

College of Nursing Scholarship Showcase

Oral Presentation

Abstract Title: **Get Fit and Quit: A Novel Intervention for Perinatal Tobacco Cessation**

Author(s): K. Dougherty, U of Kentucky
A. Fallin, College of Nursing, U of Kentucky
J. Barnett, College of Nursing, U of Kentucky
T. Ducas, College of Nursing, U of Kentucky
A. McCubbin, College of Nursing, U of Kentucky
K. Ashford, College of Nursing, U of Kentucky

Abstract: Purpose: The purpose of the Get Fit and Quit (GFAQ) study was to test the feasibility and efficacy of a comprehensive tobacco cessation intervention for women of childbearing age with substance use disorders (SUD). GFAQ includes social support and group exercise. There are no current perinatal tobacco treatment programs for women with SUD with cessation data. Methods: In this pre-test post-test study, we studied GFAQ, a 6-month program delivered in 10 sessions held at a community YMCA. Each session included physical activity and evidence-based tobacco treatment. Intervention outcomes were measured at baseline, four weeks, three months, and six months via survey and biochemical validation of tobacco use. Urine cotinine and carbon monoxide validated smoking status. The Fagerstrom Test for Nicotine Dependence measured nicotine dependence. Results: This study consisted of a 23 women of childbearing age of whom 5 were pregnant. Nearly all (21 of 23) participants were white, single and had a yearly income of < 20,000. Among the eleven participants who finished the study, Fagerstrom nicotine dependence scores were significantly lowered compared to scores at enrollment, which were 5.13 (0.4) and 1.8 (0.9) respectively ($p=0.001$). Carbon Monoxide levels were lower at study conclusion, while two women quit smoking using the GFAQ intervention. Conclusion: Our data suggests that the GFAQ is feasible, even among a high-risk group with SUD, and that the program may reduce nicotine dependence and promote smoking cessation. These results provide a basis for testing the intervention in a larger, randomized control trial.

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Primary Presenter / email: **Dougherty, K.** / kkdo224@uky.edu University of Kentucky
Completed research project
Nursing Research Internship
BSN

Mentor / e-mail: Ashford, K. / kristin.ashford@uky.edu

College of Nursing Scholarship Showcase

Oral Presentation

Abstract Title: **Secondhand smoke exposure and its impact on nicotine dependence and smoking cessation among patients with psychiatric and substance use disorders**

Author(s): S. Seng, College of Nursing, U of Kentucky
C. T. C. Okoli, College of Nursing, U of Kentucky

Abstract: Purpose: Tobacco-use and related morbidity/mortality is disproportionately high in individuals with psychiatric disorders (PD) and/or substance use disorders (SUD). Secondhand smoke exposure (SHSe) is an indicator of greater nicotine dependence (ND) and poor smoking cessation (SC). The objectives of this study were to: 1) quantify SHSe, 2) examine the association of SHSe with ND, and 3) examine the association between SHSe and SC attempts. Methods: A cross-sectional survey of 118 tobacco-users in an inpatient psychiatric facility was conducted. Demographics, tobacco-use and SHSe history, motivation to quit smoking, ND, and SC attempts were obtained. Participants' reported environmental, psychosocial, and perceived SHSe were described. Multivariate linear regression analyses were used to examine the association between SHSe and ND while logistic regression analyses assessed the associations between SHSe and SC attempts. Results: The primary sources of environmental SHSe were from the car (63.6%) and home (51.7%); primary sources of psychosocial SHSe were close friends (67.8%) and parents/grandparents (65.3%); and the perceived SHSe was a mean score of 6.2 (SD=3.5). Although perceived SHSe was significantly associated with ND ($r=.39$, $p < .0001$) in multivariate analyses, no SHSe variables were associated with SC attempts. However, motivation to quit smoking variables were associated with SC attempts. Conclusions: Patients with PD/SUD reported higher levels of SHSe, which was associated with higher ND. Routine screening for SHSe may be implemented as part of health assessments in this population to address ND treatment options. Targeted interventions and policies should be considered towards reducing SHSe in this vulnerable population.

Supported by:

Primary Presenter / email: **Seng, S.** / SSE255@uky.edu University of Kentucky
Completed research project
Nursing Research Internship
BSN

Mentor / e-mail: Okoli, C. T. C / ctokol1@uky.edu

College of Nursing Scholarship Showcase

Oral Presentation

Abstract Title: **Gender Differences in Determining Cardiovascular Disease Risk**

Author(s): K. Webb, College of Nursing, U of Kentucky
J.Kang, College of Nursing, U of Kentucky
M.J. Biddle, College of Nursing, U of Kentucky

Abstract: Background: Women are reported to have higher levels of C-reactive protein (CRP), a predictor of cardiovascular disease (CVD), and greater body fat mass when compared to males. Women have a greater tendency toward central adiposity. The purpose of this study was to examine if there is a gender difference in waist circumference (WC) as a predictor of CRP level. Methods: This was a secondary analysis of subjects who participated in a CVD risk reduction study. WC and CRP were collected at baseline for enrollment into the study. Logistic regression was used to determine predictability of WC for higher CRP levels. Results: We enrolled 771 participants (75% female, age 55 ± 15 years) with median CRP level of 1.8 mg/L [0.8, 4.84], average WC of 41.5 inches ± 7.4 . In both gender groups, a one inch increase in WC was associated with 1.125 and 1.126 times more likely to be in higher CRP group ($p < 0.001$), while controlling for age. However, age was also an independent predictor for CRP levels in the female group. Conclusion: Waist circumference was a predictor of high CRP levels in both gender groups for CVD risk estimation in this study. Our results suggest that age is more important in females compared to males when determining CVD risk.

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Primary Presenter / email: **Webb, K. D.** / kdwe225@uky.edu University of Kentucky
Completed research project
Nursing Research Internship
BSN

Mentor / e-mail: Biddle, M. J. / Martha.Biddle@uky.edu

College of Nursing Scholarship Showcase

Oral Presentation

Abstract Title: **Evaluation of a Critical-Care Pain Observation Tool Quality Initiative**

Author(s): C.A. Goe, Department of Nursing, U of Kentucky
J. Drumm, Department of Nursing, U of Kentucky
M. Biddle, Department of Nursing, U of Kentucky
M. Hardin-Pierce, Department of Nursing, U of Kentucky

Abstract: Background: Patients unable to self-report pain are at increased risk for inadequate pain management and less than optimal outcomes. The implementation of behavioral pain scales, such as the Critical-Care Pain Observation Tool (CPOT), have demonstrated an improvement in pain management and patient outcomes. Local Problem: A lack of the routine use of behavioral pain scales for mechanically ventilated patients unable to self-report pain was identified as a significant barrier to optimal pain and agitation management. Methods: A retrospective pre and post design was used to evaluate the effectiveness and impact of a CPOT quality initiative on the management of pain, agitation and patient outcomes. Descriptive data for analysis were extracted from a total of 60 electronic medical records, 30 for both the pre- and post-implementation group. Interventions: The quality initiative included training sessions, unit champions, clinical support tools and the incorporation of the CPOT into unit pain management guidelines and several analgesic order sets. Results: CPOT pain assessments ($p < .001$) were more frequent in the post-implementation group. There number of PRN analgesics were found to be greater in the post-implementation group, while the tendency for the total morphine equivalent dosage was lower. No difference was found between the pre- and post-implementation groups with regard to sedation and agitation management and patient outcomes. Conclusions: The quality initiative was successful in increasing the routine use of the CPOT. Pain management of mechanically ventilated patients in this critical setting improved. Multidisciplinary participation and unit champions were vital to the success of this quality initiative.

Supported by:

Primary Presenter / email: **Goe, C. A.** / caissy.goe@uky.edu University of Kentucky
Evidence-based practice project
DNP Capstone Project
DNP

Mentor / e-mail: Biddle, M. / martha.biddle@uky.edu

Oral Presentation

Abstract Title: **Perceived Control Predicts Symptom Frequency, Severity and Burden in Patients with Heart Failure**

Author(s): C. Lin, College of Nursing, U of Kentucky
D. Moser, College of Nursing, U of Kentucky
T. Lennie, College of Nursing, U of Kentucky

Abstract: Introduction: Heart failure (HF) is a symptom-driven condition. Researchers have found that patients' perceptions of control predict psychological and physical health. However, the association between perceived control and symptom status in HF is not well elucidated. Hypothesis: We hypothesized that HF patients' perceptions of perceived control would predict symptom status. Methods: We studied 118 patients with HF (60% male; mean age 63+12 years). The Memorial Symptom Assessment Scale-HF was used to assess frequency, severity, and burden associated with HF symptoms. Perceived control was measured using the Control Attitudes Scale-Revised. Multiple regression (4 blocks) was used to test the hypothesis. Age, gender, comorbidity burden (Charlson Comorbidity Index), and depressive symptom (PHQ-9) were used as covariates. Results: Each block of the model was significant ($p < 0.001$ for all) as was the final model ($p < 0.001$). The change in R² was significant for each block, and the addition of perceived control in the final block increased the R² to 0.579 ($p = 0.002$). Patients with lower perceived control had worse symptom burden, independent of the other covariates. Other predictive covariates were depressive symptoms ($p = 0.001$, worse depression was associated with worse symptom burden), and gender ($p = 0.008$, women had worse symptom burden). Conclusions: Even in the presence of depressive symptoms, a known predictor of worse symptom status, lower perceived control independently predicted worse symptom status. Psycho-educational intervention targeting optimal self-management of symptoms may improve perceived control and in turn, symptom status.

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Primary Presenter / email: **Lin, C.** / cy.lin@uky.edu University of Kentucky
**Completed research project
Independent Study
PhD**

Mentor / e-mail: Moser, D. / dmoser@uky.edu

Oral Presentation

Abstract Title: **Airflow limitation more than doubles the risk for hospitalization/mortality in patients with heart failure.**

Author(s): A. A. Bugajski, College of Nursing, U of Kentucky
S. K. Frazier, College of Nursing, U of Kentucky
D. K. Moser, College of Nursing, U of Kentucky
M. Chung, College of Nursing, U of Kentucky
T. A. Lennie, College of Nursing, U of Kentucky

Abstract: Background: Comorbid chronic obstructive pulmonary disease (COPD) is found in approximately one third of patients with heart failure (HF). Survival in patients with COPD generally decreases as lung function declines. However, the association between lung function, hospitalization and survival is less clear for patients with HF. Aims: The purpose of this study was to explore the predictive power of spirometry measures for the combined variable, hospitalization/mortality, in patients with HF. Methods: Patients with HF and suspected airflow limitation underwent spirometry; measures of forced vital capacity (FVC), forced expiratory volume/second (FEV1), and FEV1/FVC were measured. Participants were followed up to 4 years for all-cause hospitalization/mortality. Cox proportional hazard modeling examined the relationship between spirometry measures and all-cause hospitalization/mortality with and without adjusting for age, sex, smoking status, left ventricular ejection fraction (LVEF), and body mass index (BMI). Results: Cox proportional hazards regression models compared all-cause hospitalization/mortality between those with and without airflow limitation. Patients with airflow limitation were 2.2 times more likely to be hospitalized or die compared to those without (HR: 2.20, 95% CI 1.06 – 4.53, p = .03) Those in NYHA functional class III/IV were 73% more likely to have an event (HR: 1.73, 95% CI 1.00 – 3.01, p = .05) when compared with those in NYHA class I/II. Patients who had never smoked were 62% (HR: 0.38; 95% CI 0.17 - 0.81, p = .01) less likely to have a health-related hospitalization/death. Conclusion: Patients with concomitant HF and airflow limitation are at substantially higher risk for all-cause hospitalization/mortality.

Supported by:

Primary Presenter / email: **Bugajski, A. A.** / aabu224@uky.edu University of Kentucky
Completed research project
PhD Dissertation
PhD

Mentor / e-mail: Frazier, S. K. / skfraz@uky.edu

College of Nursing Scholarship Showcase

Poster Presentation #237

Abstract Title: **Quality of Care Strategies and the Subsequent Improvement of Kangaroo Care Incidence Rates in Premature Infants**

Author(s): S. A. Anderson, UK College of Nursing
L. McGee, U of Kentucky
A. Carpenter, U of Kentucky
S. Haynes, U of Kentucky
P. Giannone, Division of Neonatology, U of Kentucky
P. Bhandary, U of Kentucky
A. Patra, U of Kentucky

Abstract: Purpose: The benefits of kangaroo care (KC) has long been studied and proven. Despite the research, incidence rates of KC are low in the neonatal ICU at the Kentucky Children's Hospital. Some barriers to KC exist in our NICU and this study strives to address them. This study aims to develop and implement strategies to increase utilization of KC from 41% to ? 75% for eligible infants. Methods: KC occurrence was monitored in 364 infants with birth weight ? 1250 grams. Strategies implemented were education of nurses, improved nurse-to-patient ratio, emphasis of KC in multidisciplinary rounding, improved documentation, obtaining securement devices to prevent dislodgement of invasive lines, involvement of respiratory therapists in transferring intubated infants, and providing pamphlets and one-on-one education to patients. Weekly KC occurrence was reviewed on all NICU infants with birth weight ? 1250 grams. Results: KC utilization was analyzed in two separate periods- August through December 2016 and January through May 2017. The mean utilization for the 2016 period was 41% and the mean utilization for the 2017 period was 61%. This reflects a 20% increase in occurrence following the measures implemented to improve KC rates ($p=0.02$, t-test for independent variables). Conclusion: Increased use of KC occurred due to implementation of a variety of measures. These measures and results indicate that establishing kangaroo care as a standard of care in very low birth weight infants is obtainable. Audits will continue being collected each month to verify a continued increase.

Supported by:

Primary Presenter / email: **Anderson, S. A.** / saan226@uky.edu University of Kentucky
Nursing Research Internship
BSN

Mentor / e-mail: McGee, L. / lisa.mcgee@uky.edu

College of Nursing Scholarship Showcase

Poster Presentation #238

Abstract Title: **Partner Appraisal Moderates the Relationship Between an Adverse Childhood Event and Pregnancy Intention**

Author(s): H.C. Feld, College of Nursing, Sexual Health Promotion Lab, U of Kentucky
C. E. Leistner, Dept. of Kinesiology and Health Promotion, Sexual Health Promotion Lab, U of Kentucky
A. Wiggins, College of Nursing, U of Kentucky
K.P. Mark, Dept. of Kinesiology and Health Promotion, Sexual Health Promotion Lab, U of Kentucky

Abstract: Almost half of all pregnancies in the United States are unintended. Unintended pregnancy is associated with increased morbidity and mortality for the mother, infant, and child. Women who experience adverse childhood experiences (ACEs) are more likely to have an unintended pregnancy. To date, little is known about the role positive relationships play in the context of ACEs and pregnancy planning. The purpose of this study was 1) to identify specific adverse childhood events predicting unintended pregnancy in a sample of mothers in long-term relationships, and 2) to identify relationship characteristics that may contribute to greater pregnancy intention among partnered women. Data were collected as a part of a larger online study investigating sexual and relational health among long-term couples (3 years or more). Findings included; childhood emotional abuse was a significant predictor of unintended pregnancy, positive partner appraisal predicted intended pregnancy, low partner appraisal significantly moderated the relationship between emotional abuse and unintended pregnancy. Recent findings in the literature confirm that positive childhood family and friend support can buffer the effects of ACEs and positively impact adult health. But to date, there are no other studies that indicate how the effects of ACEs can be mitigated in adulthood to decrease the risk of unintended pregnancy. This study has implications for life course research in that a positive interpersonal environment may diminish other negative adult health outcomes associated with one or more ACEs.

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Primary Presenter / email: **Feld, H. C.** / hartley.feld@uky.edu University of Kentucky
Completed research project
PhD Dissertation
PhD

Mentor / e-mail: Leistner, C. E. / christine.leistner@uky.edu

Poster Presentation #239

Abstract Title: **Effects of Inadequate Sleep Regarding Obesity and Depression in Farmers**

Author(s): N. J. Hawes,
A. Wiggins,
F. Hardin-Fanning,
D. B. Reed

Abstract: Background: Farmers have higher rates of depression than non-farming individuals. Since farmers have daily work schedules that are not conducive to consistent sleep patterns, inadequate sleep can negatively impact mental health. Purpose: To explore the impact of sleep on depression in older farmers. Covariates included body mass index (BMI), age and gender. Methods: Sleep parameters (i.e., Pittsburgh Sleep Quality Index for sleep apnea symptoms, sleep onset, and sleep quality - PSQI), BMI, and depression (Center for Epidemiologic Studies Depression –CESD) were assessed in farmers (n= 1,394) 50 years and older in 2005. Bivariate associations among all covariates (i.e., age, gender, BMI, PSQI) and dependent variable (i.e., CESD Score) were analyzed using Pearson’s correlation. Multivariable associations of CESD Scores with other study variables were assessed using linear regression. Results: BMI was positively associated with sleep apnea symptoms ($p= <0.0001$) and CESD scores ($p= 0.0006$). Participants who had difficulty falling asleep were more likely to have poor sleep quality ($p= <0.0001$) and higher CESD scores ($p= <0.0001$). Poor sleep quality was also associated with higher CESD scores ($p= <0.0001$). In the regression model, increased age, female gender, higher BMI, sleep apnea symptoms, and poorer sleep quality were all predictive of higher depressive symptoms. Discussion: Farmers have unique lifestyles that likely increase their risk of depression. Screening for sleep disorders and developing nursing interventions, including education about sleep hygiene practices, could result in lower rates of depression in this high-risk group of individuals.

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Primary Presenter / email: **Hawes, N.** / nataliejo.hawes@gmail.com University of Kentucky
Literature or evidence review
Nursing Research Internship
BSN

Mentor / e-mail: Harding, F. / fdbowe2@uky.edu

Poster Presentation #240

Abstract Title: **The Role of Inflammation in the Differentiation between Depression and Sickness Behavior in Heart Failure Patients**

Author(s): J. T. Higgins, College of Nursing, U of Kentucky
D.K. Moser, College of Nursing, U of Kentucky
T.L. Lennie, College of Nursing, U of Kentucky
S.K. Frazier, College of Nursing, U of Kentucky
S. Heo, College of Nursing, U of Kentucky

Abstract: Background: Sickness behavior (SB) and depression have similar clinical presentation but cast very different clinical consequences for patients. Inflammation has been linked to heart failure (HF), depression, and SB; however, it is not clear if there are predictive inflammatory processes that can differentiate between depression or SB in patients with HF. Aim: To determine whether there are indicators of inflammation that independently predict and differentiate amongst depression, SB, or a phenomenological overlap of both in patients with HF. Methods and Results: Data from 254 patients with HF enrolled in a quality of life registry were analyzed (73.6% male, 60.6 ± 11.8 years old, mean BMI 32 ± 7.7 kg/m², 50.8% NYHA class III/IV). Multinomial regression was used to determine if age, gender, ejection fraction, NYHA class, BMI, sTNFr-1 level, antidepressant use, or cholesterol-lowering agent use were able to predict and differentiate between patients with HF having depression, SB, both, or neither. Antidepressant use was predictive of being depressed (95% CI [0.04, 0.70], p = 0.02); male gender (95% CI [0.12, 0.60], p = 0.001) and NYHA class III/IV (95% CI [1.02, 8.71], p = 0.05) were predictive of having SB; and being younger (95% CI [3.8 E-5, 0.75], p = 0.04), NYHA class III/IV (95% CI [0.05, 0.23], p < 0.001), and antidepressant use (95% CI [0.09, 0.54], p = 0.001) were predictive of having both depression and SB. Conclusions: The findings from this analysis suggest that, despite similar symptoms and presentation, there are differences in depression and SB in the HF population. Further investigation is warranted to develop better tools for prediction and differentiation between depression and SB to ensure patients with HF receive appropriate treatments and therapies.

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Primary Presenter / email: **Higgins, J. T.** / jake.higgins@uky.edu University of Kentucky
Completed research project
Course assignment
PhD

Mentor / e-mail: Moser, D.K. / dmoser@uky.edu

Poster Presentation #241

Abstract Title: **Standardization of Safe Rituximab Administration for Non-Oncologic Indications - An Interdisciplinary Approach**

Author(s): T.Kellenbarger, Department of Nursing Practice, University of Kentucky
K. Cisney, Department of Nursing Practice, University of Kentucky (Retired)

Abstract: Purpose: To implement system change using an interdisciplinary approach to safely deliver and administer Rituximab to non-oncology patients in designated areas by clinically competent nurses. Relevance/Significance: Rituximab was solely administered throughout the enterprise by chemotherapy-biotherapy competent nurses, which depleted resources within the Cancer Institute. Rituximab is used for various autoimmune diseases and for solid organ transplant rejection. Once removed from the NIOSH hazardous drug list, plans were put in place to identify and educate non-oncology nurses to administer safely. Rituximab administration data pulled from January-June, 2016 showed that non-oncology patients accounted for 68% of ordered administration. The potential of a hypersensitivity reaction, ranging from transient flush to anaphylaxis can occur, especially in the first administration. A specific implementation plan with patient and staff safety in mind was needed. Strategy and Implementation: A multidisciplinary team worked together on the Rituximab project. Designated areas for administration were identified, the standardization of ordersets were completed for the non-oncology patients, nursing education and guidelines were developed, a standardized medication administration time was set to ensure enough preparation time including adjustment of staffing ratios and advanced electronic notification to project leaders, House Administrators and managers was implemented. Evaluation/Outcomes: Project leaders monitored adherence to system changes of new implementation. Electronic advanced notification is generated and sent to House Administrators, managers and project leaders with pending Rituximab orders for non-oncology patients. Outcomes include appropriate placement of patient in specifically designated areas with clinically competent nurses in administration of Rituximab. Education was completed by 430 RNs in identified designated areas and continues through web-based training during annual competency. Nursing guidelines remains available for staff as a resource and is updated as needed and per hospital protocol. Currently, over 350 new hire nurses have completed required education. To date, no adverse events have been noted with Rituximab administration for non-oncology patients. An evaluation plan is currently being developed.

Supported by:

Primary Presenter / email: **Kellenbarger, T.** / take226@uky.edu University of Kentucky
Evidence-based practice project

Mentor / e-mail: Kellenbarger, T / take226@uky.edu

Poster Presentation #242

Abstract Title: **Translational Evaluation of Acid/Base and Electrolyte Alterations in Acute Large Vessel Stroke**

Author(s): S. R. Martha, College of Nursing, U of Kentucky
L. A. Collier, Department of Neuroscience, U of Kentucky
S. M. Davis, Department of Neuroscience, U of Kentucky
A. Alhajeri, Departments of Neurosurgery, Radiology, U of Kentucky
S. Grupke, Departments of Neurosurgery, Radiology, U of Kentucky
K. Pennypacker, Departments of Neuroscience, Neurology, U of Kentucky
J. F. Fraser, Depts of Neuroscience, Neurosurgery, Radiology, College of Medicine, U of Kentucky

Abstract: Background and Purpose: Physiological predictors of infarct volume may provide opportunities for effective interventions to improve ischemic stroke outcomes. The purpose of this study is: to describe the predictive effects of venous blood gas on infarct volume in acute stroke in rats; and compare acid/base and electrolyte differences obtained proximal and distal to the intracranial thrombus in acute ischemic stroke patients. Methods: Young male Sprague-Dawley rats underwent permanent (n = 18) or transient (n = 19) MCAO. Pre- and post-MCAO venous samples provided pH, pCO₂, pO₂, HCO₃⁻ and electrolyte values (iCa₂⁺, K⁺, and Na⁺). Multiple regression determined predictors of infarct volume. We compared acid/base balance of blood distal versus proximal to the thrombus, analyzed by Paired Samples T-Tests. Results: After permanent MCAO (n = 11), change in pH and iCa₂⁺ significantly predicted infarct volume [F (2,8) = 16.582, p = 0.001]; as changes in pH and calcium decreased, infarct volume increased. These variables explained 76% of the total variance in the model. We analyzed 24 subjects (age = 65 ± 0.54, 11 males) in the BACTRAC registry. pH is nonsignificant, distal blood in relation to proximal blood showed significantly lower pO₂ (p = 0.010), pCO₂ (p = 0.001), HCO₃⁻ (p = 0.002), iCa₂⁺ (p = 0.001), and K⁺ (p = 0.001), and higher Na⁺ concentration (p = 0.002). Conclusions: There are acute changes in acid/base balance and electrolytes during stroke in rodent models and humans. In cross-species comparison ionized calcium changes were significant, with iCa₂⁺ changes predicting infarct volume in pMCAO.

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Primary Presenter / email: **Martha, S. R.** / sarah.martha@uky.edu University of Kentucky
Research project in process
PhD Dissertation
PhD

Mentor / e-mail: Fraser, J. F. / jfr235@uky.edu

Poster Presentation #243

Abstract Title: **Current Practices of Birth Kangaroo Care in Kentucky: An Evaluation Study**

Author(s): K. M. Schoeffler, Student, College of Nursing, U of Kentucky
R. Fogg, Student, College of Nursing, U of Kentucky
A. M. Linares, College of Nursing, U of Kentucky

Abstract: Healthy People 2020 sets objectives to reduce the proportion of breastfed newborns who receive formula supplementation within the first two days of life. One procedure that likely increases the success of initiation of breastfeeding is mother-infant early skin-to-skin contact. Birth Kangaroo Care (BKC) is also known as early skin-to-skin care (SSC) and is described as the placement of the naked infant on the mother's bare skin chest immediately at birth until after the first feeding. Currently, the barriers and benefit of the process of dissemination and implementation of BKC in Kentuckian Hospitals are not public information. The goal of this project was to partner with the Kentucky Hospital Association to identify current practices of BKC on birthing hospitals in Kentucky. Methods: This study was an evaluation study. We incorporated an internet survey to collect information about practices and policies of BKC in birthing hospitals in Kentucky. After IRB approval, we contacted the Kentucky Hospital Association's Quality and Patient Safety representative, who distributed the email with the invitation and link to participate in the research survey. The link was developed using the REDCap platform from CCTS, University of Kentucky. The invitation was sent to N=60 birthing Centers in KY. Response rate was n=25 (42%) of birthing centers. Finding: This is an ongoing project. By the time of the CCTS Conference, the statistical analysis will be able to answer the following questions: 1. What are the current practices of BKC in birthing hospitals in Kentucky? 2. What barriers/facilitators are within the hospitals to implement BKC? 3. What resources/strategies are needed to implement more BKC in birthing hospitals around Kentucky?

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Primary Presenter / email: **Schoeffler, K. M.** / kmsc255@uky.edu University of Kentucky

Mentor / e-mail: Linares, A. M. / am.linares@uky.edu

College of Nursing Scholarship Showcase

Poster Presentation #244

Abstract Title: **Empowering Mothers to Fulfill their Breastfeeding Goals**

Author(s): E. Ventura Castellon, College of Nursing, U of Kentucky
A. M. Linares, College of Nursing, U of Kentucky

Abstract: This pilot study uses a community based peer counselor (PC) to increase education and breastfeeding support in order to promote breastfeeding initiation, duration, and exclusivity for mother and infant dyads. This report is focusing on the initiation of breastfeeding. Research from various organizations such as the American Academy of Pediatrics and the United States Breastfeeding Committee recommend exclusive breastfeeding (EBF) for at least six months and continuous breast-feeding for at least a year as the child is introduced to foods. **Methods:** For this study, participants (N=70) were placed in a standard care group (n=33) and an intervention group (n=37). The mothers in the intervention group received education and support by the peer counselor during prenatal home visits, phone calls, and a hospital visit after the infant was born. **Results:** After two educational sessions with the PC, the intervention group demonstrated a significant increase in knowledge compared with the standard care group (Mean = 13.50 vs. 12.18 respectively; $p = .013$). Additionally, there was no difference in the intention to breastfeed and the breastfeeding self-efficacy of mothers in the intervention compared with the standard care group ($p > .05$). **Conclusion:** These findings demonstrate that community based peer counselor education and support during pregnancy can help increase knowledge regarding breastfeeding, but this increase in knowledge was not sufficient to increase initiation of exclusive breastfeeding during the hospital stay.

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Primary Presenter / email: **Ventura Castellon, E.** / erika.venturacastellon@uky.edu University of Kentucky
Completed research project
Nursing Research Internship
BSN

Mentor / e-mail: Linares, A. M. / am.linares@uky.edu

College of Nursing Scholarship Showcase

Poster Presentation #245

Abstract Title: **Developing an Emergency Response Team in an Outpatient Internal Medicine/Pediatric Clinic**

Author(s): C.S. Yaden, Department of Internal Medicine and Pediatrics
J.A. Daniels, College of Medicine, U of Kentucky
B.B. Woods, Department of Internal Medicine and Pediatrics

Abstract: [document]

Supported by:

Primary Presenter / email: **Woods, B.** / beverly.woods@uky.edu University of Kentucky
Evidence-based practice project in process
Ambulatory quality improvement project
DNP

Mentor / e-mail: Daniels, J. A. / jadani0@uky.edu