

Proceedings of

5<sup>th</sup> World

# NURSING AND NURSING CARE CONGRESS

March 11-12, 2019 | Orlando, USA



**Hosting Organization: Pulsus**

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5<sup>th</sup> World  
**Nursing and Nursing Care  
Congress**

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**Keynote Forum  
Day 01**



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**Marci Bradley**

UPMC Hamot, USA

**Innovative succession planning: Immersion, enculturation, and social capital**

The need for proper succession planning has never been more urgent. Data suggests that over 75% of current nurse leaders will leave the workforce within the next 5 years generating more than 67,000 leadership vacancies. This energizing session outlines a mature 3-months Nurse Leader Residency (NLR) which demonstrates many of the best efforts described in the nursing literature, but the overall success is attributed to constructs associated with the discipline of sociology.

The program was designed for staff nurses with leadership aspirations who could apply for two NLR positions on a biannual basis. The bedside nurses joined the nursing executive team full-time to participate in all organizational leadership activities, partnering with the CNO, nurse executives, and nursing directors. The program structure was also holistic in nature providing a dedicated mentor, didactic content, shadowing, journaling and completion of a project.

Social learning theory states that people learn by watching what others do and imitating behaviors, attitudes, and emotional reactions. Immersion into varying roles and responsibilities provides opportunity for social learning, networking, and role observation. In the setting of nursing leadership succession planning, there is significant value in establishing relationships between emerging leaders and seasoned leaders to support observation and imitation. Sociologists identify that those relationships culminate in bonds that are identified as social capital.

There are now numerous applicants for the residency and multiple candidates for any leadership vacancies. The program has become a powerful tool for succession planning in this organization.

**Biography**

Marci Bradley is a Clinical Nursing Director at UPMC Hamot. She has been with UPMC Hamot for 36 years in a variety of roles and is the key driver and mentor for the Nurse Leader Residency Program. She received her BSN at Edinboro University, her MSN at Gannon University and is Nurse Executive Board Certified since 2013. Marci is a published author and has presented in a number of large venues. She is responsible for achieving quality patient outcomes in ten large Med-Surg units and has led numerous successful quality initiatives.

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## Ana Carla Parra Labigalini Restituti

*IQG Health Services Accreditation, Brazil*

### Nursing services certification in Brazilian health organizations

Currently in Brazil the nursing workforce consists of a group of 541,903 nurses and 1,536,505 technicians and assistants. The most extensive survey on a professional category ever undertaken in Latin America is unprecedented and covers a universe of 2,078,772 professionals. The diversity in the distribution and development of nursing professionals impacts on the safety and quality of care offered to users of different health services and in different regions of the country. The program aims to improve quality care and assist the nursing exam by defining roles and actions within the organizational structure. The program has a framework to expand as competencies required for the development of high-performance nursing. The competency development program was structured in the form of a trail of mandatory knowledge that nurses will have to go through. He teams of nurses will have to fully fulfil the credits for the certification of the service (Fig. 1). The project has six hazes distributed in 18 months and indicators that evaluate the performance of the institution. He certification includes benefits for the country, such as he increases in national competitiveness provided by the improvement in the quality of health services, following the needs and reality of Brazilian culture. For professionals, certification is the recognition that they are technically qualified, committed to the quality of health services and able to cope with the risks of their activity and the job market. Certification is the provider of validation of the experience, knowledge and skills of nursing professionals. Supports continuing education and develops the clinical skills that are conducive to job satisfaction among nursing professionals. The certification process seeks to identify uses as a profession; recognize signs of oppressive group behaviour and discuss strategies to strengthen ourselves as individual and interdisciplinary work.

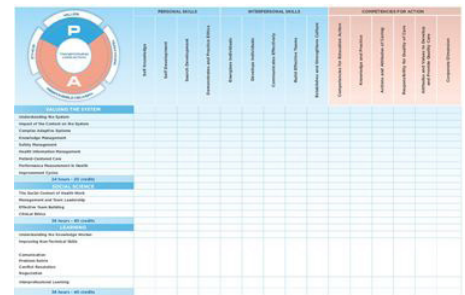


Fig.1

### Biography

Ana Carla Parra Labigalini Restituti has Graduated in Nursing from FAMEMA - Medical School of Marília / MBA in Health Management from Faculdade Giulio Vargas / Acting for 8 years at IQG HEALTH SERVICES ACCREDITATION as a leading evaluator of Health Services Accreditation / Professional Evaluation Experience and Consultant in Health Services Methodology ONA and ACI-Qmentum / HSO / Team Development Specialist / Advisory on Corporate Governance, Compliance, Clinical Governance, Process Management, Design Thinking, and knowledge and use of 6D and A3 tools. Experience in implementation of Organizational Strategies Planning, Implementation of Patient Quality and Safety Policy.

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## NURSING AND NURSING CARE CONGRESS

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### Lorrie Blitch

Magellan Christian Academies, USA

#### Post-intensive care syndrome and preventive bundles

According to a medical report by The Centers for Disease Control and Prevention (CDC), millions of patients are usually admitted to ICU annually in which a third of this population require a ventilator for breathing purposes. They are critically ill and after leaving the ICU, most of them develop health complications related to their injury, illness, ventilator and other treatments. In most cases, such issues are hardly treated and continue after a patient leaves the health sector. Notably, sepsis, delirium, and respiratory distress syndrome may increase the chances of a person experiencing these health issues (Scruth, 2014). There has been an advancement of healthcare with a motive of improving outcomes for these patients as well as their recovery.

Post-Intensive Care Syndrome (PICS) refer to the disability likely to be encountered by survivors of critical illness. It includes psychological health, physical function, and impairment in cognition. Consequently, the health of the family members may deteriorate as well. According to Rawal et al., (2017), this health problem is usually regarded as PICS-Family (PICS-F). PICS-F refers to chronic psychological effects encountered by family members and its symptoms comprise of complicated grief, stress, depression, and anxiety. In other words, PICS may be defined as new cognitive, physical or mental health that arises from a critical illness previously subjected to an intensive care unit. According to statistic, 30 percent of family members experience PICS-F. Cognitive impairment is the dominant one and occurs in an aggregate of 25 percent of survivors. This problem is associated with complications such as hypotension, glucose dysregulation, acute brain dysfunction, severe sepsis, and hypoxia. On the other hand, chances of acquiring psychological disability range between 1-62 percent.

Management and prevention is a critical medical strategy that should be emphasized. Each and every patient to be admitted in ICU should first undergo a psychological evaluation. The evaluation comprises of medication history, preadmission history, environmental factors as well as their strength to tolerate stress. An ICU syndrome can be treated through the elimination of causative factors, proper administration of sedatives, reduction of environmental stress and family communication. The other interventions likely to mitigate PICS comprise of ICU diaries, avoiding hypoxemia & hypoglycemia, good nutrition status, follow up counseling and more so an adequate sleep. Post Traumatic Stress Disorder (PTSD), depression, and anxiety tend to be treated by combining non-pharmacological and pharmacological, behavioural, and psychological therapies.

Care “bundles” refer to a set of evidence-based practices that are usually implemented to improve patient outcomes and more so their reliability on delivery. The functions of care bundles are to reduce unauthorized antibiotic prescribing, infection prevention, and developing antibiotic resistance. There are multiple benefits realized from care bundles. In most cases, they enhance compliance to the quality of the evidence-based procedure. Also, they have been approved to create consistent and reliable care systems in a healthcare setting. This is perpetrated by their clear, simple and concise nature. Most importantly, performance measures and implementation stands out as very crucial. Care bundles are implemented through education, training, will-building, and feedback.

In relation to the PIC, ABCDE bundle has been considered as most effective. It is an effort usually coordinated by various disciplines in the management of patients at ICU. Its primary aim is to mitigate immobility, development of delirium, and over-sedation (Balas et al., 2013). The bundle entails A (awakening trials), B (spontaneous trials for breathing), C (Effort coordination), D (delirium assessment that is standardized), and E (early mobilization of patients). Seemingly, the bundles should also be utilized in the prevention or treatment of PIC-F.

#### Biography

Lorrie Blitch has an impressive and diverse career in nursing and as a business owner. She is owner of Magellan Christian Academies for the past 18 years in Phoenix, Arizona and Jacksonville, Florida. Her experience in nursing is impressive that encompasses critical care, trauma, cardiovascular intensive care, toxicology, administration and management, nursing professor, medical-legal nursing and field hospital nursing. She is a nurse educator for the Banner Health System in Phoenix, Arizona responsible for the education of multiple service lines.

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## NURSING AND NURSING CARE CONGRESS

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### *Emily McWhirter*

Royal Hospital, London, UK

#### **Nursing patients with a profound brain injury: Managing complex ethical issues with compassion at the end of life**

Caring for patients at the end of their lives is a challenging but essential part of the role of a nurse. Providing an environment where patients can feel pain free, calm and at peace is an important part of this care and supporting relatives and friends to come to terms with the death of a loved one takes skill, compassion and empathy. Experience and insight help nurses to manage these processes well but critical to providing high quality care at the end of life lies in high quality education and training.

The Royal Hospital for Neuro-disability (RHN) provides care for patients who have an acquired brain injury. A number of these patients have a diagnosis of a Prolonged Disorders of Consciousness (PDOC), including Vegetative State (VS) and Minimally Conscious State (MCS). They may remain in the hospital for the rest of their lives. For some, this may be for many years, even decades. Caring for patients in VS or MCS is complex. Over time, nursing and healthcare staff come to know these patients and their family and friends very well.

The laws around withdrawal of clinically assisted food and hydration in the UK are clear. Decisions around treatment plans and resuscitation status are made in the best interests of each patient and yet the ethical issues that evolve as a result challenge every individual who plays a role in the provision of care. Cultural, religious and personal views are important to all staff and cannot be ignored. Establishing a bespoke training programme for staff from multiple cultures, faiths and perspectives who are involved in end of life care has enabled staff groups to address the issues around ethics, the law, best interests and conflict in a way that has united the workforce to deliver a high-quality service in a complex speciality, at the end of life.

#### **Biography**

Emily McWhirter is the Director of Nursing at the Royal Hospital for Neuro-disability in London, UK. The hospital specializes in caring for patients with profound disability following acquired brain injury, as a result of major trauma or severe medical illness. Emily has been a nurse for over 30 years. She has a PhD in nursing management, with research interests in major trauma, patients experience, and nursing leadership and education.

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