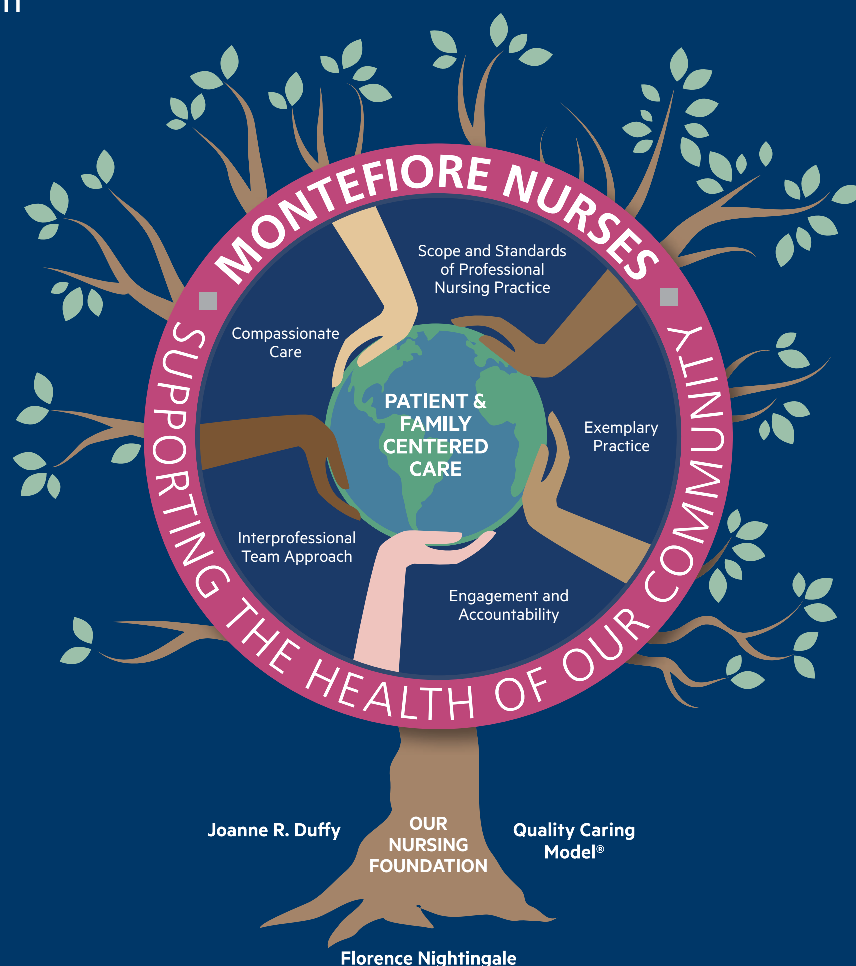
The 14th Annual Nursing Research Symposium

Hybrid symposium: in-person and virtual
October 17, 2025
8:00 am–3:00 pm



Discover, Develop, Deliver

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Montefiore Einstein

THE 14TH ANNUAL NURSING RESEARCH SYMPOSIUM

Welcome to the 14th Annual Nursing Research Symposium!

It is with great pride and excitement that I welcome you to this year's symposium, a celebration of our collective commitment to advancing healthcare through research, evidence-based practice and quality improvement across Montefiore Einstein.

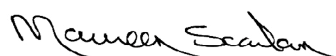
Our 2025 theme, **"Discover, Develop, Deliver,"** reflects the transformative journey of nursing scholarship and practice—discovering new knowledge, developing innovative solutions and delivering meaningful change to the patients and communities we serve.

This year marks several milestones:

- We received a **record number of abstracts** for both podium and poster presentations, showcasing the depth of inquiry and innovation across our system.
- We are joined by participants from a **broad representation of the Montefiore Health System**, underscoring the strength of our collaborative culture.
- We are proud to host a **new milestone in attendance**, making this the largest and most engaged symposium in our history.
- This event is being held in a **hybrid format, with both in-person and virtual attendees**, ensuring broader access and participation.

Thank you for your dedication, your scholarship and your passion. May this symposium spark new collaborations, ignite fresh ideas and affirm our shared mission to advance nursing and transform care. Together, we make a difference.

Sincerely,



Maureen Scanlan, MSN, RN, NEA-BC
Senior Vice President, Chief Nurse Executive
Montefiore Einstein

KEYNOTE SPEAKER

KEVIN P. BROWNE, DNP, RN, CNS, FNAP, CCRN

Vice President, Chief Nurse
Northwell Health Manhattan Campuses

Kevin has been a nurse for 38 years. He is a member of the executive leadership team at Lenox Hill Hospital, Manhattan Eye, Ear, Throat Hospital and Northwell Greenwich Village Hospital.

Before this position Kevin held the following positions: Senior Vice President, Patient Care Services, and Chief Nurse Executive at St. Joseph's Health; and Vice President, Deputy Chief Nursing Officer, at Memorial Sloan Kettering Cancer Center (MSK). While at MSK he held the following positions: Director, Critical Care and Pediatric Nursing Services, and Nurse Leader, Pre-Surgical Services. Prior to MSK, Kevin worked at Maimonides Medical Center (MMC) as the Nurse Leader, Cardiac Surgical Services, and the Cardiothoracic Surgical Recovery Clinical Nurse Specialist. Prior to MMC, Kevin worked as a critical care educator and staff nurse in the Cardiothoracic Surgical Recovery Unit at New York Hospital Cornell Medical Center.

Kevin achieved a BS with a major in nursing from the State University of New York Downstate Medical Center School of Nursing in 1987, an MS in nursing from Columbia University School of Nursing in 1992 and a DNP from St. Peter's University in December 2018. Kevin's doctoral work focused on a new phenomenon known as "practice drift." He is an expert in evidence-based practice methods, cultivating a spirit of inquiry internationally.

Kevin holds an appointment as a Clinical Associate Professor, State University of New York–Stony Brook University School of Nursing.

He is a Distinguished Fellow in the National Academies of Practice and a Fellow in the New York Academy of Medicine. He holds dual licensure in New Jersey and New York. He is also licensed as a Clinical Nurse Specialist in New York.

AGENDA

8:00–8:05 AM **Opening Remarks and Housekeeping**

Una Hopkins, DNP, RN, FNP-BC, NE-BC, FACCC
Director, Nursing Research, Montefiore Einstein, and Assistant Professor, Radiation Oncology, Albert Einstein College of Medicine

8:05–8:15 AM **Welcome and Introductions**

Maureen Scanlan, MSN, RN, NEA-BC
Senior Vice President, Chief Nurse Executive, Montefiore Einstein

Peter P. Semczuk, DDS, MPH
Regional Senior Vice President–New York City and Executive Director, Moses Campus and Faculty Practice Group

8:15–9:30 AM **Keynote Address**

Kevin P. Browne, DNP, RN, CNS, FNAP, CCRN
Vice President, Chief Nurse, Northwell Health Manhattan Campuses

9:30–10:30 AM **Transforming Care Delivery**

9:30–9:45 AM
Doly Philip, MSN, RN
Neonatal Adaptation Focusing on the Challenges of Newborn Feeding Who Are Prenatally Exposed to Antidepressants

9:45–10:00 AM
Falon Morel, BSN, RN
Qualitative Study of Lived Experiences of Patients over 40 Years of Age Admitted to the Hospital with Primary Diagnosis of Ischemic Stroke

10:00–10:15 AM
Marianne O'Shea, BSN, MPA, CCRN, CENP; Vanessa Taylor, BSN, MS; Suzanne Knowlton, BSN; John D. Fisher, MD; Vilma Joseph, MD; Linda Lewallen, MD; Jason Adkins, MD; Mohammad H. Mustehsan, MD; Yvette Ash; Marjan Rahmanian
Safety of Non-Anesthesiologist Positive Pressure Ventilation and Sedation/Analgesia During Cardiac Electrophysiology (EP) Procedures in High-Risk Patients with Known or Risk Factors for Obstructive Sleep Apnea (OSA)

10:15–10:30 AM
Michelle Elsener, MBA, BSN, RN-BC, CPHQ
Revolutionizing Post-Discharge Diabetes Care: A Nurse-Led Remote Patient Monitoring Model for Equitable Glycemic Control

10:30–10:45 AM **Break**

10:45 AM–12:15 PM **Optimizing Outcomes Across the Lifespan**

10:45–11:00 AM
Francesca Stone, BSN, RN, SCRN, TNCC; Margaret Crilly, MBA, BSN, SCRN, ASC-BC
Mission 60: Achieving Timely Thrombectomy Through System Redesign

11:00–11:15 AM
Melissa Poland, BSN, RN, CVRN-BC; Janelle Carr, DNP, FNP-BC, CENP, MS, RN; Margaret Allers, RN, MSN, ANP
A Nurse-Driven Transfusion Time-Out Protocol: Effects on Blood Conservation and Anemia Management

11:15–11:30 AM
Raquel N. Swarton, DNP, MSN, RN, CNL-BC, NEA-BC; Rudonna Atkinson, BSN, RN; Itioro Utotai, RN
Revolutionizing Patient Care: Unlocking the Potential of the SSKIN Bundle in Medical-Surgical Settings

11:30-11:45 AM
Chava Pollak, PhD, RN; Yolanda Pham, MD, MPH; Amy Ehrlich, MD; Joe Verghese, MD, MS; Helena M. Blumen, PhD
Loneliness and Social Isolation Risk Factors in Community-Dwelling Older Adults Receiving Home Health Services

11:45AM–12:00 PM
Gregory Tavani, BSN, RN; Judy Badia, DNP, MSN, RN-BC, CPXP, CPPS
Improving Patient Safety Through Rapid Response Evaluation of Tizanidine-Induced Orthostatic Hypotension and Implementation of Evidence-Based Prescribing Guidelines

12:00–12:15 PM
Rachel Brody, MSN, RN
Bringing the 4Ms of Age-Friendly Care to Montefiore Medical Center

12:15–1:00 PM **Lunch**

1:00–2:00 PM **Professional Growth and the Practice Environment**

1:00-1:15 PM
Renee Velez, BSN, RN
A Comparative Study of Nurse Advocacy in the Operating Room Following Simulation in Novice and Experienced Nurses

1:15–1:30 PM
Taryn Priaulx, BA, BSN, RN, PCCN, CHPN
A Study of Nurses' Self-Perceived Knowledge and Skillset When Caring for Individuals at End of Life

1:30–1:45 PM
Olivia Medico, BSN, RN, TNCC; Pamela Murphy, BSN, RN
The ED Connection: Peer Mentoring for Nurses

1:45–2:00 PM
Shiyon Mathew, PhD, RN
The Relationship Between the Nurse Work Environment, Burnout and Infections

2:00–2:45 PM **Poster Sessions**

1	Margaret Morales, MA, RN, ACNS, NEA-BC, NPDA-BC; Ruchi Shah, DO; Armie Sillana, MSN, RN, CCRN, CNL-BC *Transforming Care for Hospitalized Adults with Substance Use Disorders: An Interdisciplinary Initiative at Montefiore Wakefield*
2	Rebecca Muschio, BSN, RN; Megan Hayes, ADN, RN; Catherine Pisacano, BSN, RN; Deborah Costa, MSN, RN, CPHON; Jessina Thondiamthadathil, BSN, RN *Assessment of Patient and Family Satisfaction with Primary Nursing Teams for Pediatric Hematology/Oncology Patients: A Discussion of Methods*
3	Anna Marie Murray, DNP, RN, FNP-BC, IBCLC; Shamma Ranjitsingh, MSN, RNC-NIC; Tania Cornejo, MSN, FNP, RN, CLC; Dana-Kaye Edwards, MSN, RNC, IBCLC; Racquel Roberts-Phillips, MSN, CNL, RNC-OB, C-EFM; Melissa Frascone, MSN, CNE, RNC-NIC; Shulamite Odogwu, Ed.D, MSN, CNE, RNC-OB, C-EFM; Nefertiti Cano, DNP, MBA, FNP-BC; Candice Castro, BSN, RN; Jessica Holbeck, MSN, CNL, RNC-OB, C-EFM *Educate to Elevate: A Collaborative Competency Fair for High-Risk Perinatal Nursing*
4	Pyrine Ong, BSN, RN; Jonjho Silva, BSN, RN; Blessing Ozoemena, BSN, RN *Enhancing RN Proficiency in Hepatic Arterial Infusion (HAI) Pump Access: Implementation of a Structured Training Program in an Ambulatory Oncology Unit*
5	Antonia LaMonica, BSN, RN, RNC-OB, C-EFM, CBC; Katherine Manna, MSN, RN, RNC-MNN, CBC; Amanda Oliva, BSN, RN, CBC; Stephanie Piccolino, MSN, RN, RNC-NIC, CBC; Jillian Serraro, BSN, RN, C-EFM *Does the Initial Hemorrhage Risk Scoring Tool Accurately Predict Postpartum Hemorrhage? A Retrospective Analysis*
6	Caitlin Dolan, BSN, RN, RNC-OB; Jessica Holbeck, MSN, RN, CNL, RNC-OB, C-EFM *Empowering Nurses Through Bereavement Education: Improving Practice and Process at a Regional Perinatal Center*
7	Armie Sillana, MSN, RN, CCRN, CNL-BC; Ruby Stephens, MBA, RN, BSN, CNOR *Improving First Case On-Time Starts (FCOTS) Through Nurse-Led, Evidence-Based Practice*
8	Ayeshia Laforey, RN-BC; Julian Acevedo, RN *Reducing Catheter-Associated Infections Through Targeted Line De-escalation and Hemodialysis Access Optimization in Inpatient Settings*
9	Carmel Boland-Reardon, BSN, CIC; Renee Rhoden, MPH, BSN *The Power of Prevention: Driving Excellence in CAUTI Reduction*
10	Carol A. Sheridan, RN, MSN, CIC; Althea Bogle, RN, BSN, CMSRN; Angela Oparaiwu-Ukekweh, RN, BSN, MPH, CIC; Obiageli Ubakanma, RN, BSN, MBA-H; Paulette Jackson, DNP, RN, CIC *Interrupting Infection Transmission: The Nurses Role in Reducing Patient Harm*
11	Chantal Wiltshire, DNP, RN *Implementation of a Perioperative Skin Care Bundle*

2:00–2:45 PM **Poster Sessions, continued**

12	Joan O'Brien, MSN, RN, NE-BC; Margaret Morales, MA, RN, ACNS, NEA-BC, NPDA-BC; Maureen Scanlan, MSN, RN, NEA-BC *Redesigning a Professional Practice Model for Sustained Nursing Excellence*
13	Margaret Courtney, BSN, RN, CLC; Rachel Piacquadio, BSN, RN-BC, NE-BC, C-EFM; Veronica Jackson, MBA, BSN, RN, NE-BC *Kindness Kaddy: A Nurse-Driven Innovation Elevating Patient Experience*
14	Mary Barry, MS, BSN, RN *Implementation of an Evidence-Based Bundle to Decrease the Number of Hospital-Acquired Pressure Injuries in the Cardiac Surgery Intensive Care Unit*
15	Nadine Pabon, BSN, RN-BC; Jazmine Garces, BSN, RN; Alpha Guillermo, MSN, GRN-RN-BC *Joint Replacement Center: Quiet Time/Teatime Pilot*
16	Kaitlyn Schmid, MSN, RN-BC; Sandra Barnes, DNP, MSN, RN-BC; Un Hee Fontaine, BSN; Mark Arcenal, BSN *Introduction of Medication Education Cards in Abdominal Transplant Patients*
17	Lila Leu, BSN, RN; AnnMarie Martinez, MSN, RN, CPN, CPHON; Christina Lombardo, MSN, RN; Caroline Murray, BSN, RN; Dawn Maldonado, BSN, RN; Jennifer Tesler, BSN, RN; Linda Macancela-Apuango, BSN, RN; Stephanie Capogna, BSN, RN; Nicole Biel, MSN, RN, NE-BC; Tara Buckenmyer, DNP-ENL, MHA, RN, NEA-BC; Diana Lulgjuraj, PhD, RN, CPN *The Road to Respect: Methodological Insights from a Civility Study in Nursing*
18	Sonia Kurian, BSN, RN; Alexie-Claude Lafleur, RN; Chrystel Valdez, BSN, RN; Andrea Guzman, BSN, RN; Mary Barry, MSN, RN; Pauline Edwards, DNP, RN, FNP, CCRN, CSC, CMC, CHFN, NPD-BC, NE-BC *Use of Checklists in the CSICU Orientation*
19	Christina Osorio, DNP, FNP-BC, RN-OCN; Arlene Simpson, MSN, RN; Susan Sakalian, MS, RN, OCN; Carolyn Ellis, MSN, RN *Essentials of Oncology Course: A Nursing Education Initiative to Increase Confidence Among Novice Oncology Nurses*

2:45–3:00 PM **Closing Remarks**

Diana Lulgjuraj, PhD, RN, CPN
Assistant Director, Nursing Research, Montefiore Einstein

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TRANSFORMING CARE DELIVERY

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1. NEONATAL ADAPTATION FOCUSING ON THE CHALLENGES OF NEWBORN FEEDING WHO ARE PRENATALLY EXPOSED TO ANTIDEPRESSANTS

Author: Doly Philip, MSN, RN

BACKGROUND

Selective serotonin reuptake inhibitors (SSRIs) are prescribed to approximately 4–6% of pregnant women in the United States for the management of depression and anxiety. While antenatal exposure to SSRIs and serotonin-norepinephrine reuptake inhibitors (SNRIs) is generally regarded as having low risk, the neonatal outcomes associated with such exposure, particularly in the third trimester, remain somewhat understood. One concern is poor neonatal adaptation (PNA), a clinical syndrome characterized by respiratory distress, feeding difficulties, neurological abnormalities and thermoregulatory instability observed in neonates exposed to these medications in utero. It is estimated that PNA affects up to 30% of neonates exposed during late pregnancy, potentially due to serotonin toxicity or withdrawal effects. Despite the clinical significance, the lack of a validated screening tool for PNA complicates early identification and management, highlighting the need for further research.

DESIGN

This study employed a retrospective review design.

METHODOLOGY

Using a random sampling approach, 80 mother-infant dyads were selected from a hospital database based on predefined inclusion criteria. The sample included 40 mothers who received antidepressant treatment during pregnancy and 40 mothers who did not. Maternal demographic and clinical data, as well as neonatal outcomes including Apgar scores at one and five minutes post-delivery, were extracted from medical records. Statistical analyses were conducted to compare Apgar scores between exposed and unexposed groups, and to explore associations between Apgar scores and variables such as gestational age, maternal age, delivery mode and antidepressant type.

RESULTS

Statistically significant differences were noted in Apgar scores at both one and five minutes between neonates exposed to antidepressants prenatally and those unexposed, with exposed infants demonstrating lower scores. No significant differences were observed between groups regarding maternal age or gestational age. Within the total sample, Apgar scores showed a positive trend with increasing gestational and maternal age; however, these correlations did not reach statistical significance. Mode of delivery analysis indicated a lower likelihood of higher Apgar scores following cesarean section compared to vaginal birth, although this was not statistically significant. Among the antidepressant-exposed cohort, no significant relationship was identified between Apgar scores and antidepressant class, maternal age, gestational age or delivery mode.

IMPLICATIONS

Although this small sample size limits the generalizability of these findings, the study contributes valuable preliminary evidence regarding the potential impact of prenatal antidepressant exposure on immediate neonatal outcomes. These results underscore the need for larger, prospective studies to better understand these findings.

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2. QUALITATIVE STUDY OF LIVED EXPERIENCES OF PATIENTS OVER 40 YEARS OF AGE ADMITTED TO THE HOSPITAL WITH PRIMARY DIAGNOSIS OF ISCHEMIC STROKE

Author: Falon Morel, BSN, RN

BACKGROUND AND SIGNIFICANCE

A stroke is life-threatening and can cause altering shifts. The initial shift in life that patients experience with a stroke is how to navigate and adjust from the hospital setting to the at home or rehab setting. With increased complexity of cases, patients have several comorbidities. There are other factors such as organization of transition of care that can create adverse outcomes for patients, such as lack of follow-up appointments following discharge, communication within the outpatient interdisciplinary team, and interdisciplinary support and education. Many research initiatives lack the focus of the transition to outpatient care, which is where we need to instill a great deal of time. A large focus for a patient with a stroke is decreasing length of hospital stay, with as few complications as possible to promote healing. However, within the hospital discharge process, gaps in discharge care transition have been seen, where patients feel as though they are not supported after discharge and express dissatisfaction. When centering attention toward transition to outpatient care, a key component is enhancing the patient's knowledge and education presented to them by nursing staff.

DESIGN AND METHODOLOGY

A qualitative semi-structured method was employed to elicit patient feedback and assess patient knowledge, understanding and discharge readiness. Interview questions were developed to assess patient knowledge and understanding. When a patient met the inclusion criteria (male and female, over age of 40 diagnosed with ischemic stroke, and those who are alert and oriented and able to participate), the primary investigator (PI) introduced the study to the primary nurse who spoke with the patient, and if the patient agreed, the nurse introduced the PI. Interviews were conducted at a mutually agreed-upon time, and verbal consent was discussed with the patients. A total of 15 patients were interviewed.

RESULTS

Thematic analysis was completed and revealed several key themes and actionable opportunities to improve discharge care transitions for patients recovering from ischemic stroke. These primary areas focus on enhancement of stroke and medication education, nursing knowledge throughout the development of a stroke glossary tool, and development of a nursing Stroke SBAR tool to promote consistency and standardization within nursing handoff.

IMPLICATIONS

This study underscored the need for a multipronged approach to optimize discharge readiness and improve outcomes for stroke patients. These interventions focus on enhancement of nursing knowledge, in return improving the knowledge and discharge readiness of patients and care partners for their outpatient recovery. These findings and interventions are easily adaptable and replicable in other healthcare organizations seeking to improve stroke care transition and promote continuity across the care continuum.

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3. SAFETY OF NON-ANESTHESIOLOGIST POSITIVE PRESSURE VENTILATION AND SEDATION/ANALGESIA DURING CARDIAC ELECTROPHYSIOLOGY (EP) PROCEDURES IN HIGH-RISK PATIENTS WITH KNOWN OR RISK FACTORS FOR OBSTRUCTIVE SLEEP APNEA (OSA)

Authors: Marianne O'Shea, BSN, MPA, CCRN, CENP; Vanessa Taylor, BSN, MS; Suzanne Knowlton, BSN; John D. Fisher, MD; Vilma Joseph, MD; Linda Lewallen, MD; Jason Adkins, MD; Mohammad H. Mustehsan, MD; Yvette Ash; Marjan Rahmanian

BACKGROUND

Concerns exist about the safety of non-anesthesiologist positive pressure ventilation with sedation/analgesia during cardiac electrophysiology (EP) procedures in high-risk patients with known or risk factors such as obstructive sleep apnea (OSA). This is magnified if the procedures are done outside of intensive care areas or outside of hospital policies and procedures rules.

Noninvasive positive pressure ventilation mask ventilation (NIPPV including continuous or bilevel positive airway pressure—CPAP/BiPAP) with sedation/analgesia is typically limited to hospital units staffed by pulmonary-intensive care or anesthesiology personnel, with monitoring by respiratory therapists or specifically trained nursing staff. NIPPV with sedation has raised concerns if delivered by laboratory staff in procedure rooms, especially in high-risk patients. Literature is sparse on this topic. NIPPV as described is routine at some institutions and prohibited at others. We aimed (1) to test the safety and efficacy of NIPPV with sedation prescribed by cardiologists and administered by trained nurses in a prospective cohort of high-risk patients and (2) to provide data that, if favorable, could lead to revisions of institutional policies.

METHODOLOGY

We enrolled 50 consecutive consenting patients with known or at high risk for OSA. Three were then excluded (did not qualify, or procedure canceled). Procedures in 47 patients included 21 ICD implants (12 with defibrillation testing), 8 pacemaker implants, 11 ablations and 7 cardioversions; some patients had combined procedures, e.g., "ablate & pace." Standard NIPPV settings were used. Staff were trained in general NIPPV device monitoring and management. Data collected included vital signs, O2 saturations, hypercapnia, demographics, toleration of NIPPV, and complications.

RESULTS

There were no NIPPV-related complications and no long-term adverse sequelae in the 47 patients who participated in the protocol. No patient required intubation or urgent rescue from an anesthesiologist. Most patients (45) tolerated NIPPV, including patients without prior experience.

CONCLUSIONS

NIPPV with sedation can be safely delivered in high-risk OSA patients by trained non-anesthesiologist/pulmonary/intensive care personnel in an EP lab setting. Policy and procedure manuals may benefit from revision.

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4. REVOLUTIONIZING POST-DISCHARGE DIABETES CARE: A NURSE-LED REMOTE PATIENT MONITORING MODEL FOR EQUITABLE GLYCEMIC CONTROL

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BACKGROUND

Hospital readmissions among patients with poorly controlled diabetes (HbA1c ≥ 8%) are a persistent challenge, often driven by gaps in self-management, glycemic monitoring and social determinants of health. Transitional care models typically rely on episodic follow-up, which fails to address the dynamic needs of high-risk diabetic populations.

SIGNIFICANCE

National data underscore the growing burden of diabetes-related complications and preventable hospitalizations. This innovation targets post-discharge glycemic instability, a leading contributor to readmissions at our institution. It aligns with priorities for equity, digital health integration and sustainable chronic disease management.

DESIGN AND METHODOLOGY

A nurse-led remote patient monitoring (RPM) model using Dexcom G7 continuous glucose monitors (CGMs) was implemented as part of an institutional review board (IRB)–approved QI study. Transitional care nurses received real-time CGM alerts through a HIPAA-compliant dashboard, enabling daily surveillance and proactive outreach. Structured protocols guided clinical coaching, medication reconciliation and psychosocial support. Nurses escalated care to advanced practice providers as needed. Equity strategies included screening for food, transportation and medication barriers, with targeted referrals.

RESULTS

Among 46 enrolled patients with pre- and post-intervention data, mean HbA1c decreased from 10.4% to 7.56%, an absolute reduction of 2.84 points (27.31% relative improvement, $p < .0001$). In a complete-case analysis ($n = 31$), A1c declined by 1.92 points (18.46%, $p < .0001$). Preliminary signals showed a reduction of 0.07 hospitalizations per patient ($p = .11$). Over 60% of participants identified as Hispanic, African American or uninsured, confirming the model's reach to historically underserved populations.

IMPLICATIONS

This model positions nurses as digital health leaders, integrating real-time data into longitudinal care to drive clinical outcomes and equity. It demonstrates that nurse-led interventions can achieve population health goals without added staffing or proprietary infrastructure. The model has catalyzed professional growth—nurses are now pursuing certification in diabetes management and co-authoring dissemination efforts. Future directions include a randomized controlled trial enrolling 208 patients in 2026, with plans for national replication. Toolkits, clinical scripts and training modules are in development to support scale and spread.

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OPTIMIZING OUTCOMES ACROSS THE LIFESPAN

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5. MISSION 60: ACHIEVING TIMELY THROMBECTOMY THROUGH SYSTEM REDESIGN

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BACKGROUND AND SIGNIFICANCE

Acute ischemic stroke (AIS) remains a major cause of death and disability globally. For patients with large vessel occlusion, mechanical thrombectomy (MT) has become the gold standard, offering the best chance for meaningful neurological recovery. Timely reperfusion is critical, with multiple studies linking shorter door-to-puncture (DTP) times to improved survival, reduced long-term disability and enhanced quality of life. As a result, reducing delays in stroke treatment is a core objective of quality improvement efforts nationwide.

PURPOSE

This quality improvement initiative aimed to increase the proportion of eligible AIS patients meeting the American Heart Association's recommended DTP time of ≤60 minutes to at least 85%, regardless of arrival mode.

METHODOLOGY

An interdisciplinary team was assembled to lead this effort, incorporating representatives from the emergency department (ED), radiology, neurology, neuro-endovascular surgery, emergency medical services (EMS) and nursing. A comprehensive review of existing workflows, data and outcomes identified delays and areas for targeted improvement.

Key interventions included strengthening communication pathways across the continuum of care, particularly with EMS. The team implemented an escalation protocol using the S-LAMS (Stratified Los Angeles Motor Scale) score to streamline identification of high-risk stroke patients before arrival. A dedicated ED treatment room, located adjacent to the computed tomography (CT) scanner, was established for expedited assessment of suspected large vessel occlusion strokes. Direct transport from the ambulance bay to the CT scanner by EMS was also implemented to expedite imaging and diagnosis.

To support prehospital optimization, EMS providers received ongoing education and standardized case-based feedback. A feedback form was developed to provide information to EMS validating skills in stroke recognition, triage decisions and transport outcomes, encouraging ongoing improvement and enhanced coordination with hospital teams.

RESULTS

In 2024, only 16% of stroke patients at White Plains Hospital achieved a door-to-puncture time less than or equal to 60 minutes, with a median time of 94 minutes. Following the implementation of the new protocols, this rate nearly tripled. Between January and June 2025, 45% of patients met the target, with a reduced median time of 66.5 minutes, representing a 181% improvement in compliance and a 29% reduction in median DTP time. These gains reflect enhanced communication, faster imaging access and improved interdisciplinary coordination.

CONCLUSION

This initiative highlights how process optimization, interdisciplinary collaboration and robust EMS partnerships can drive significant improvements in stroke care delivery. By integrating targeted education, prehospital escalation protocols and workflow redesign, the team achieved measurable progress toward national benchmarks. Continued focus on system-wide alignment and data-driven feedback is essential for sustaining these improvements and advancing time-critical stroke care.

IMPLICATIONS

This work is replicable in other organizations seeking to improve stroke care metrics. By adopting similar strategies and system redesign, healthcare providers can enhance patient outcomes and streamline care processes effectively.

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6. A NURSE-DRIVEN TRANSFUSION TIME-OUT PROTOCOL: EFFECTS ON BLOOD CONSERVATION AND ANEMIA MANAGEMENT

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BACKGROUND

Blood transfusions, while common in treating anemia, carry risks such as transfusion-associated circulatory overload, transfusion-related acute lung injury and immunologic complications (AABB et al., 2022; Kracalik et al., 2021). Studies increasingly link transfusions to higher rates of hospital-acquired infections (Trentino et al., 2022; Mullis et al., 2024). In 2023, Montefiore St. Luke's Cornwall launched a patient blood management (PBM) initiative to optimize anemia management and reduce iatrogenic blood loss. Despite this, red blood cell (RBC) transfusion rates rose in 2024. This quality improvement study aimed to reduce non–evidence-based transfusions through a nurse-led transfusion time-out huddle protocol. We hypothesized that the intervention would reduce transfusion rates and improve nursing knowledge of transfusion criteria and alternatives.

SIGNIFICANCE

Patient blood management is an evidence-based approach to managing and conserving a patient's own blood, shown to reduce transfusions, hospital stays, complications and mortality (World Health Organization, 2021; Althoff et al., 2019). While nurse-driven protocols have been implemented for anemia management and to reduce the overutilization of daily laboratory testing, a nurse-led protocol specifically aimed at reducing unnecessary transfusions may be the first of its kind (Castano-Jaramillo et al., 2020; Rogers et al., 2011; Shinwa et al., 2019).

DESIGN AND METHODOLOGY

A baseline survey was administered two weeks before implementation to assess nurses' understanding of transfusion guidelines and alternatives. An education program was delivered through video animation, verbally and through online modules covering the protocol, transfusion guidelines and pharmacological management of anemia. A "transfusion time-out huddle" was implemented, guiding nurses to determine if a transfusion meets hospital policy and evidence-based guidelines. If it did not, the nurse alerted the attending provider. Providers were then encouraged to explore pharmacological options and evaluate the underlying cause of anemia before proceeding with the transfusion.

SCOPE

The huddle was implemented in the emergency department and inpatient units for patients aged 18 and older. Exclusions: Operating room, post-anesthesia care unit, GI lab, cath lab, birthing center, NICU, massive transfusion protocols, obstetric hemorrhage situations and emergency blood releases. A follow-up survey will be conducted during the final two weeks of the six-month study to evaluate changes in nurses' knowledge.

RESULTS

In the first three months, 313 time-out huddle forms were completed. RBC transfusions decreased by 22% per 1,000 patient days compared to 2024. The huddle prompted seven new specialty consults, 30 additional lab evaluations for anemia and nine new orders for hematinic medications. Although most patients met transfusion criteria, nurses observed that multiple-unit orders were often placed preemptively, even when symptoms improved after a single unit.

IMPLICATIONS

The nurse-led transfusion time-out huddle was associated with a meaningful reduction in RBC utilization, suggesting that nurses play a pivotal role in promoting evidence-based transfusion practices. Empowering nurses to evaluate transfusion appropriateness fosters interdisciplinary dialogue and supports individualized patient care. Future protocol enhancements could include a default single-unit transfusion strategy to further promote blood conservation.

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7. REVOLUTIONIZING PATIENT CARE: UNLOCKING THE POTENTIAL OF THE SSKIN BUNDLE IN MEDICAL-SURGICAL SETTINGS

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BACKGROUND

Hospital-acquired pressure injuries (HAPIs) are preventable but common, resulting in significant financial burdens and compromising patient safety in medical-surgical units.

PROBLEM

HAPIs affect millions of patients every year, costing the United States healthcare system about $11 billion. This results in longer hospital stays and increased workloads. At the tertiary healthcare facility in New York City, the prevalence of HAPIs classified as stage two and above was recorded at 1,245 cases for the 2023 calendar year and 1,266 cases for 2024, underscoring the need for a prevention strategy that extends beyond current practices.

METHODOLOGY

This doctor of nursing practice (DNP) project implemented the SSKIN (Surface, Skin inspection, Kinetics/keep moving, Incontinence/moisture, Nutrition/hydration) bundle in a medical-surgical unit at a hospital in New York City. Retrospective data on stage II HAPIs and higher were collected for eight weeks before and eight weeks post-intervention.

INTERVENTION

The evidence-based SSKIN bundle was implemented to standardize HAPI prevention practices. This bundle included five key components:

- *Surface:* We ensured the use of pressure-relieving support surfaces such as pressure-redistributing mattresses and cushions to offload pressure from bony prominences.
- *Skin Inspection:* We implemented a protocol for regular and systematic skin inspections, focusing on high-risk areas like the sacrum, heels and hips to identify early signs of skin breakdown.
- *Kinetics/Keep Moving:* We standardized a turning and repositioning schedule for all at-risk patients, ensuring they were repositioned at least every two hours to relieve pressure and promote circulation.
- *Incontinence/Moisture:* We established a protocol for prompt management of incontinence and excess moisture by using barrier creams and absorbent products to keep the patient's skin clean and dry.
- *Nutrition/Hydration:* We collaborated with dietitians to assess and optimize the nutritional status and hydration of all at-risk patients, ensuring adequate intake of protein and fluids essential for skin integrity and healing.

RESULTS

Pre-implementation HAPI rates were 5.85 per 1,000 patient days. After implementation, the rate decreased to 1.37 per 1,000 patient days ($p = .021$), indicating a 76.6% reduction in the incidence rate ratio (IRR = 0.234).

CONCLUSIONS

This project empowers nurses with a practical tool to improve patient outcomes, reduce workload associated with managing complex wounds and contribute to a culture of safety. The success of this initiative supports the integration of the SSKIN bundle into nursing education, professional development programs and clinical practice guidelines across medical-surgical units and other high-risk areas. Ultimately, this leads to improved quality of care, enhanced patient satisfaction and a more efficient healthcare system.

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8. LONELINESS AND SOCIAL ISOLATION RISK FACTORS IN COMMUNITY-DWELLING OLDER ADULTS RECEIVING HOME HEALTH SERVICES

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BACKGROUND

Social isolation and loneliness are highly prevalent in older adults. Older adults who are receiving home health services (HHS) post hospital discharge are at high risk for social isolation and loneliness related to multimorbidity and functional decline. Yet, the prevalence of social isolation and loneliness in this population is not commonly described.

METHODOLOGY

We analyzed electronic health record (EHR) data from 2,026 community-dwelling older adults (mean age 77.5 ± 8.2, 38.4% female, 35% Black/African American, 42.2% Hispanic) who were discharged with HHS from three acute care facilities in Bronx County, New York. Marital and living-alone status were assessed as proxy measures for social isolation. Loneliness was assessed with a one-item loneliness question. The prevalence and overlap between loneliness and social isolation risk factors were examined with descriptive and inferential statistics. Logistic regression models were used to examine correlates of loneliness, living alone and marital status.

RESULTS

Of 2,026 individuals, 29.5% lived alone, 33.5% were married and 11.6% reported feeling lonely at least some of the time. Those who lived alone had better cognitive and physical function; were more likely to be female, Caucasian and lonely—and were less likely to need assistance with activities of daily living (ADLs). Individuals who were unmarried or living alone were more likely to be lonely. After adjusting for covariates, Black/African Americans, those who were married and those who had better cognitive function had lower odds of loneliness. Living alone, depressive symptoms, multimorbidity and functional impairment were associated with increased odds of being lonely, after adjusting for covariates.

CONCLUSIONS

Risk for social isolation is highly prevalent among diverse, homebound older adults. Home health care is ideally situated for loneliness assessment and intervention for an otherwise hard to reach, vulnerable population. EHR data can be leveraged to identify individuals at risk and additional brief indicators integrated into the EHR (e.g., validated loneliness assessment, social isolation metrics) may be valuable to facilitate identification and stratification of individuals at risk.

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9. IMPROVING PATIENT SAFETY THROUGH RAPID RESPONSE EVALUATION OF TIZANIDINE-INDUCED ORTHOSTATIC HYPOTENSION AND IMPLEMENTATION OF EVIDENCE-BASED PRESCRIBING GUIDELINES

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BACKGROUND

Many spinal surgery patients require individualized medication regimens to manage chronic pain. Tizanidine, often prescribed post-surgery, has been noted to result in orthostatic hypotension leading to dizziness and falls and specifically has led to five rapid response activations. This risk may increase hospital length of stay and negatively affect patient safety and recovery.

METHODOLOGY

This project began on a 28-bed orthopedic unit with a rapid response evaluation of patients who received tizanidine following spinal surgery to identify factors contributing to orthostatic hypotension and rapid response activations. The review focused on patients over age 65 prescribed tizanidine for post-operative pain. Chart audits of five cases confirmed that tizanidine was administered within two hours prior to rapid response events. Evidence-based guidelines recommend a starting dose of 2 mg for geriatric patients. A review of electronic health record (EHR) orders led to key changes: adding geriatric-specific precautions, setting 2 mg at bedtime as the default dose, removing 4 mg and 8 mg quick-order buttons, and modifying frequency recommendations to align with best practices. These updates were approved for system-wide implementation. Interdisciplinary education—targeting nursing, advanced practice providers (APPs), physicians and pharmacy staff—was essential to ensure successful adoption of the new protocols and improve patient safety outcomes.

OUTCOMES

The initiative led to increased awareness among the interdisciplinary care team regarding the risks associated with tizanidine use in the geriatric post-operative spinal population. Through targeted education sessions, nursing staff, APPs, physicians and pharmacists were informed of the correlation between tizanidine and orthostatic hypotension, especially in older adults. This awareness prompted more cautious prescribing practices. The updated EHR order set reinforced this education by embedding best practice guidelines directly into provider workflows, including geriatric-specific dosing instructions, safety precautions and removal of higher-dose quick-order options. Following these changes, the team evaluated rapid response activations and noted reduction by 100% in rapid response activations related to hypotension in patients who received tizanidine.

IMPLICATIONS

Organizationally, the project demonstrated the effectiveness of collaborative quality improvement strategies. The initial findings of the reviews drove system-wide adoption, with the updated order set and interdisciplinary education implemented across all affiliated facilities. In addition, while not listed on the Beers Criteria list, there were still opportunities for improvement in the way that tizanidine is dosed and the frequency within the geriatric context. This work validates the need to review medication ordering practices to promote a culture of quality and safety and is easily replicable in other organizations who seek to improve length of stay (LOS) metrics and quality of care for spinal surgery patients.

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10. BRINGING THE 4MS OF AGE-FRIENDLY CARE TO MONTEFIORE MEDICAL CENTER

Author: Rachel Brody, MSN, RN

BACKGROUND

The Institute for Healthcare Improvement's (IHI's) Age-Friendly (AF) Initiative is designed to assist healthcare systems to care for aging populations with increasingly complex needs, following evidence-based practices to avoid harm and align care with priorities of older adults and their families.

SIGNIFICANCE

AF is defined by "4Ms"—Mentation, Mobility, Medication and What Matters to Me. The AF approach seeks to improve the patient experience by aligning care with What Matters to older adults and their caregivers and strives to improve patient outcomes by reducing: falls, adverse medication effects, hospital admissions, length of stay, healthcare costs and delirium occurrences. As of January 2025, the Center for Medicare and Medicaid Services (CMS) Hospital Quality Reporting System included the pillars of AF through a new measure. By 2027, the new measure will impact hospital payment determination. While AF efforts began at Montefiore Medical Center (MMC) in 2017, the new CMS measure is enabling the incorporation of the 4Ms across our hospital system.

DESIGN AND METHODOLOGY

AF efforts in the Moses ICUs led to successful Age-Friendly designation by IHI between 2024 and 2025. Existing protocols and workflows were aligned with the 4Ms framework by nursing and physician leadership. AF efforts included: early extubation, early mobilization, delirium prevention/management, goals of care discussions and optimal medication management, particularly with sedation and analgesia. Within the nursing scope of practice, critical care was identified by the AF Core Team as an ideal starting point because mentation assessments using the Confusion Assessment Method (CAM), ICU and mobility assessments using the Johns Hopkins Highest Level of Mobility (JH-HLM tool) were already embedded in nursing workflows. Leadership alignment supported the implementation of the 4Ms across additional ICUs at Moses, Weiler, Wakefield, Montefiore-Nyack and St. Luke's–Cornwall.

RESULTS

Following the success in the ICUs, AF has begun to expand into the medical/surgical and specialty inpatient units. Current efforts focus on the development and rollout of a nursing education program using the JHHLM that is based on the experience in the ICUs; mobility order sets to support nursing-led mobility efforts that include daily patient-specific mobility goals and exercises; and education efforts on mentation assessments with the CAM in non-critical care units.

IMPLICATIONS

The embracing of AF in the critical care setting provided valuable insight into unit-specific needs, education/quality strategies, incorporation of shared goals, enhancement of documentation and engagement of leadership that has supported further expansion and reach across campuses and clinical areas. The incorporation of the 4Ms in both critical and non-critical units will meet the CMS measure requirements and will aid in the hospital's core mission to improve outcomes for vulnerable, older patients during hospitalization.

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PROFESSIONAL GROWTH AND THE PRACTICE ENVIRONMENT

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11. A COMPARATIVE STUDY OF NURSE ADVOCACY IN THE OPERATING ROOM FOLLOWING SIMULATION IN NOVICE AND EXPERIENCED NURSES

Author: Renee Velez, BSN, RN

BACKGROUND AND SIGNIFICANCE

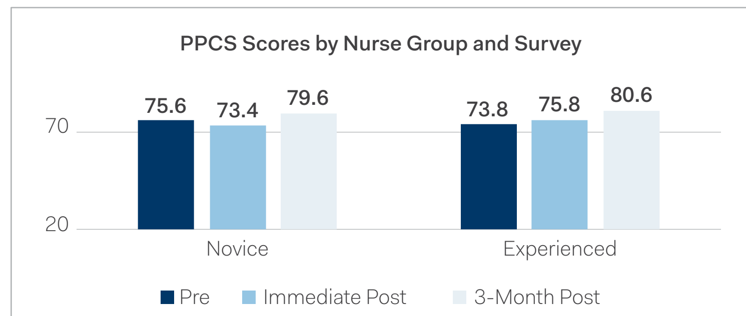
Ensuring patient safety in the operating room (OR) includes prevention of avoidable medical and surgical errors including wrong site, wrong surgery, wrong person, proper positioning and retention of foreign objects. Perioperative nurses have a unique role as advocates for patient safety and the safety of their peers. The perioperative nurse has a very essential role in ensuring that the patient is safe through important tasks. The need to speak up in clinical settings has received significant attention, as it is essential for enhancing patient safety, quality of care (Lee et al., 2021) and the experience of care.

METHODOLOGY

For this pilot study, a mock simulation scenario was developed utilizing resources and best practices from The Joint Commission's standards and the Association of Perioperative RN's (AORN) guidelines for presurgical verification and intraoperative safety procedures to enhance patient safety in the perioperative setting. Five novice nurses (defined as having less than three years of experience) and five experienced nurses (defined as having greater than three years of experience) participated. The aim of this research study was to assess nurses' responses when adhering to versus deviating from the established policies and measure their self-perceived advocacy at three key points: before the simulation, immediately following the simulation and three months post-simulation. Tools utilized for assessment were the Self-Efficacy Questionnaire and the Perceived Peri-operative Competence Scale. The goal of this study was to improve advocacy and self-efficacy in nurses working in the operating room.

RESULTS

Although there was no statistically significant improvement immediately following the simulation, there was a statistically significant improvement in participant: Proficiency, Foundational Skills & Knowledge, Empathy and Professional Development at the three-month follow-up. Additionally, participants provided very positive anecdotal feedback.



IMPLICATIONS

Simulation for high-priority topics can be beneficial in facilitating clinical learning and promoting patient safety. As a result of this simulation, opportunities to consider the following: OR tech engagement in time out, language line (change in process) and considerations for the patient experience component.

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12. A STUDY OF NURSES' SELF-PERCEIVED KNOWLEDGE AND SKILLSET WHEN CARING FOR INDIVIDUALS AT END OF LIFE

Author: Taryn Priaulx, BA, BSN, RN, PCCN, CHPN

BACKGROUND AND SIGNIFICANCE

From novice to expert nurses, a gap in understanding, skills and confidence in providing end-of-life (EOL) care has been identified in both observations and by RN self-reports. Many nurses have expressed that their BSN and new-hire education related to EOL care has been limited. The 2019 CAPC Report Card highlighted that the United States healthcare system is not currently meeting the needs of those living with serious illness. Since 2000, there's been more than a threefold increase in hospitals with 50+ beds that have implemented a palliative care program. As of 2020, over 83% of hospitals have a dedicated palliative care team. Literature also validates a reported challenge as many nursing programs have limited palliative care education despite the 2021 American Association of Colleges of Nursing's statement regarding the lack of palliative care curricula. Hospital RNs face a tremendous challenge, without fault, when caring for patients at EOL due to the scarcity of resources and adequate foundation during undergraduate years. Therefore, it is vital for healthcare organizations to provide resources and education to all nurses as primary palliative and quality care is necessary for all.

STUDY DESIGN

This study used a pre-post-survey design to evaluate the effectiveness of an educational intervention aimed at enhancing knowledge and competencies related to EOL care.

STUDY TOOLS

The study used the16-question validated survey Multidisciplinary End-of-Life Knowledge Scale (MELKS).

EDUCATIONAL INTERVENTION

The study intervention consisted of three stages: a pre-education survey (to assess baseline knowledge and competencies), a one-hour education session on Caring for a Patient at the EOL, and a repeat of the survey immediately following the education and repeated two months post education to evaluate the sustainability of the educational impact. RNs who complete the educational session are eligible to receive one continuing education credit.

RESULTS

Analysis of pre- and post-education responses revealed a statistically significant increase ($p < .05$) in respondents' perceptions of their knowledge across all items, with one exception: "I feel that my workplace provides resources to support staff who care for dying patients" ($p = .135$). The lack of significant improvement for this item is likely due to the already very high pre-education score, which was higher than that of all other items. Qualitative feedback from participants highlighted the value and impact of the educational intervention. Participant comments included: "I wish I had this opportunity at the beginning of my career," "I feel more confident and capable when caring for individuals at the end of life in the hospital," "The education provided valuable knowledge, " "The one hour was time well spent," and "I wish the education was longer to allow for more detail about caring for dying individuals."

IMPLICATIONS

This educational program significantly improved participants' self-perceived skills, confidence and knowledge in providing EOL care. Future efforts include interdisciplinary training, expanding the curriculum, future research focusing on cultural competence in EOL, and peer mentoring programs.

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13. THE ED CONNECTION: PEER MENTORING FOR NURSES

Authors: Olivia Medico, BSN, RN, TNCC; Pamela Murphy, BSN, RN

BACKGROUND

While preceptors in the emergency department (ED) focus on direct clinical instruction and provide summative evaluation during a new nurse's orientation, the ED service line council recognized an opportunity to further develop nurses new to the ED environment. Recognizing the high workload and volume in the ED, clinical nurses proposed MEEP (Mentoring Enhanced Education Program) during an ED council meeting to provide additional support that preceptors could not always consistently provide. MEEP is a dedicated three-month mentoring initiative designed to build trust, confidentiality and professional networking between mentors and mentees.

DESIGN

MEEP was developed to supplement the traditional preceptor-based onboarding and orientation process by providing additional mentorship beyond clinical training. Unlike preceptors, MEEP mentors are experienced ED nurses who volunteer to guide and support new nurses outside of their shifts, helping them acclimate to WPH's culture, develop professionally and navigate challenges. MEEP provides ED-specific mentoring, ensuring new nurses receive mentorship tailored to their unique environment. The program helps bridge gaps in previous preceptor-led training by providing dedicated time for mentorship discussions, fostering long-term professional growth and integration into the department. Throughout the program, mentees and mentors engage in one-on-one meetings, each meeting having a requirement of lasting at least 30 minutes, covering topics such as the role of an ED nurse, patient satisfaction and coping with the emotional impact of emergency situations. Discussions also address common ED nursing topics, including sepsis, cardiac arrests and stroke. The program also focused on the development of interpersonal skills, including conflict resolution, managing provider discussions, time management, prioritization and confidence building. The primary goal of MEEP is to enhance the confidence of new RNs while promoting career satisfaction for both mentors and mentees. To facilitate the identification of knowledge gaps and opportunities to enhance mentee knowledge a pre-survey was conducted that served as the guide for the development of the program content. During ED Service Line Council meetings, mentor-mentee pairings are made based on personality and experience level, with input from council members welcomed, and completed through an informal process. A resource packet was created in addition to PowerPoint presentations that provided a review of ED processes, practices and policies essential for a nurse to have knowledge of to be able to function in the ED. To maintain open communication the mentor and mentee utilize various methods of communication including texting, one-to-one meetings and email as platforms for check-ins. Post-mentoring surveys are completed on all participants.

RESULTS

As a result of this innovative mentoring program, MEEP has been hardwired into the ED culture. So far, 25 nurses have gone through MEEP. Nurse mentee participant feedback highlighted the value of this program and advocated for the continuation of the program for future mentees highlighting both the skill development and the growth in professional development. Feedback from the mentors is that they are happy to participate in the program and believe this is a valuable contribution in growing their peers. Feedback from the nurses who participated in the program is that they are more confident with equipment and procedures they would see in the department, which was shown through pre- and post-surveys. Each nurse was required to fill out a pre-survey, listing from least confident to most confident in multiple situations such as pediatric skills and caring for a patient with stroke symptoms. Confidence levels from the pre-survey to post-survey results increased.

IMPLICATIONS

MEEP demonstrates how a structured mentoring initiative can enhance nurse development beyond the traditional orientation process. It strengthens mentorship, support, teamwork, growth and development, and retention of nurses in the fast-paced ED setting. This model is adaptable and replicable across healthcare organizations seeking to build resilience, competence, skill development and a culture of continuous learning among nurses new to a role in the emergency department.

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14. THE RELATIONSHIP BETWEEN THE NURSE WORK ENVIRONMENT, BURNOUT AND INFECTIONS

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BACKGROUND

Healthy work environments are essential for safe patient care and positive outcomes. Nurses working in poor work environments with high levels of burnout view patient care as poor in quality and safety and are more likely to perceive the occurrence of nosocomial infections.

SIGNIFICANCE

Many studies have looked at patient outcomes in a subjective manner, used preexisting datasets and have been conducted outside the United States. This study aimed to explore the relationship between the nurse work environment, nurse burnout and central line–associated blood stream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) in the inpatient setting at one health system in the United States.

METHODOLOGY

This quantitative, cross-sectional study surveyed 236 full-time staff nurses across 40 inpatient units at four different campuses of one health system in the United States for one quarter. The nurse work environment and burnout were measured using the Healthy Work Environment Assessment Tool and the Maslach Burnout Inventory, respectively. The CAUTI and CLABSI data were obtained from the nursing quality department. A Pearson's correlation was used to explore the relationship between the work environment and burnout, and a negative binomial regression was used to explore the relationship between the work environment, burnout, and CAUTI and CLABSI at all the campuses combined and individually.

RESULTS

Nurses reported high levels of emotional exhaustion, moderate depersonalization and moderate personal accomplishment, and rated their overall work environment as "good." The mean score for CAUTI and CLABSI across all units was one. Emotional exhaustion ($r = -0.428$, $p < .001$) and depersonalization ($r = -0.250$, $p < .001$) were negatively correlated with the work environment, while personal accomplishment was positively correlated with the work environment ($r = .169$, $p = .016$). No relationship was found between the nurse work environment, burnout and CAUTI or CLABSI.

IMPLICATIONS

The CAUTI and CLABSI rates were low in this study, so it is unclear whether nurses continued to provide adequate care despite experiencing burnout or whether the relationships between burnout, the work environment and infections went undetected due to the low variation in the infection rates for that quarter. The connection between burnout and the work environment emphasizes the need for system-level strategies to create healthy work environments, reduce burnout and enhance workplace well-being. Routine staff and environmental assessments need to be done using standardized, validated tools to promote institutional awareness of burnout and evaluate the health of work environments. In the hospital setting, nurses need to be educated on how to use personal and organizational resources to minimize, prevent and cope with burnout. Further research is needed to explore factors that buffer the impact of high burnout and poor work environments, and the costs of burnout-attributed turnover.

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POSTER SESSIONS

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15. TRANSFORMING CARE FOR HOSPITALIZED ADULTS WITH SUBSTANCE USE DISORDERS: AN INTERDISCIPLINARY INITIATIVE AT MONTEFIORE WAKEFIELD

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BACKGROUND

Substance use disorders (SUDs), including opioid use disorder (OUD) and alcohol use disorder (AUD), are highly prevalent among hospitalized adults and are associated with increased morbidity, prolonged hospital stays and elevated healthcare costs. In Bronx County, New York—where Montefiore Wakefield is located—the opioid overdose death rate is the highest in the state, with 188.7 deaths per 100,000 residents reported in 2023. Additionally, 15–20% of adults in the Bronx report binge drinking. Historically, stigma, limited provider training and fragmented care models have hindered effective treatment and recovery support.

PURPOSE

To improve care quality for hospitalized adults with SUDs, Montefiore Wakefield launched a campus-specific Addiction Medicine Consult Service in January 2025. This interdisciplinary, evidence-based initiative aimed to integrate harm-reduction strategies, enhance nursing competencies and foster collaborative care for hospitalized adult patients with SUD.

METHODOLOGY

The initiative included structured nursing education on the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-AR) and the Clinical Opiate Withdrawal Scale (COWS), along with training in the safe administration of medications such as buprenorphine, methadone and naltrexone. Two comprehensive learning modules on chemical dependency and the concepts of CIWA-AR and COWS were introduced, and language guidelines were revised to promote non-stigmatizing, person-first terminology. Interdisciplinary teams were formed, and monthly service line meetings were established to support continuous quality improvement for the addiction service line and to gain a greater understanding of the treatment plan for the patient with substance use disorder. In Q1 2025, daily safety huddles began incorporating workplace violence incidence. Subsequently, the designation of the Impact Nurse was incorporated into the staffing RN mix to support protocol adherence to the COWS and the CIWA-AR and mitigate workplace violence (WPV) risks.

RESULTS

Preliminary anecdotal feedback from nursing staff indicates increased confidence in managing withdrawal symptoms, improved adherence to CIWA and COWS protocols, and enhanced interdisciplinary communication. Early data suggest a downward trend in patient length of stay and reduced WPV incidents. Although CIWA and COWS scores reported by nursing staff have not yet evidenced strong alignment with physician assessments in the clinical area, we continue to acknowledge the learning gap. We will continue to monitor compliance rates with the completion of educational programs using the CIWA-AR and the COWS. Follow-up education continues. The CIWA-AR and the COWS assessments have been added and are now required learning as part of the 2025–2026 Wakefield RN Competency Plan. In addition, a newer electronic learning platform—Workday—will allow for a greater and more comprehensive assessment of compliance rates with the education completion on the COWS and the CIWA.

IMPLICATIONS

We are dedicated to improving care for adults with SUD through focused, evidence-based interventions. Our interdisciplinary team at Montefiore Wakefield is committed to transforming the care experience for these adults, ensuring that every patient receives compassionate, evidence-informed support. We recognize that the addiction service line at Montefiore Wakefield presents unique challenges in caring for our patient population, highlighting the need for a deeper understanding of this subspecialty. Nursing continually strives to gain expertise in caring for adult hospitalized patients with SUD. Our goal is to equip our staff with the necessary tools to apply evidence-based practice (EBP) and conduct thorough EBP assessments, ultimately providing compassionate and safe care for our patients.

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16. ASSESSMENT OF PATIENT AND FAMILY SATISFACTION WITH PRIMARY NURSING TEAMS FOR PEDIATRIC HEMATOLOGY/ONCOLOGY PATIENTS: A DISCUSSION OF METHODS

Authors: Rebecca Muschio, BSN, RN; Megan Hayes, ADN, RN; Catherine Pisacano, BSN, RN; Deborah Costa, MSN, RN, CPHON; Jessina Thondiamthadathil, BSN, RN

BACKGROUND

Primary nursing is a well-established care model that assigns a single nurse or nursing team to oversee the care of a patient throughout their hospital stay, promoting continuity, accountability and stronger nurse-patient-family relationships. While previous research has examined primary nursing in adult settings, limited and conflicting data exists on its impact in pediatric populations, particularly in hematology and oncology.

PURPOSE

This pilot study, conducted on CHAM 9 at Children's Hospital at Montefiore, evaluates patient and family satisfaction following the implementation of a primary nursing team framework. Primary nursing was formally implemented in October 2020 as a quality improvement pilot project with the goals of improving both nursing and patient/family satisfaction. Four nurse teams were assigned to cohorts of frequently admitted pediatric patients to improve communication and reduce staff burnout. This study aims to assess the degree to which this model influences perceptions of care quality and patient/family satisfaction.

METHODOLOGY

A descriptive, quantitative design is being used to gather data through anonymous, Likert-based and open-ended paper surveys distributed to patients aged 12–21 and caregivers of patients under 12 who are on a primary nursing team. Participants are recruited at time of discharge or outpatient follow-up and asked to share their experience with primary nursing.

RESULTS

Data collection is currently ongoing. Survey responses will be analyzed to determine the effects of the primary nursing team model on satisfaction levels.

IMPLICATIONS

This study has the potential to address gaps in the literature by highlighting whether this care model improves communication, care continuity and overall satisfaction among pediatric hematology and oncology patients and their families.

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17. EDUCATE TO ELEVATE: A COLLABORATIVE COMPETENCY FAIR FOR HIGH-RISK PERINATAL NURSING

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BACKGROUND

Maternal and neonatal health disparities persist throughout the United States, with communities such as the Bronx bearing a disproportionate burden. Addressing morbidity and mortality disparities necessitates a focus on both systemic reform and clinical quality, particularly in high-risk peripartum nursing, where frontline nurses play a critical role in improving outcomes during the most vulnerable phase of pregnancy. To achieve the best possible outcomes for mothers and babies, high-risk peripartum nursing requires strong clinical thinking skills, intervention and escalation, as well as interdisciplinary collaboration.

SIGNIFICANCE

Our goal was to create a competency fair to validate standardized practice, address knowledge gaps and continue to strive for clinical excellence. We focused on utilizing evidence-based practice, particularly in maternal-child and high-risk perinatal nursing.

METHODOLOGY

We conducted a literature search and comprehensive needs assessment to identify and evaluate competencies in high-risk perinatal nursing. A 10-person maternal child health (MCH) service line nursing team created and implemented a structured competency fair in early 2024 to meet these complex demands and improve critical knowledge and skills for peripartum nurses who care for high-risk mothers and newborns. Curriculum development employed best practice guidelines from professional medical, nursing and regulatory organizations. To assess, enhance and validate nursing competencies in critical domains, we used learning stations that integrated interactive case scenarios, critical thinking activities, team communication and simulation-based learning.

RESULTS

We conducted five competency fairs in 2024–2025. The eight-hour training drew 130 nurses from the Weiler-Wakefield MCH service line. The preliminary evaluation data revealed that 98% of participants reported this education would improve their knowledge, skills, patient outcomes and practice behaviors. In addition, they identified team strategies they plan to employ as a result of this education, including enhanced communication, stronger collaboration, active advocacy and appropriate escalation to ensure patient safety and quality of care. Participants conveyed high satisfaction with the session, indicating that the "hands-on skills" and interactive learning met their expectations.

IMPLICATIONS

The competency fair model is an effective and scalable strategy for validating clinical skills, promoting team preparedness and strengthening the delivery of safe, high-quality care in high-risk perinatal settings. By combining hands-on simulation, evidence-based practice and real-time feedback, the fair provided an engaging and successful method of competency validation. This plan promotes ongoing professional development and cultivates a culture of safety and excellence in perinatal care.

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18. ENHANCING RN PROFICIENCY IN HEPATIC ARTERIAL INFUSION (HAI) PUMP ACCESS: IMPLEMENTATION OF A STRUCTURED TRAINING PROGRAM IN AN AMBULATORY ONCOLOGY UNIT

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BACKGROUND

Hepatic arterial infusion (HAI) chemotherapy is an evolving treatment modality for managing colorectal carcinoma with liver metastases (CRLM). It has emerged as a valuable option for patients with unresectable liver metastases and is frequently used in combination with systemic chemotherapy. This approach has been shown to significantly reduce tumor burden, improve long-term disease-free survival and enable conversion of previously unresectable CRLM to resectable disease (Intera Oncology, n.d). HAI has also demonstrated promising outcomes in intrahepatic cholangiocarcinoma (iCCA), contributing to improved disease control and overall survival. Now included in the National Comprehensive Cancer Network (NCCN) guidelines, HAI delivers chemotherapy directly to liver tumors via the hepatic artery, capitalizing on the liver's dual blood supply—normal tissue is perfused by the portal vein, while tumors are primarily supplied by the hepatic artery. This allows for targeted therapy with reduced systemic toxicity. Floxuridine is the preferred agent due to its high first-pass hepatic metabolism (Rao et al., 2023). Despite its benefits, HAI therapy presents clinical challenges, including seroma formation, pump malposition, infection, fluctuations in pressure or temperature, dry or high-residual pumps, chemical hepatitis, gastrointestinal ulceration and imaging-related concerns (Italiano, 2018). Oncology nurses are central to the safe administration and management of HAI therapy. Their role encompasses bi-weekly pump refills, early identification of complications, patient education and ongoing clinical monitoring. Effective HAI delivery requires a multidisciplinary approach involving surgical oncology, medical oncology, nursing and pharmacy, with nurses playing a pivotal role in the ambulatory setting (Italiano, 2018).

METHODOLOGY

This initiative aimed to train novice RNs in an ambulatory infusion unit on HAI pump management and to assess their confidence and competency. A structured training program was implemented, consisting of manufacturer-led instruction, development of standard operating procedures (SOPs), simulation-based in-service education, peer mentorship, and supervised hands-on practice. Staff confidence was assessed through surveys administered after initial HAI pump access and three months. Clinical competency was validated through direct observation prior to the second survey. This comprehensive approach was designed to enhance both technical skills and self-assurance in HAI therapy delivery. RN training began in March 2025 with foundational education led by a clinical specialist from Intera Oncology. On April 14, 2025, a standardized SOP manual was distributed, and hands-on simulation training was launched, led by the ambulatory oncology unit-based nurse educator coordinator in collaboration with the oncology Infusion nurse–patient care coordinator. The same day marked the first clinical administration of HAI therapy. Peer mentorship was incorporated into each pump refill to promote sustained learning and clinical confidence. Final analysis of RN survey data and competency outcomes will be completed at the end of the data collection period.

OUTCOMES

Program success will be evaluated using the following metrics: total number of patients initiated on HAI therapy, incidence of non-hospitalization complications, infection rates, number of HAI pump–related emergency department visits or hospitalizations, number of RNs achieving validated competency, and the percentage of RNs reporting increased confidence in HAI pump access based on self-reported survey data at three months.

CONCLUSION

The structured training program has been highly successful in enhancing nurses' competency and confidence in accessing the HAI, with over 50% of RNs reporting being confident or very confident. It has strengthened their ability to perform safe access and deliver high-quality care to patients receiving this treatment modality. Data show that nurses are building confidence through education, hands-on training and direct clinical experience. By implementing this structured approach, we are developing more competent and confident nurses while meeting the growing demand for HAI access. A few challenges were encountered, including seroma, hematoma and difficult access related to anatomical positioning of the HAI pump. However, over the 21-week period there were no incidences of infection, emergency visits, hospitalizations or pump malfunctions, underscoring the safety and effectiveness of the program.

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19. DOES THE INITIAL HEMORRHAGE RISK SCORING TOOL ACCURATELY PREDICT POSTPARTUM HEMORRHAGE? A RETROSPECTIVE ANALYSIS

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BACKGROUND AND SIGNIFICANCE

Nationwide, postpartum hemorrhage (PPH) is responsible for 11.2% of maternal casualties and 27% of maternal deaths worldwide (Joint Commission, 2024; ACOG, 2022). A large cross-sectional study from 2000 to 2019 concluded that the rate of PPH has increased nationwide from 2.7% to 4.3% (Obstetrics and Gynecology, 2023). White Plains Hospital has seen similarly increasing PPH rates: from 2021 to 2024, PPH rates were 3.4%, 4.3%, 5.5% and 4.2%, respectively. Accurate screening could help identify those at risk of PPH by providing preventative/proactive management for those scoring high on a risk assessment tool. Enhanced risk stratification offers an opportunity for earlier identification, targeted intervention and improved maternal safety.

OBJECTIVES

We sought to evaluate the validity of the initial hemorrhage screening tool as a predictor for PPH and evaluate the incidence of certain variables within that population. The PPH population is defined as patients who delivered in 2023 and 2024 who experienced a cumulative blood loss of greater than or equal to 500 mL for normal spontaneous vaginal delivery (NSVD), 1,000mL for caesarean section (C/S) or blood loss accompanied by signs or symptoms of hypovolemia within 24 hours of birth.

METHODOLOGY

We performed a retrospective analysis of PPH patients for 2023 and 2024. For the patients that fulfilled inclusion criteria, investigators conducted a comprehensive chart review that examined the initial hemorrhage screening score, examined variables in the PPH population and performed patient metrics summary.

RESULTS

Results showed a statistically significant association between the risk category and PPH. When analyzing sensitivity (correctly identifying patients who will have a hemorrhage as being at risk) and specificity (not identifying patients who will not have a hemorrhage as being at risk), the sensitivity of the instrument is only 12.7% and specificity is 98.1%. The sensitivity is lower than desired; only 30% of patients who hemorrhage are screened into a high-risk category. Variables in the 2023 population included: 63.7% NSVD, 36.3% C/S, 4.4% post-term, 3.5% oligohydramnios, 8% intrauterine growth restriction/fetal growth restriction, 45.1% induction of labor (IOL), 17.7% hypertension, 19.5% gestational diabetes mellitus, 22.1% IVF, 8% AMA, 6.2% multiple gestation, 4.4% placental abruption. No significant risk factors were associated with PPH and race/ethnicity. For the 2023 PPH population: it was found that there are no statistically significant differences in PPH risk by delivery type; neither NSVD nor C/S is a risk factor for PPH. Additionally, patients with IOL are more likely to experience PPH. In patients who weren't induced, their incidence of PPH was 3.8%. The incidence of PPH in induced patients was 8.3%. There are no statistically significant differences in PPH risk with the combination of IOL and C/S. There are statistically significant differences in PPH risk with combination of IOL and NSVD: patients who have both IOL and NSVD are more likely to have PPH. The latter 2023 findings were further confirmed and validated by a 2024 data analysis.

IMPLICATIONS

The tool's low sensitivity challenges clinical utility. Results underscore the limitations of the instrument and the importance of focusing on modifiable clinical factors, such as induction, in managing PPH risk. There is an opportunity to audit and revise clinical pathways related to IOL, and to examine differences in preventative management of two subgroups (IOL and NSVD, IOL and C/S).

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20. EMPOWERING NURSES THROUGH BEREAVEMENT EDUCATION: IMPROVING PRACTICE AND PROCESS AT A REGIONAL PERINATAL CENTER

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BACKGROUND

Nursing council members on the Labor and Delivery unit at our regional perinatal center in the Bronx identified significant variation in bereavement care practices, revealing gaps in staff preparation and policy clarity. Nurses often reported feeling underprepared and emotionally impacted when caring for families experiencing fetal demise and perinatal loss, affecting both their well-being and the quality of care delivered.

SIGNIFICANCE

The Bronx community faces unique social, cultural and economic challenges that may intensify the emotional toll of perinatal loss. Without consistent support, these experiences can lead to lasting trauma and poor mental health outcomes. Establishing trauma-informed, equitable and culturally sensitive bereavement care is critical to improving the experience for patients, families and care teams. This quality improvement project aims to enhance the standard of care and emotional support for patients and families experiencing fetal demise and perinatal loss. Through structured education and a standardized bereavement protocol, the initiative sought to improve nurses' clinical competence, communication and emotional sensitivity to ensure consistent cand compassionate care.

DESIGN AND METHODOLOGY

An informal needs assessment was conducted through staff input, observations and anecdotal reports to identify gaps in care. A multidisciplinary team—including nurses, physicians, nurse leaders and educators—provided insight into workflow and safety concerns. A policy review revealed outdated content and inconsistencies. Revisions were guided by current literature and recommendations from the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Perinatal Bereavement Program. Nursing leadership approved proposed changes, training plans and resource needs. A structured bereavement education curriculum was developed, focusing on nursing interventions, documentation and trauma-informed communication. A perinatal bereavement cart was also created, stocked with memory-making supplies for families and organized for ease of access. A step-by-step bereavement care guide was developed to assist nursing staff in delivering consistent care, including memory-making, accurate documentation and access to support and referral resources.

RESULTS

Pre- and post-education assessment data demonstrated measurable improvements in nursing confidence and knowledge related to perinatal bereavement care. Participants reported increased understanding of communication strategies, institutional policy, clinical practice standards and appropriate documentation. Additionally, nurses expressed a desire for ongoing psychological support, including formal debriefing opportunities for care teams and the development of a bereavement support group for families. These findings highlight both the success of the education initiative and the continued need for emotional resources to support holistic, trauma-informed care.

IMPLICATIONS

This initiative highlights the importance of structured education and standardized protocols in improving the quality and consistency of perinatal bereavement care. Strengthening nurses' confidence, communication skills and emotional preparedness supports both patient outcomes and staff well-being. Ongoing efforts to provide psychological support, including team debriefing and family bereavement groups, are essential for sustaining a trauma-informed, compassionate care environment. The model may be adapted across maternal-child units to promote equitable, culturally sensitive care during perinatal loss.

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21. IMPROVING FIRST CASE ON-TIME STARTS (FCOTS) THROUGH NURSE-LED, EVIDENCE-BASED PRACTICE

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BACKGROUND

The first case on-time start (FCOTS) of an operating room (OR) is viewed as a forerunner of efficiency for the daily schedule. Timely initiation of first surgical cases plays a pivotal role in enhancing OR efficiency, improving patient satisfaction and maintaining streamlined staff workflow. At Montefiore Medical Center, ongoing delays in FCOTS have been recognized as a critical impediment to achieving optimal perioperative performance.

PURPOSE

This initiative aims to enhance FCOTS rates through a nurse-led, evidence-based quality improvement strategy. Grounded in nationally recognized best practices and driven by interdisciplinary collaboration, the initiative seeks to optimize surgical workflow, reduce delays and improve overall patient care delivery.

METHODOLOGY

A root cause analysis revealed key contributors to FCOTS delays are as follows:

- Surgeon arrivals vary according to what needs to be done with patients pre-operatively—that is, for total shoulders longer time was needed for block with catheters, double catheters for bilateral cases
- Consent issues, marking time, attestations, etc.
- Anesthesia-block team staffing to cover more than five blocks for an early case, assessing patients in ASU late, medical issues
- Inconsistent documentation of time events by the nursing staff both in pre-op and intra-op
- Sending unit delays (unable to get report on time, pre-op checklist not completed)

Guided by the American Society of Peri Anesthesia Nurses (ASPAN) standards, a multidisciplinary team led by perioperative nurses, with the support of the perioperative leadership, implemented the following interventions:

- Timely completion of the standardized preoperative checklists integrated into the EHR
- Daily first case readiness huddles
- Real-time FCOTS performance dashboards
- Staff education on FCOTS impact and workflow optimization
- Adjustment of RN schedules to ensure early task completion
- Daily readiness and safety huddles to reinforce accountability
- Reinforcement of the importance of real time documentation of events with the nurses in both pre-op and intra-op

RESULTS

Within three months, the initiative achieved:

- FCOTS rate improvement from 70% to 81%
- Pre-op readiness compliance ≥95%
- 100% completion of daily huddles
- ≥90% timeliness in anesthesia evaluations

Secondary outcomes included increased staff engagement, improved patient satisfaction scores and reduced OR idle time.

CONCLUSION

This project demonstrates the power of structural empowerment and nurse-led quality improvement in transforming perioperative efficiency. By leveraging professional organization resources and fostering interdisciplinary collaboration, the team achieved sustainable improvements in clinical and operational outcomes.

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22. REDUCING CATHETER-ASSOCIATED INFECTIONS THROUGH TARGETED LINE DE-ESCALATION AND HEMODIALYSIS ACCESS OPTIMIZATION IN INPATIENT SETTINGS

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BACKGROUND

Central venous catheters (CVCs), particularly temporary dialysis catheters, are a major source of infection in hospitalized patients. At Montefiore, over 60% of inpatient central lines are attributed to hemodialysis access. This performance improvement (PI) project aims to reduce line-associated infections and unnecessary catheter days by implementing targeted interventions and a standardized hemodialysis de-escalation algorithm.

PURPOSE

The dual objectives of the project are: (1) To reduce unnecessary line days across inpatient units, particularly temporary CVCs at high risk for infection. (2) To optimize vascular access decisions for hemodialysis patients through a structured, goal-directed de-escalation approach.

METHODS

- Temporary catheters, often placed subcutaneously without protective features, are targeted for early removal or replacement with tunneled catheters when clinically appropriate.
- A de-escalation algorithm was developed to guide nephrology, vascular surgery and clinical teams in determining when vascular consultation is warranted, prioritizing AV access over prolonged use of temporary hemodialysis catheters (THDC).
- Daily line necessity reviews, patient-centered goals of care, and evaluation of candidacy for permanent access are core components.
- For patients with acute kidney injury (AKI), clinical pathways distinguish those with recovery potential (who may continue with THDC) from those requiring long-term access solutions.

OUTCOMES

Expected outcomes include reduced catheter line days, lower infection risk and more appropriate and timely vascular access planning, especially for patients with chronic kidney disease (CKD-4+) or prolonged inpatient stays.

CONCLUSION

By combining infection risk mitigation with a proactive hemodialysis line de-escalation strategy, this initiative improves clinical outcomes, supports long-term care planning and enhances interdisciplinary collaboration. These efforts represent a scalable approach to improving safety, quality and efficiency in the inpatient setting.

CASE STUDY

Patient: 69-year-old African American female

Medical history: Dementia, diabetes mellitus (DM), hypertension (HTN), hyperlipidemia (HLD), peripheral vascular disease (PVD), end-stage renal disease (ESRD)

Presenting problem: Recurrent central line–associated bloodstream infection (CLABSI) events

Challenges identified:

- Poor vasculature
- Chronic candida auris colonization
- Prolonged hospital course (admitted 9/2022–6/2023; 6/2023–7/2024)

Intervention: Vascular consultation for placement of Accuseal AVG

Outcome:

- Decreased line days
- Reduction of CLABSI events from 3 to 0

Discussion:

This case highlights the potential impact of multidisciplinary collaboration on clinical outcomes in patients with prolonged hospital course.

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23. THE POWER OF PREVENTION: DRIVING EXCELLENCE IN CAUTI REDUCTION

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BACKGROUND

In 4Q23, the Montefiore Medical Center, Wakefield Campus (MMCWC), faced a catheter-associated urinary tract infection (CAUTI) rate of 5.07 per 1,000 patient days, surpassing acceptable benchmarks and highlighting the need for improvement. Addressing this issue aligned with the Montefiore Health Nursing Strategic Plan (2023–2026), which emphasizes reducing healthcare-associated infections as a key empirical outcome to improve patient safety and quality of care. This initiative reflects the organization's broader commitment to advancing health through evidence-based nursing practices.

AIM

To achieve a substantial reduction in the MMCWC CAUTI rate by leveraging interdisciplinary collaboration, implementing evidence-based interventions and enhancing education for nursing and clinical teams.

METHODS

An interdisciplinary team, including infection prevention analysts, infectious disease, physician partners, nursing leadership and clinical directors, conducted a comprehensive evaluation of existing practices through clinical reviews of each CAUTI event. Root causes, such as delayed catheter removal, inconsistent maintenance practices and inappropriate testing, were identified. Following the clinical reviews, an interdisciplinary team, the CAUTI collaborative, met monthly to discuss opportunities for improvement in the management of these patients. Evidence-based practices—such as two-person catheter insertion protocols, daily care routines using Sure Step wipes, bladder scan protocols for catheter removal, external catheter devices and enhanced hand hygiene initiatives—were implemented. These practices were further discussed during the CAUTI subgroup meeting to relay improvement strategies to clinical nurses and patient care associates on each nursing unit. The use of secure electronic communication tools fostered real-time decision-making. Team members were educated through multi-modal strategies, including safety brief, unit huddles, posting of urine culture algorithm, and lecture series given to the providers, ensuring uniform adoption of the new processes.

RESULTS

Post-intervention, during 2Q24–4Q24, the MMCWC CAUTI rate dramatically dropped to 0.26 per 1,000 patient days, achieving a 95% reduction. This improvement signified a remarkable turnaround.

CONCLUSION

This project underscores the transformative power of interdisciplinary teamwork, with strong executive leadership backing, to promote evidence-based practices, and targeted education in reducing healthcare-associated infections. CAUTI prevention practices are continuously monitored to prevent harm to our patients. As practices are updated, new interventions are implemented to improve quality of care. By aligning with the nursing strategic plan's empirical outcomes, this initiative not only improved patient safety but also set a precedent for continuous quality improvement in healthcare delivery. These findings reaffirm the critical role of interdisciplinary collaboration in driving superior patient outcomes.

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24. INTERRUPTING INFECTION TRANSMISSION: THE NURSE'S ROLE IN REDUCING PATIENT HARM

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BACKGROUND

Candida auris is an emerging fungal pathogen that requires early identification and isolation to prevent nosocomial transmission. The Centers for Disease Control and Prevention and the World Health Organization have designated this pathogen as an urgent threat to public health. *Candida auris* has a mortality rate of between 30% and 60% contributing to prolonged hospitalizations. Recent publications associate the hospitalization for *Candida* infections with a $1.4 billion contributing substantial economic burden on an already stressed system.

SIGNIFICANCE

In July 2025 one case of nosocomial *Candida auris* was identified on a medical surgical unit. This patient was hospitalized approximately two months earlier from a skilled nursing facility (did not have a tracheostomy nor was ventilator dependent). This patient did not meet criteria and was not swabbed as part of the MMC *Candida auris* admission surveillance program. Consistent with the Association for Professionals in Infection Prevention and Epidemiology (APIC), the Society for Healthcare Epidemiology of America (SHEA) and current New York State Department of Health (NYSDOH) guidance, an outbreak investigation was initiated. The Infection Prevention team in collaboration with unit nursing leadership, the medical team, environmental services and the logistics team worked collaboratively to assess risk, identify new cases and prevent the potential transmission of an extremely resistant fungal pathogen.

DESIGN AND METHODOLOGY

Once the index case was identified and over the following two weeks the interdisciplinary team (unit nursing leadership, medical team, environmental services, logistics and the infection prevention team) conducted an outbreak investigation, collaborated with both the nurses and physicians in a systematic approach to risk-assess patients on the unit, collaborated and daily communicated the mitigation plan to identify and isolate any new cases and to implement appropriate evidence-based infection control interventions to break the circle of transmission and to reduce the bioburden of organisms on the unit.

RESULTS

In addition to the index case, three other patients tested positive for *Candida auris*. We identified four patients on the unit. Collaborating with the above interdisciplinary team the unit nursing team worked closely with the infection prevention team to evaluate the entire unit for *Candida auris*. During that week we also screened all new admissions to this medical unit for *Candida auris* to demonstrate we were not introducing new infections into this unit. All 36 surveillance swabs resulted negative. The nursing and interdisciplinary interventions broke the cycle of transmission and prevented patient harm.

IMPLICATIONS

The nurses on this medical surgical unit and the infection prevention nurses demonstrated active participation and shared interdisciplinary decision making throughout this investigation. At the conclusion of this exposure investigation, the nursing team began to discuss how to share this experience through current unit-based councils, presentations and discussions at future "best practice councils" and by developing a poster presentation.

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25. IMPLEMENTATION OF A PERIOPERATIVE SKIN CARE BUNDLE

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BACKGROUND

Pressure injury prevention has been a topic of study within nursing since the beginning of the profession. The purpose of this project was to look at pressure injury prevention within the perioperative patient.

PROBLEM

In the perioperative area at the practicum site, hospital-acquired pressure injuries were significantly noted. Perioperative patients were not being assessed for pressure injury development with a validated tool.

METHODOLOGY

The Scott Triggers tool was used to assess perioperative patients for the likelihood of pressure injury development. This tool is used exclusively for the perioperative setting. Prophylactic foam dressings were then placed on surgical patients in relation to their position for surgery.

INTERVENTION

The use of a validated assessment tool, such as the Scott Triggers tool and prophylactic dressings, has been found to decrease the number of pressure injuries. Skin care bundles have been used in various nursing settings. In the adult acute care setting, the Braden Scale, nutrition consults, sacral prophylactic dressings and positioning devices are used to mitigate pressure injuries. For this project, specifically in the perioperative population, the Scott Triggers tool and prophylactic dressings were used depending upon the patients' position for surgery.

RESULTS

Random chart reviews were conducted for 40 patients pre- and post-implementation. Inclusion criteria were patients 18 years or older undergoing a surgical procedure. Patients were randomly selected through data obtained from the Nursing Informatics department. Pre-implementation, 10 patients were noted to develop a pressure injury, while seven patients developed pressure injuries post-implementation. A chi-square test was conducted with a *p*-value of .412, indicating that there is a 41.2% chance of a change in pressure injury rates.

CONCLUSIONS

While there was no statistical significance seen with the skin care bundle, the intervention should be continued. The data can be looked at with a larger sample size, which may then reveal statistical significance. We must keep in mind that there was a positive direction for the intervention.

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26. REDESIGNING A PROFESSIONAL PRACTICE MODEL FOR SUSTAINED NURSING EXCELLENCE

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OBJECTIVE

This abstract underscores the critical importance of patient satisfaction as a determinant of healthcare quality while detailing the implementation and outcomes of true integration of professional practice model that incorporates caring theory.

BACKGROUND

Patient satisfaction is a vital indicator of healthcare quality, impacting clinical outcomes, reimbursement rates and the overall reputation of healthcare institutions. In 2023, the institution faced ongoing difficulties meeting national patient experience benchmarks, highlighting the urgent need for systemic enhancements. To address this challenge, nursing leadership embarked on a significant undertaking to reintroduce the professional practice model using caring theory. This new model drew upon principles from a prominent nursing theorist, emphasizing the significance of caring relationships in achieving optimal healthcare outcomes. Launched in the third quarter of 2023, this innovative framework sought to redefine care delivery and enhance the patient experience through sustainable, evidence-based strategies aimed at measurable outcomes.

METHODOLOGY

Nursing leaders and nurse educators conducted a comprehensive environmental scan to identify barriers to optimal patient experiences, assess staff learning needs and review current practices. An analysis of communication patterns, discharge processes and feedback mechanisms revealed notable discrepancies in caring behavior. In response, structured education sessions focused on effective communication, fostering empathy and promoting accountability in care delivery. A real-time coaching system was also established to provide immediate feedback, enhancing patient interactions. The teach-back methodology was adopted to improve medication education practices. To further support frontline staff, the nursing governance structure was reorganized to improve the accessibility and responsiveness of nurse leaders to team needs. The implementation process was structured around a performance improvement model utilizing iterative plan-do-study-act (PDSA) cycles. This methodology ensured continuous assessment and refinement based on real-time clinical outcomes and staff feedback.

RESULTS

By the conclusion of Q4 2024, the institution's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores exceeded national benchmarks with a remarkable 15% increase in patient satisfaction. Significant improvements were also noted in nursing engagement across all domains of the National Database of Nursing Quality Indicators (NDNQI). The number of patients positively responding to the medications question increased. The use of the caring theory principle in the professional practice model enhanced patient experiences and promoted professional growth among nursing staff, fostering a workplace culture centered on empathy, accountability and continuous learning.

CONCLUSION

The caring theory professional practice model represents a significant shift in healthcare delivery, focusing on training staff to provide compassionate, human-centered care. It aligns with roles in nursing professional development, such as advocating for scientific inquiry, facilitating learning and leading initiatives. This model has improved patient satisfaction and nursing engagement by addressing barriers to optimal patient experiences and providing essential skills to staff. It emphasizes the vital role of nursing leadership and education in driving systemic change and enhancing care quality. The initiative also highlights the importance of the Nursing Professional Development Specialist (NPD) in improving patient outcomes and ensuring a positive return on investment of the professional practice model. This model serves as a blueprint for healthcare institutions aiming to enhance patient outcomes through innovative, evidence-based practices, ultimately improving the patient journey and nursing professional growth.

27. KINDNESS KADDY: A NURSE-DRIVEN INNOVATION ELEVATING PATIENT EXPERIENCE

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BACKGROUND

Montefiore Medical Center Wakefield Campus, Labor and Delivery Unit (3 South), serves a diverse and underserved population in the Bronx, New York. In Q1 2023, the unit's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Top-Box Score for "Recommend the Hospital" was 68.4, placing it in the 20th percentile among Magnet-designated hospitals. This highlighted a need to improve patient satisfaction and the overall birth experience.

SIGNIFICANCE

Patients in the Bronx represent a vulnerable population that urgently requires high-quality maternity care. The Bronx has an alarmingly high maternal morbidity rate, with data indicating 255.3 deaths per 10,000 deliveries. This statistic further highlights this community's critical need for compassionate and exemplary care.

PURPOSE

To enhance the patient experience and increase the HCAHPS Top-Box Score for Recommend the Hospital by addressing gaps in patient comfort and communication between clinical nurses and leadership.

METHODOLOGY

In Q2 2023, a clinical nurse identified that many patients arrived for childbirth without comfort items. Collaborating with nursing leadership, a multidisciplinary team was formed to develop a patient-centered intervention. The team created the "Kindness Kaddy," a customizable caddy stocked with comfort and entertainment items such as lip balm, LED candles, Bluetooth speakers and stress-relief tools through patient feedback sessions and staff engagement. The cart was implemented in Q3 2023, and staff were educated through huddles, emails and peer-to-peer training.

RESULTS

Following implementation in August 2023, the HCAHPS Top-Box Score for "Recommend the Hospital" rose to 99% in Q4 2023 and was sustained at 99% throughout all four quarters of 2024. Additionally, staff reported increased satisfaction with their ability to provide compassionate, individualized care.

CONCLUSION

The Kindness Kaddy initiative significantly improved patient satisfaction and strengthened communication between clinical nurses and leadership. This low-cost, high-impact intervention demonstrates the value of frontline staff engagement and patient-centered innovation in improving care outcomes.

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28. IMPLEMENTATION OF AN EVIDENCE-BASED BUNDLE TO DECREASE THE NUMBER OF HOSPITAL-ACQUIRED PRESSURE INJURIES IN THE CARDIAC SURGERY INTENSIVE CARE UNIT

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BACKGROUND AND SIGNIFICANCE

The incidence of hospital-acquired pressure injury (HAPI) is significant in the patient population undergoing cardiovascular surgery, as these patients may be on cardiopulmonary bypass for an extensive time, require the use of vasopressor agents, and/or have a significant past medical history including diabetes and smoking, which sets them up for developing a HAPI. This population is at particular risk for the development of sacral HAPIs both during and after surgery, with a reported incidence as high as 16.7% to 29.5% (Geller, 2020). A substantial financial burden on the healthcare system, Medicare and Medicaid (CMS) have reduced reimbursement related to such injuries; therefore, hospitals face the full financial burden of these events, and a single episode could cost more than $70,000 (Padula, 2019). Best practice guidelines must be in place to determine the reason why. The incidence of HAPIs in the cardiac surgery intensive care unit (CSICU) at Montefiore Medical Center/Moses Campus was significantly on the rise, understanding the why and addressing the issue was the priority. The CSICU has seen a remarkable increase in HAPIs when compared to the same period in 2023, a 243% increase. A quality improvement (QI) project was implemented using the Standardized Pressure Injury Prevention Protocol (SPIPP) checklist (Padula, 2018). The CSICU is a unit that provides complex critical care to patients recovering from various cardiac surgical procedures.

METHODOLOGY AND DESIGN

The objective was to utilize the SPIPP checklist to reduce the number the HAPIs in the CSICU by 50% in the third quarter of 2024 as compared to the third quarter of 2023. A literature review was conducted to determine current evidence-based practices for the prevention of HAPIs in patients in the CSICU. To assess nursing knowledge regarding the prevention of HAPIs and evidence-based practice guidelines, a pre-survey was administered. Once completed, the educational portion of the project commenced, including RNs, PCTs, NAs and the cardiac surgery operating room RNs. "HAPI" prevention sessions were organized in collaboration with our internal wound, ostomy, continence nurses and clinical specialists from Molnlycke, the manufacturer of the silicone foam dressings currently being used in the prevention of deep tissue injuries. Skin champions, shift nursing huddle, collaboration with our providers, Wednesday skin-day/four eyes on every patient, and ongoing education was the foundation of the project in conjunction with the SPIPP.

RESULTS

Data from nursing and patient care services indicated a reduction in HAPIs. HAPI rates decreased each month during the implementation of the QI project.

IMPLICATIONS

SPIPP led to an improvement in HAPI rates, and the post survey indicated that the majority of staff agreed that SPIPP improved patient care and was seen as moderately to very helpful in the prevention of HAPIs.

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29. JOINT REPLACEMENT CENTER: QUIET TIME/ TEATIME PILOT

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BACKGROUND

Quality rest is critical for post-operative healing, yet constant interruptions, noise and lighting in acute care units often disrupt sleep (Hedges, 2019). On a 20-bed acute care unit for primary hip and knee replacements, frequent disturbances limit patients' ability to rest effectively. Literature reviews have demonstrated evidenced based practice supporting quiet hours to improve the patients experience with quietness. One large health system implemented structured quiet hours and saw major improvements in patient satisfaction scores regarding quietness (Barden, 2021). In another study on a hip replacement unit, patients reported lower levels of post-operative anxiety and an increase in overall patient satisfaction when noise reduction interventions were implemented (Chen, 2024).

SIGNIFICANCE

Restful periods in acute care support recovery, but achieving a quiet environment is challenging in a high-activity setting. This quality improvement project aimed to reduce noise, enhance rest and improve patient satisfaction and outcomes in the post-operative setting.

DESIGN AND METHODOLOGY

Daily quiet hours were implemented on the 6N unit, with dimmed lighting, minimized noise and signage displaying quiet-time expectations. Staff and visitors were informed, and patients were offered tea or coffee. Unit noise was monitored with decibel readers, and patient feedback on noise levels was collected via HCAHPS survey data.

RESULTS

Following the pilot launch in September 2024, decibel levels declined steadily through March 2025. HCAHPS "quietness" ratings improved from September 2024 to March 2025, indicating enhanced patient experience and reduced noise levels.

CONCLUSION

While many hospitals and patient care settings have adopted or look to promote quiet environments that harbor rest and promote more comfort and relaxation, implementing interventions can come with a wide host of challenges. With the use of set quiet hours and staff compliance and reinforcement, our acute care total joint replacement unit has seen positive results and improved patient satisfaction with the quietness experienced during their stay. Collecting sound data with decibel readers has allowed us to monitor the sound levels from the unit. For the future our goal is to continue to decrease noise levels and increase patient satisfaction and outcomes.

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30. INTRODUCTION OF MEDICATION EDUCATION CARDS IN ABDOMINAL TRANSPLANT PATIENTS

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BACKGROUND

Medication education plays a paramount role in patient outcomes such as mortality, readmissions, treatment adherence and psychological state. The causality of the impact of medication education and side effect teaching on patient outcomes is emphasized under the lens of newly transplanted patients. This is due to the high number of new medications introduced to the patient's medication regimen and the direct impact these new medications have on the success of the transplant received. F7AE is an abdominal transplant unit, in which liver, kidney and pancreas transplant patients are cared for.

PROBLEM

In the first two quarters of 2024, a clear and significant drop in HCAHPS scores pertaining to medication education and side effect teaching were observed.

LITERATURE REVIEW

Through literature review, it was found that other organizations have had notable success in the introduction of medication education cards. In a 2025 study "Enhancing Supportive Medication Patient Education for Oncology Nurses," healthcare providers saw a 61% increase in patient education comprehension (Prosdocimo, 2025). Similar to abdominal transplant patients, the oncology patient population is immunosuppressed and has a large quantity of medications to manage.

DESIGN/METHODOLOGY

F7AE conducted an evidence-based practice (EBP) project by introducing generalized transplant medication education cards to supplement our medication education process to newly transplanted patients. Nursing compliance with the usage of these medication education cards were monitored based on self-reporting from nurses. Compliance of these cards and HCAHPS scores pertaining to medication education were monitored.

RESULTS

This EBP project showed that the implementation of the medication education cards with newly transplanted patients correlated to a significant increase in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores pertaining to medication education and side effect teaching. When the EBP project was initiated on 7AE, HCAPHS scores for 2024 Q2 had seen a trended decrease in both patient medication education (64%) and side effect teaching (36%). After implementation of the medication education cards, with a noted compliance rate of 80.4% by nursing staff, both HCAPHS scores increased above the Press Ganey National Database Benchmark.

IMPLICATIONS

Through the continued support of our staff on 7AE, we strive to provide clear and concise medication education, including side effect teaching, with compliance in self-reported usage of our newly implemented cards. In turn, we anticipate seeing continued improvement in HCAHPS surveys from our patients regarding effective medication education. The success of the medication education cards can also be applied to other units in the hospital and expanded to be translated into other languages to reach a larger patient population.

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31. THE ROAD TO RESPECT: METHODOLOGICAL INSIGHTS FROM A CIVILITY STUDY IN NURSING

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BACKGROUND

Despite the American Nurses Association (ANA)'s Code of Ethics promoting civility (ANA, 2015), workplace incivility remains prevalent, with lateral violence among nurses reaching 87% (Bambi et al., 2018). Defined as low-intensity deviant behavior violating norms of respect (Andersson & Pearson, 1999), incivility contributes to burnout, turnover and reduced patient safety (Martin & Zadinsky, 2022; Aljuaid & Alharbi, 2022). Nurse leaders are vital in fostering civility through shared vision, education and support (Ota et al., 2022). While teamwork is known to promote civility, evidence on the impact of team-building activities is limited, highlighting the need for further research (Krivanek et al., 2020). This study was initiated in response to anecdotal reports of incivility within the nursing workplace. While no formal baseline data initially existed to quantify the issue, these shared narratives highlighted a perceived need for further exploration.

SIGNIFICANCE

Civility is foundational to nursing and emphasized in the ANA Code of Ethics (ANA, 2015), yet incivility remains prevalent (Bambi et al., 2018). It negatively impacts nurses, patients and organizations, contributing to burnout, turnover and compromised safety (Martin & Zadinsky, 2022; Aljuaid & Alharbi, 2022). Promoting civility through leadership, teamwork and education is essential (Ota et al., 2022). However, the impact of team building on civility in pediatric settings remains underexplored and further investigation warrants.

METHODOLOGY

This study is a 14-month longitudinal and quantitative survey conducted at Children's Hospital at Montefiore, a pediatric hospital. The study was designed to evaluate the impact of team-building activities on workplace civility among nursing staff. Participants complete the Clark Workplace Civility Index before and after the yearly interventions are completed. Each month a new activity geared toward promoting civility was introduced. Activities included gratitude trees, Valentine messages and icebreakers cards. Civility scores were then compared to pre- and post-interventions, and between those who attended activities and those who did not. Data were collected anonymously via SurveyMonkey, with results analyzed using descriptive and inferential statistics.

RESULTS

Data collection is currently underway. Civility scores will be statistically evaluated and compared between pre- and post-intervention phases to assess the impact of the implemented civility-enhancing activities.

IMPLICATIONS

It is hypothesized that regular team-building activities will lead to measurable improvements in workplace civility among pediatric nursing staff. These low-cost, easy-to-implement initiatives can foster collaboration, respect and improved interpersonal dynamics. If sustained improvements are observed, the activities may be extended post-study or across Montefiore Medical Center, as incivility is not confined to pediatric settings.

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32. USE OF CHECKLISTS IN THE CSICU ORIENTATION

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BACKGROUND

In a two-year period, January 2023 to December 2024, 34 nurses were hired into the Cardiac Surgery Intensive Care Unit (CSICU). The high turnover rate was a result of unit expansion, transition to advanced practice, retirement and the decision to work in a less complex unit. Factors impacting orientation include variability in orientee nursing experience and learning style, as well as preceptor experience and teaching style. The quality improvement project to standardize the orientation process in the CSICU included nine orientees in a control group and five orientees in a treatment group.

SIGNIFICANCE

The current nursing workforce demands innovative methods of orienting nurses to specialty units. The CSICU is a highly specialized unit in which nurses care for complex, critically ill patients. The increase in unit beds led to rapid introduction of orientees to the unit and the vast amount of information being exchanged sanctioned the need to standardize the orientation process to achieve successful completion.

DESIGN AND METHODOLOGY

Five checklists were created using suggestions from Dippel et al. (2021) and expert CSICU nurses. The checklists were given to orientees and their preceptors at the start of the orientation for them to use and reference during their daily shifts. An eight-item survey was administered to assess nurses' use of the checklists, perception of their orientation and whether they felt they were adequately prepared for their role to uphold the standards of care as a CSICU nurse. The survey was completed by two groups of orientees: one that completed orientation without use of the checklists (control group), and one that completed orientation with them (treatment group).

RESULTS

In the eight item survey, both groups were asked if they used checklists and to rate how well their orientation prepared them to work in the CSICU independently from a scale of 1 to 5. On average, the control group rated it a 3.33/5 and the treatment group rated it a 4.4/5. When asked to rate their overall orientation experience from a scale of 1 to 5, on average the control group rated it a 3.22/5 and the treatment group rated it a 4.2/5.

IMPLICATIONS

The survey results revealed that using checklists can be correlated with an increase in orientee satisfaction and perception of competency to work in the specialized unit of the CSICU. The orientation process will be standardized, which may ultimately translate to good patient outcomes.

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33. ESSENTIALS OF ONCOLOGY COURSE: A NURSING EDUCATION INITIATIVE TO INCREASE CONFIDENCE AMONG NOVICE ONCOLOGY NURSES

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BACKGROUND AND SIGNIFICANCE

Oncology nursing is a specialized field requiring deep knowledge of cancer pathophysiology, treatments and symptom management. Novice nurses often struggle with knowledge gaps, emotional stress and unfamiliarity with advanced therapies. With the global rise in cancer cases and increasing complexity of care, the need for skilled oncology nurses is growing. The Oncology Nursing Essentials (ONE) Nurse Generalist Competencies provide a framework for developing essential skills in oncology. An "Essentials of Oncology" course based on these competencies ensures novice nurses gain the necessary knowledge and skills to deliver high-quality care and support their professional growth.

PURPOSE

The course aims to equip novice oncology nurses with the foundational knowledge, skills and confidence to navigate oncology's complexities. By covering cancer biology, treatment protocols, patient management and emotional support strategies, the course enhances nurses' readiness to contribute effectively to oncology care teams and improve patient outcomes.

INTERVENTIONS

The course covers cancer pathophysiology, screening, immunotherapy, cellular therapy, patient education and symptom management. Interactive methods include rapid response simulations, a myelosuppression escape room, Connect 4- and Jeopardy-style games, and port access competency validation to strengthen both critical thinking and practical skills.

RESULTS

Understanding of oncology concepts increased from 42.9% (September/October 2024) to 66.7% (November/December 2024) and 75.0% (January/February 2025). Perceived competence in the oncology nursing role followed the same trend. These results indicate that the ONE course effectively strengthens both knowledge and confidence, helping novice nurses progress in their professional role and prepare for high-quality oncology care.

DISCUSSION

The ONE course addresses a critical need in oncology nursing by providing a structured, competency-based foundation. By enhancing knowledge, confidence and practical skills, the program supports professional growth, promotes nurse satisfaction and retention, and contributes to improved patient care. These findings demonstrate the value of targeted educational interventions in preparing nurses for the complexities of modern cancer care.

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THANK YOU

Dear Colleagues,

We extend our heartfelt gratitude to all who contributed to the success of this year's Nursing Research Symposium. Your dedication to advancing nursing science, improving patient care and fostering a culture of inquiry is truly inspiring.

This year's program was built around three powerful pillars:

- Professional Growth and the Practice Environment
- Optimizing Outcomes Across the Lifespan
- Transforming Care Delivery

Each of you—through your research, presentations and participation—brought these themes to life. You inspired us with your commitment to advancing nursing practice, improving patient outcomes and reimagining care delivery in meaningful ways.

To our presenters, thank you for sharing your innovative research, discoveries and innovations. To our attendees, thank you for your engagement, curiosity and commitment to lifelong learning. To our partners in nursing leadership, thank you for your unwavering support and advocacy for nursing research.

Together, we continue to build a future where evidence-based practice thrives and compassionate care leads the way. Thank you for being part of this journey.

Warm regards,

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