement of health standards and the availability of health care services for the citizens of the Commonwealth. In synch with this goal, Governmental Affairs will lead us in an initiative to ensure the continuation of the work ANA started with Nursing’s Agenda for Healthcare; recognizing health care as a human right.

The Education and Research Cabinet, chaired by Liz Sturgeon, provided continuing education approval for programs across the state (Judy Ponder), and sought posters for the annual KNA event. There were 26 posters selected, covering a multitude of high priority issues in nursing and healthcare. During 2016-2017, Karen Blythe, Chair of the Professional Nursing Practice and Advocacy Cabinet, hopes to address issues of nursing practice specific to Kentucky nurses. The Cabinet will be surveying the membership for areas of concerns and then seeking members to participate in issues panels and to provide education on the management of these identified issues.

KNA’s growth depends on membership growth; the more our membership grows, the more we can accomplish. Our vice president, Dana Todd, will be challenging us all to be involved and engaged, to do more for our profession. Please consider joining a committee or cabinet, asking a colleague to join our organization. Our nominating committee, chaired by Karen Newman, works hard to ensure great leaders for our organization. Please nominate yourself or a friend. We need new faces and hard workers ready to move us, and the people we serve, forward and upward. Special thanks to our out-going Board Members, Jo Ann Wever and Cathy Valazquez, for their service, and to all our members who serve on committees, cabinets, and in chapter leadership.
“The purpose of the Kentucky Nurse shall be to convey information relevant to KNA members and the profession of nursing and practice of nursing in Kentucky.”

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Information for Authors

**Kentucky Nurse** Editorial Board welcomes submission articles to be reviewed and considered for publication in *Kentucky Nurse*. Articles may be submitted in one of three categories:

1. Personal opinion/experience, anecdotal (Editorial Review)
2. Methodology/Research (Review Board Review)
3. Articles that arise from work not necessarily or directly related to Kentucky nurses (Editorial Board Review)

**Authors may be submitted in one of three categories:**

- Personal opinion/experience, anecdotal (Editorial Review)
- Methodology/Research (Review Board Review)
- Articles that arise from work not necessarily or directly related to Kentucky nurses (Editorial Board Review)

**Submission Guidelines:**

- Articles should be mailed, faxed or emailed to: Kentucky Nurse
- Articles should also be submitted electronically when a manuscript is submitted. The Manuscript Checklist can be found at www.kentucky-nurses.org.
- Manuscripts should be typewritten with double spacing on one side of 8 1/2 x 11 inch white paper and submitted in a 3-5 inch margin. All articles, except research abstracts, must be accompanied by a signed transfer of copyright.
- Information about IRB or Ethical Board approval is a requirement for Quality Improvement projects, evidence-based practice projects, and practice of nursing in Kentucky.

**Authors are required to:**

- Submit a Manuscript Checklist when a manuscript is submitted. The Manuscript Checklist can be found at www.kentucky-nurses.org.
- Articles may be submitted to the Kentucky Nurse for publication in any category, subject to the Editor's discretion.
- Information about IRB or Ethical Board approval is a requirement for Quality Improvement projects, evidence-based practice projects, and practice of nursing in Kentucky.

**Corrections:**

- Please visit our website at www.kentucky-nurses.org for additional information and to apply.
- The job will remain open until filled. Applicants will be notified if selected for an interview.
Bluegrass Chapter:
New board members were inducted as of September 17th, 2016. Fall conference on Oct 21st was a success. We had 50 people attend, and had 4 fabulous speakers addressing topics of:

- Dr. Kathy Hagar-NP impact on Kentucky’s Access, Quality, and Safety in Healthcare
- Kerri Purcell New-Educating an Interprofessional Team in a Rural KY Hospital in Simulation Process
- Dr. Nancy Armstrong-Evidence-Based Strategies for Managing Nursing Incivility
- Chris Slaughter and Maria Fera-Stop the Noise! The Journey to Reduce Alarm Fatigue

Member meeting on 11/15/16:
- Kim Wilder was awarded the 2016 Karen Sexton Award recipient
- A CEU presentation was offered “21st Century Acute Pain Management Paradigm Shift” by John Edwards, MS, CRNA. All registered attendees were awarded 1.2 CEU’s.
- Passed the hat for a designated community outreach. This donation is going to the new Jessamine County Homeless shelter that is just starting up

Future membership meetings will occur in January, March, and every other month on the third Tuesday of the month. Social time begins at 5:30 and the meeting begins promptly at 6:00 PM. We usually offer 1 CEU offering at each member meeting.

Presenters at the Bluegrass Conference on October 21, 2016

Green River Chapter
The KNA Green River Chapter is made up of a diverse group of nurses who believe in the importance of improving patient care and supporting all nurses through continued education opportunities. We have a vested interest in fostering the development of each future nurse by our roles as nurse educators and/or community health nurses within the Green River area of Kentucky.

Contact Person:
Eunice Taylor, MSN, NE-BC
E-Mail: eunice.taylor@kctcs.edu

Kendra Foreman, MSN, RN, Chris Slaughter, MSN, RN, CCRN-K, CC, Maria L. Fera, BSN, RN
Keri Purcell New, MSN, DNP Student, RN
Kim Wilder (L) recieves the ‘Karen Sexton Award’ by Ida Slusher (R), Bluegrass Chapter President

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Chapter News

Heartland Chapter

The purpose of the new chapter include: Continued work for the improvement of health standards and availabilty of health services for all citizens of the Commonwealth; Foster exemplary standards of nursing; Stimulate and promote professional development of nurses including advancement of economic and general welfare; Advance the profession of nursing; Network with other nursing professionals; and Mentor future nurses and novice nurses.

Contact Person:
Jane Elder, MSN, RN
E-Mail: Jane.Elder@wku.edu

Kentucky Nurses REACH Chapter

The purpose of the chapter is to stay abreast of current research and evidence-based practice, participate in and provide on-going education, advocacy, and to be a caring and helping organization in our community. We expect our main membership to be within the geographical local that was served by KNA District 7 boundaries but welcome any new members from other areas.

Contact Person:
Kim Bourne, MSN, BSN, RN, CNE
E-Mail: kyynurse@yahoo.com

Nightingale Chapter Update

Nightingale Chapter will be awarding a $5000 scholarship for the spring semester at the May Chapter meeting. To be eligible, an applicant must be enrolled in an ADN, BSN, Masters or Doctoral program and must reside or be employed as an RN within the chapter boundaries. The candidate must submit a short essay on the benefits of belonging to a professional organization and a letter of support from at least one faculty member or employer. The deadline for submission is April 25, 2017. Please contact Denise Alvey at alveylex2@aol.com for further details and an application.

Marcie Johnson was our Spring 2016 Scholarship winner. Marcie graduated from Somerset Community College.

Kentucky Nurses REACH Chapter

Winnder. Marcie graduated from Somerset Community College. Contact Denise Alvey at alveylex2@aol.com for the deadline for submission is April 25, 2017. Please provide evidence of at least one faculty member or employer. The candidate must be enrolled in an ADN, BSN, Masters or Doctoral program and must reside or be employed as an RN within the chapter boundaries. The candidate must submit a short essay on the benefits of belonging to a professional organization and a letter of support from at least one faculty member or employer. The deadline for submission is April 25, 2017. Please contact Denise Alvey at alveylex2@aol.com for further details and an application.

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### Calendar of Events

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<tr>
<td>20-3rd</td>
<td>Christmas Holiday – KNA Office Closed</td>
<td>12</td>
<td>5:30 PM (Social time)/6:00 PM (Meeting time)</td>
<td>6</td>
<td>10:30 AM-3:30 PM Kentucky Board of Nursing Meeting</td>
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<td>6:30 PM Nightingale Chapter Meeting Location TBD</td>
<td>15</td>
<td>10:30 AM-3:30 PM Kentucky Board of Nursing Meeting</td>
<td>19-20 KBN Meeting</td>
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<td>17</td>
<td>Kentucky Center for Nursing Meeting</td>
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<td>Kentucky Nursing Deans &amp; Directors Meeting</td>
<td>11</td>
<td>6:30 PM Nightingale Chapter Meeting Location TBD</td>
<td>16</td>
<td>10:30 AM-3:30 PM Kentucky Board of Nursing Meeting</td>
<td>26 Kentucky Center for Nursing Meeting</td>
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<td>26</td>
<td>Bluegrass Chapter Meeting Chop House on Richmond Road Lexington, KY</td>
<td>9</td>
<td>5:00 PM CST KY REACH Chapter Meeting</td>
<td>18</td>
<td>5:30 PM (Social time)/6:00 PM (Meeting time)</td>
<td>17</td>
<td>5:30 PM (Social time)/6:00 PM (Meeting time)</td>
<td>21 Kentucky Center for Nursing Meeting</td>
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<td>30</td>
<td>9:30 AM – 3:30 PM KNA Leadership Retreat; My Old Kentucky Home</td>
<td>12</td>
<td>Kentucky Board of Nursing Committee Meeting</td>
<td>17</td>
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<td>Materials due to KNA office for April Issue of KY Nurse newsletter</td>
<td>16</td>
<td>12:30 PM EST KNA Editorial Meeting</td>
<td>16</td>
<td>9:00 AM Kentucky Board of Nursing Committee Meeting</td>
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<td>9:00 AM Kentucky Board of Nursing Committee Meeting</td>
<td>20 Kentucky Center for Nursing Meeting</td>
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<td>8</td>
<td>8:30 AM – 3:00 PM: Kentucky Coalition of Nurse Practitioners &amp; Nurse Midwives Legislative Day; Frankfort, KY</td>
<td>16</td>
<td>6:00 PM EST; Heartland Chapter Meeting; Hardin Memorial Hospital, 3rd Floor Classroom</td>
<td>21</td>
<td>5:00 PM CST KY REACH Chapter Meeting</td>
<td>21</td>
<td>9:00 AM Kentucky Board of Nursing Committee Meeting</td>
<td>22 Kentucky Coalition of Nurse Practitioners &amp; Nurse Midwives Annual Conference, Covington, KY</td>
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<td>9</td>
<td>10:30 AM-3:30 PM Kentucky Board of Nursing Meeting</td>
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<td>5:30 PM (Social time)/6:00 PM (Meeting time)</td>
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<td>21</td>
<td>10:30 AM-3:30 PM Kentucky Board of Nursing Meeting</td>
<td>23 Kentucky Organization of Nurse Leaders Leadership Conference; Holiday Inn Louisville East</td>
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### November 2017
- 16 9:00 AM Kentucky Board of Nursing Committee Meeting
- 16 6:00 PM EST; Heartland Chapter Meeting; Hardin Memorial Hospital, 3rd Floor classroom
- 21 5:30 PM (Social time)/6:00 PM (Meeting time) Bluegrass Chapter Meeting Chop House on Richmond Road Lexington, KY

### December 2017
- 7 10:30 AM-3:30 PM Kentucky Board of Nursing Meeting

### April 2018
- 16-21 Kentucky Coalition of Nurse Practitioners & Nurse Midwives Annual Conference, Lexington, KY

### April 2019
- 22-27 Kentucky Coalition of Nurse Practitioners & Nurse Midwives Annual Conference, Covington, KY

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### FREE Online CE Activity

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The CE activity explains safe infant sleep recommendations from the American Academy of Pediatrics and is approved by the Maryland Nurses Association, an accredited approver of the American Nurses Credentialing Center’s Commission on Accreditation.
The Role of the Nurse in the Care of Refugees: Experiences from the University of Louisville Global Health Program

Dawn Balcom1 APRN FNP-C, Ruth M Carriço1,2 PhD APRN FNP-C, Linda Goss1 APRN ANP-C, Montray Smith MSN MPHY RN,3 Sarah Van Heiden MPH, Rebecca A Ford1 MPH, Karen Mutch1 DNP MSN RN, Rahel S Bosson1 MD

Affiliations:
1. University of Louisville Global Health Program, Division of Infectious Diseases, University of Louisville School of Medicine, Louisville, Kentucky
2. University of Louisville, School of Nursing, Louisville, Kentucky
3. Northern Kentucky University, College of Health Professions, Highland Heights, Kentucky

Case Study
Maria is a 42-year-old Cuban female who entered the United States resettlement program and was resettled in Kentucky in early 2016. During her initial health assessment, she was found to have insulin dependent diabetes, hyperlipidemia, a history of depression and breast cancer. She comes with her husband and a child with Down Syndrome. They speak only Spanish. She has no familiarity with the US healthcare system and is involved in case management through the resettlement agency. These efforts will assist her with finding housing, employment, and access to English classes. Her primary care provider will be a nurse practitioner.

Introduction:
Each year, the federal government’s refugee resettlement program resettles 2,000–3,000 individuals in Kentucky. Approximately 85% are resettled in Louisville with the remainder resettled in Lexington, Bowling Green, and Owensboro (ORR, 2016a). Many of these resettled refugees have a story similar to that of Maria. A “refugee” is defined by the United Nations as “any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and unable to, or owing to such fear, is unwilling to avail himself of the protection of that country” (UNHCR, 2006). As refugees flee their home countries, they often leave behind personal possessions, family, careers and lives. They start over again in a country where they do not speak the language, understand the culture, or have resources to enable them to be immediately self-sufficient. Over the past five years, more than 13,000 refugees have resettled in Kentucky representing more than 20 countries including Cuba, Iraq, Somalia, Nepal, and Myanmar and speaking more than 20 different languages and dialects (ORR, 2016a).

The goal for resettlement is to help the individual quickly achieve self-sufficiency (ORR, 2016b). This means they must gain employment and be able to acculturate into the local society. A major element in self-sufficiency is health, therefore as part of the resettlement process, refugees are provided an initial health assessment within the first 90 days of arrival. This assessment is known as the domestic health screen. This health screen is a comprehensive exam that includes the review of any overseas medical records available in the Centers for Disease Control and Prevention (CDC) Electronic Disease Notification (EDN) system and serves as a bridge to primary care (CDC, 2013). Data from the domestic health screen and overseas examinations indicate that refugees bring with them an array of communicable as well as non-communicable conditions. Communicable conditions include latent tuberculosis infection (LTBI), HIV, Hepatitis and Syphilis. Non-communicable conditions include hypertension, diabetes, hyperlipidemia, anemia, dental abnormalities, arthralgias, and vision abnormalities (CDC, 2013). Addressing the existing health issues, developing health management care plans, as well as addressing preventative health and health promotion interventions requires the ability to communicate in both language and cultural contexts. It also requires a level of sophistication and insight into the unique social determinants of health that often accompanies these population groups. Therefore, plans of care necessitate a level of coordination and comprehensive care that clearly exceed those required by most native US citizens. Consequently, the care of refugees must be addressed in an interprofessional manner that engages the full spectrum of healthcare and health related services.

Objectives: The purpose of this report is to provide a background of refugee healthcare needs among those resettling in Kentucky and demonstrate both the opportunities and importance of the role nursing plays in partnering, accommodating and negotiating with the refugee and others important in all aspects of their healthcare.

Methods: The University of Louisville, Division of Infectious Diseases, Global Health Center, began work with the Kentucky Office for Refugees in 2012. At that time, the partnership involved evaluation of existing health data from the refugee domestic health screens with a goal of developing a report outlining the state of health of newly arriving refugees resettling in Kentucky. Data from the domestic health screens performed in Kentucky were collected and entered into a database entitled Newly Arriving Refugee Surveillance System (NARSS) and maintained in a secure, web-based application designed to support data capture for epidemiologic purposes (REDCap http://project-redcap.org). This process of collecting and evaluating refugee health data was reviewed and approved by the University of Louisville Institutional Review Board.

Results: From 2012-2015, more than 6,000 adult and pediatric refugees were screened by providers at three sites in Louisville, and one site in Lexington, Bowling Green, and Owensboro. Results from that initial report were striking with respect to the broad diversity of refugees entering Kentucky, existing health conditions, the variation of health conditions among different refugee groups, and alignment between nursing skill sets and refugee healthcare needs. For example, women from Cuba experienced a primary need involving women’s health; those from the Middle East had a higher rate of mental health issues such as depression and post-traumatic stress disorder; those from Somalia had higher rates of latent tuberculosis infection; and those from Iraq were found to have higher rates of metabolic syndrome when compared to other refugee groups.

The semi-annual reports outlining the state of refugee health can be viewed at http://globalhealth.uc.edu.

Opportunities for advanced nursing practice are extensive and occur when partnering with the refugee in all healthcare aspects. Performance of the domestic health screen examinations are performed almost exclusively by adult and family nurse practitioners (NP) in Louisville. Their work has identified a number of contemporary public health interventions including: 1) first efforts at development of a latent tuberculosis infection clinic in partnership with the Louisville Metro Department of Public Health and Wellness; 2) design and implementation of a program targeting refugees at risk for Zika Virus infection and rapid intervention to avoid infection and transmission; and 3) identification of emergency department use...
for healthcare access among newly arriving refugees. These three healthcare program interventions, offered by NPs, form the foundation for a refugee medical home.

Discussion: The refugee population is a vulnerable yet amazingly resilient group with biopsychosocial and spiritual needs that vary both across and within populations. The provision of care for the refugee population requires knowledge and understanding regarding the role culture plays in the various population groups in order to provide holistic care that addresses the biopsychosocial and spiritual needs of a person. Work addressing culture care was introduced by Madeleine Leininger’s theory of Transcultural Nursing (Leininger, 1967; Leininger & McFarland, 2006; McFarland & Wehbe-Alamah, 2015). The concept of cultural care according to Leininger assists, supports, facilitates, and enables professional actions to help individuals of a culture adapt to or negotiate with others for satisfying healthcare outcomes. In this case, it is nurse who is at the pinnacle of delivering the care needed by the refugees. The DNP Essentials (AACN, 2006) emphasize the science of practice, leadership for quality and systems thinking, information systems and technology, health care policy and advocacy, interprofessional collaboration, clinical prevention and population health, making it readily apparent that care of the refugee population is firmly within the scope of advanced nursing practice. There is still much to be done as the profession of nursing leads the way in promoting health and preventing disease within the individual and personal context of the patient and their supportive network.

Conclusion: It is anticipated that the numbers of refugees entering the US through the federal resettlement program will continue to increase. Therefore, the need for nurse-led interventions and new areas of nursing education will continue to grow. Interventions that are nurse-led include operational changes aligned with the needs of the refugee, provision of care that is coordinated across disciplines, and those that are comprehensive and include skill sets necessary to address complex healthcare issues. Through expert nurse leadership and patient care, programs can be developed that assess and intervene with the patient at the center. The result is holistic care that addresses care of the refugee completely. We welcome those interested in this area of study and patient care to join us as we welcome these newest Kentuckians to our communities and seek to ensure their health, self-sufficiency, and wellness.

References
Use of Simulation to Enhance Code Blue Computerized Documentation

Callie Gollihue, MSN, RN, CCRN and Kathleen Warken, RN, MS, CMSRN

ABSTRACT

Nurses know the saying, “if it’s not documented, it wasn’t done.” According to an expert witness, multiple court cases come down to what is and is not documented. (Duncan, 2015) It is critical to ensure interventions, accurate times, and critical patient information are documented. Skills for code blue events are practiced but how are we reinforcing documentation in electronic medical records (EMRs), a skill that remains foreign to many nurses. At a midwestern hospital, nurses consistently verbalized lack of confidence in their ability to complete computerized code blue documentation. This is attributed to little to no exposure to documentation during such a stressful event. According to the American Heart Association, (Morrison, 2013) “Improving outcomes for in-hospital cardiac arrest (IHCA) requires a change in the culture through standardized reporting, knowledge, training, and better systems of care.”

In 2014 in-patient units attended a code blue drill in the simulation center. The drill included all aspects of a code blue, including allowing one to two participants to document in the EMR. Although documentation was part of debriefing, evaluations still reflected staff remained uncomfortable with documentation.

Therefore, in 2015 an inter-professional team participated in videotaping a code blue simulation. The videotape was viewed by participants during unit skills day, allowing them to practice documentation during this low-volume, high-risk event in “real time.” Objectives of training were to enhance nurses’ knowledge of code blue documentation in the EMR, identify barriers to computerized code blue documentation, and compare data related to code blue documentation pre and post education.

To evaluate effectiveness of the intervention, data collection included recording key areas of code blue documentation and participants’ perceived ability of how simulation enhanced documentation during a code blue event. Data collection beginning in 2015 and through the second quarter of 2016 has shown significant improvement across the organization in key areas of code blue documentation. In addition, participant’s self-reported enhanced ability to document during a code blue event averaged 4.4 out of 5. Implications to practice are improved electronic code blue documentation can lead to improved patient safety and clinical outcomes.

The Psychological Well-Being of Men Diagnosed with Prostate Cancer

Lee Anne Walmsley, PhD, EdS, MSN, RN, Rebecca L Dekker, PhD, RN, APRN

University of Kentucky College of Nursing
Instructor, Assistant Professor

Introduction: Prostate cancer is the most common cancer in males and causes more cancer-related deaths after lung cancer. The purpose of this study was to examine the relationships between social support, marital adjustment, emotional expressiveness, and the psychological well-being of men diagnosed with PC.

Methods: A descriptive, cross-sectional survey study was conducted. Participants were recruited online through PC websites and through word of mouth at local support groups. The final sample consisted of 71 men whose mean age was 70. Participants completed a questionnaire containing items that assessed demographics and four instruments: (a) Visual Analog of Social Support; (b) Dyadic Adjustment Scale; (c) Expression of Emotion Scale; and (d) Scales of Psychological Well-Being. A hierarchical regression analysis was conducted. In the first step, two predictors were entered: social support and emotional expressiveness.

Results: The regression model was statistically significant \[ F (3, 41) = 11.039; p < .01 \] and explained 24% of variance in psychological well-being. After entry of dyadic adjustment at Step 2, the total variance explained by the model as a whole was 45% \[ F (2, 42) = 6.518; p < .05 \]. The introduction of dyadic adjustment explained an additional 21% in psychological well-being after controlling for social
support and emotional expressiveness \( R^2 \text{ Change} = .21; F (1, 41) = 15.56; p < .001 \). In the final model, only dyadic adjustment was statistically significant \( F = .49, p < .001 \). Limitations included the small convenience sample, subject characteristics, and limited variability of the VAS.

**Conclusion:** Marital adjustment was the only independent predictor of psychological well-being. Social support and emotional expressiveness were not independent predictors of well-being. Interventions that may be helpful include nurses assessing current levels of support and how the couple is coping with the diagnosis, providing pertinent information during office visits, referring men to support groups, and ensuring additional time for discussion for those at risk for poor psychological adjustment to living with PC.

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**The Implementation of Vein Viewer Technology to Decrease PICC Line Placements on Patients with Limited Venous Access**

**Patti Wilcox, RN, BSN, VA-BC**

**KNA Abstract:** Stewards of Leadership: Changes in Health Care Delivery/Process

**Background/Purpose:** Peripherally inserted central venous catheters (PICCs) have been used for vascular access since they were first described in 1975 (Hoshal, 1975). PICCs have the advantage of providing reliable, long-term access and are less invasive and less risky than the subclavian or jugular central lines. In addition, patients can go home with a PICC inserted and have medications delivered via PICC at home or on an outpatient basis. While the use of PICCs has been advantageous, there are complications that can arise from these devices. Complications associated with PICCs include thrombosis, mechanical complications, infections, and cellulitis (Moran et al., 2014). These complications are especially concerning to nephrologists, who note that PICC insertions can render the vein unusable for an AV fistula for dialysis.

It was identified that a significant number of our patients were requiring alternative venous access but did not meet criteria for a central line. These patients were having PICC line placements because the IV Team was not successful in gaining peripheral IV access. The IV Team decided to research technology to aid in peripheral IV placements in order to preserve vessels for possible fistula placement and to avoid complications resulting from central venous access. Near-Infrared technology was implemented at our facility to assist IVT nurses to obtain peripheral IV access on patients with limited venous access and to decrease unnecessary PICC lines on patients.

**Results:** The 2012 included the number of PICC’s placed prior to the implementation of the near-infrared technology which was 1,612. In 2013, after implementing near-infrared, there were 1,272 PICC lines placed, a decrease of 340 PICC lines. In 2014, there were 1,273 PICC lines placed, a decrease of 339 PICC lines. In 2015, there were 1,271 PICC lines placed, a decrease of 341 PICC lines. The three years following implementation demonstrated an approximate decrease of 21%.

**Implications/Conclusion:** The implementation of near-infrared technology contributed to an improvement in the healthcare delivery process at our institution. There was increased success in obtaining peripheral IV access which has decreased PICC line placements and preserved veins, increased patient satisfaction, and resulted in cost savings.

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**The Effectiveness of Early Nutrition Intervention on Nutritional Status in the Hematology Oncology Population**

**Angie Malone, DNP, APRN, ACNS-BC, OCN**

**ABSTRACT**

**Background:** Patients undergoing treatment for both solid tumor and hematologic malignancies experience numerous symptoms that greatly affect their nutritional status. Malnutrition can have a negative impact on oncology patient outcomes. There is a reduced response to treatment, reduced survival and quality of life. Early and consistent interventions have proven beneficial in the oncology population.

Most hematologic cancer patients have good nutritional health. However, as their treatments intensify, side effects compared to their solid tumor counterparts can adversely affect nutrition. Interventions, consisting of total parenteral or enteral nutrition are initiated but only after oral intake has been impeded for 2-3 days.

**Purpose:** To determine the effectiveness of an early nutritional intervention on the nutritional status and knowledge of hematologic oncology patients.

**Methods:** A quasi-experimental feasibility study was conducted on an inpatient oncology unit with...
Women undergoing radiation therapy for breast cancer may experience debilitating fatigue and insomnia for which treatment options are limited. This two-armed, controlled, and partially blinded pilot study enrolled 29 females age > 18 years, with breast cancer and undergoing radiation therapy in a Midwest Community Cancer Center. The Insomnia Severity Index, Pittsburgh Sleep Quality Index, Fatigue Symptom Inventory were administered to measure clinical effects of massage and plasma levels of cytokine levels, IL-6 and CRP were collected to measure inflammatory response. We have three-time point measurements to study the difference from baseline to midterm treatment and end of study. During each week of radiation therapy, the 17 women randomly selected for MTG (massage therapy group) had weekly study visit with 60 minute massage. Those in STG had study visits only. Outcomes trended as projected with fatigue and insomnia levels lower in study group. None of the demographic, life style, disease burden were significantly different between MTG and STG at significance level of 5%. The baseline insomnia score was marginally significant (p = 0.07) between MTG and STG (75% in STG and 41% in MTG). CRP-Treatment group had greater positive net change i.e. lower levels of IL6 and CRP. There were no adverse events associated with massage therapy offered concurrent with radiation treatment. Findings support the efficacy of massage therapy for management of cancer related fatigue and insomnia. Collaborative, interdisciplinary research is a viable means to fund and conduct small intervention studies in a community based cancer center. Larger, multi-site studies with more diverse sample are needed to explain biochemical effects of massage therapy.

The Clinical and Biochemical Effects of Massage Therapy on Fatigue and Insomnia among Women Undergoing Radiation Treatment for Breast Cancer

Judy Myers, PhD, RN
Associate Professor of Nursing

ABSTRACT

Effects of Massage Therapy

Results:

There was a statistically significant change in patient knowledge (p = 0.026). This indicates the educational intervention was successful. However, due to small sample size and short timeframe for follow up, further evaluation is necessary to determine exact impact on nutritional status.

Conclusions and Implications for Practice:

Nutrition education interventions are feasible in this population and there was a significant increase in patient knowledge. Nutrition interventions should be provided early and consistently and continue after discharge from hospital setting.

Testing the Effectiveness of Simulation to Increase Nurse Confidence in Caring for Patients with Drug and Alcohol Issues

ABSTRACT

Background: Approximately one-fourth to one-half of all hospitalized patients have substance use problems, and many of these patients are admitted to medical surgical hospital units for acute and possibly life-threatening health problems (Lopez-Bushnell, & Fassler, 2004; Monks, Topping & Newell, 2012). Several studies have shown that nurses received little to no formal education in caring for patients with drug and alcohol issues (Crothers & Derritan, 2011; Ford et al. 2008; Monks et al. 2010) and confirmed that nurses do not feel prepared to adequately care for this patient population (Ford et al., 2008).

Purpose: The purpose was to test the effectiveness of a simulation exercise using standardized patients on nurses’ perceived confidence in caring for patients with drug and alcohol problems.

Method: The project was a mixed methods pre-test and post test design to assess whether simulation using standardized patients was effective in improving nurses’ confidence in caring for patients with problematic drug and alcohol use issues. Qualitative data was obtained by interviewing participants using a semi structured interview.

Results: All nurses reported a positive experience as a result of participating in the simulation.
exercises. Use of simulation as a learning exercise to improve nurses’ confidence in caring for behaviorally challenging patients with drug and alcohol use was challenging.

Conclusion: Caring for patients with drug and alcohol use problems is a challenge particularly in the medical surgical environment. Development of an educational program using patient simulation exercises may increase nurses’ confidence and ability to care for patients with drug and/or alcohol use disorders on medical surgical units.

Self-Management Program to Increase Medication Adherence in the HIV Population

Elizabeth Garrett, BSN, RN; DNP Student

ABSTRACT

Research Objective: The objective of this capstone project is to evaluate medication adherence in the HIV population based on an established self-management program.

Background: According to the Centers for Disease Control and Prevention (2015), more than 1.2 million individuals in the United States have HIV. Only about a quarter of these individuals achieve viral suppression through adhering to his or her specific treatment regimen, and it is critical to address the physical, social, and psychological needs of each individual patient (Meyers et al., 2010; Popejoy et al., 2015). If a patient adheres to the treatment regimen, the once fatal disease can be managed as a chronic disease (Fibriani et al., 2013).

Significance to the Field of Nursing: HIV can significantly affect an individual’s life if they do not remain adherent to treatment. Morbidity and mortality are reduced and life expectancy can parallel that of an average American if an individual remains adherent to treatment (Palma, Lounsbury, Messer & Quinlivan, 2015; Silveira, Maurer, Guttier & Moreira, 2015). Identifying different strategies to increase adherence to treatment regimens is key to improving the lives of individuals living with chronic diseases.

Methods: Six weekly class sessions were held and participants were educated on adherence to treatment, diet and HIV, exercise and HIV, and healthy lifestyles. Each week participants filled out medication adherence questionnaires. During the first and last sessions, the participants were educated on adherence to treatment, and the data are currently being analyzed.

Findings: The pilot program has been completed and the data are currently being analyzed. There were a total of seven participants with a mean age of 31.8 years. All participants were males. One challenge identified was regular attendance to the weekly sessions. The participants were excited to learn the information presented each week.

Implications: The findings from this project will be used to influence change and increase medication adherence in the chronic disease population, thus improving overall quality of life. Additionally, the findings will be used to implement the program on a larger scale in the HIV population.

References


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Reintegration of the Resident after Hospital Stay in a Personal Care Facility

Carolyn B. Winchester, RN, DNP

ABSTRACT

Personal care facilities are a unique setting for the provision of health care to the population that resides there. Except for the training received at the facility, staff in personal care facilities has no formal medical training. This can present a precarious situation as the resident transitions from the hospital back to the personal care facility. Residents of personal care facilities readmitted to the facility after hospitalization may return with information containing errors. In addition, staff may make errors in interpreting and transcribing discharge instructions. Unless the staff has a procedure to follow on readmission and training in the transition process, these errors may go undetected resulting in the decline of a resident’s health status and possible readmission to the hospital. The purpose of this project was to establish a readmission procedure for a personal care facility to aide staff in identifying changes in a resident’s plan of care. The standardized procedure allowed staff to identify changes in a resident health care consistently and accurately and adapt those changes to the care provided within the facility. Using change theory, staff participated in the development of a checklist and documentation form. Post readmission chart reviews and interviews with the staff validated the effectiveness of the standardized procedure. Staff found the procedure to be beneficial in that it provided a consistent method of readmitting the resident to the facility, identified potential errors in discharge information to be clarified by the physician, and addressed changes in the resident’s health status that warranted referral to home care services. Attention to procedures such as the one in this study provides consistency in identification of resident’s care needs and allows staff to address the ever-changing healthcare needs of residents. In addition, during the development of this procedure, this researcher found that many nurses are unaware that there is no medically licensed staff in personal care facilities. This identifies a need for education of nurses in the hospital setting about the circumstances in which residents of personal care facilities live and how that should effect discharge planning.
KNA Centennial Video
Lest We Forget Kentucky’s POW Nurses

This 45-minute video documentary is a KNA Centennial Program Planning Committee project and was premiered and applauded at the KNA 2005 Convention. “During the celebration of 100 years of nursing in Kentucky—Not To Remember The Four Army Nurses From Kentucky Who Were Japanese prisoners for 33 months in World War II, would be a tragedy. Their story is inspirational and it is hoped that it will be shown widespread in all districts and in schools throughout Kentucky.

POW NURSES
Earleen Allen Frances, Bardwell
Mary Jo Oberst, Owsenboro
Sallie Phillips Durrett, Louisville
Edith Shacklette, Cedarflat

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