

UNIVERSITY of INDIANAPOLIS.

THIRD ANNUAL Multidisciplinary Scholarly Activity Symposium



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Third Annual Multidisciplinary Scholarly Activity Symposium Proceedings May 23, 2018

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SCHEDULE OF EVENTS

9:00 AM – 10:00 AM	Registration / Exhibits
10:00 AM – 10:20 AM	Opening Remarks: Kathy Zoppi, PhD, MPH, FAACH Senior Vice President Academic Affairs, Community Health Network
	Ellen Miller, PhD, PT Associate Provost of Research, Graduate Programs and Academic Partnerships, University of Indianapolis
10:30 AM – 11:25 AM	Oral Presentations (1-12)
11:30 AM – 12:30 PM	Poster Session
12:30 PM – 1:30 PM	Lunch / Exhibits
1:30 PM – 2:30 PM	Keynote Presentation: Susan Skochelak, MD, MPH Improving the health system: Education's role in bringing value.
2:30 PM – 3:45 PM	Oral Presentations (13 – 28)
3:50 PM – 4:15 PM	Closing Remarks E. Ann Cunningham, DO Residency Program Director/ GME Community Health Network
	Evaluation Completion

KEYNOTE SPEAKER

Susan E. Skochelak, MD, MPH – American Medical Association



Dr. Susan Skochelak serves as the Group Vice President for Medical Education at the American Medical Association (AMA). She leads the AMA's Accelerating Change in Medical Education initiative promoting innovation to align physician training with the changing needs of our health care system. Since 2013, the AMA has awarded more than \$12.5 million dollars in grant funding to 32 medical schools to transform medical education through bold, rigorously evaluated projects to create the medical school of the future. More information is available at <u>www.changemeded.org</u>

A nationally recognized authority in medical education, Dr. Skochelak pioneered new models for community based interdisciplinary medical education and initiated new programs in rural, urban, global and public health. Dr. Skochelak previously served as the Senior Associate Dean for Academic Affairs at the University of Wisconsin School of Medicine and Public Health and as the director of Wisconsin Area Health Education System. Dr. Skochelak has been the principal investigator for more than \$18 million in grant awards for medical education research. She is the lead author on a new textbook, "Health Systems Science", the first on this important topic written for medical and health professions students.

Dr. Skochelak serves as a member of the Institute of Medicine's Global Forum on Innovation in Health Professions Education, the Liaison Committee for Medical Education Council, and the Coalition for Physician Accountability. In 2015 Dr. Skochelak was elected to the National Academy of Medicine.

ORGANIZING COMMITTEE

Patrick Adsit, MS, PT Kate Bol, JD Valerie Brown, CPS Kaylee Burget, BS Nancy Campbell, RN, MS, BC Jesse Clark, DO E. Ann Cunningham, DO Nehal Gaijar Barb Gushrowski, MLS Sue Heinzman, DNP, RN, ACNS-BC

REVIEWERS

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ORAL PRESENTATIONS

O1 Interprofessional collaboration: Translating IPE with nursing and physical therapy students from the academic to the clinical setting. (Jennifer Carmack, MSN, RN; Steven Wiley, PT, PhD, GCS)

Purpose: The purpose of this study is to examine physical therapy and undergraduate nursing students' perceptions of interprofessional education and to understand their experiences with a collaborative learning experience involving a simulation focused on an acute care patient case.

Subjects: The study included 45 physical therapy students in the second year of a Doctor of Physical Therapy (DPT) Program at a Midwestern university who were preparing to complete their first full-time 8-week clinical education rotation and .45 undergraduate nursing students in the final year of a Bachelor of Science in Nursing (BSN) Program at the same university who were engaged in routine clinical education in the acute care hospital.

Methods: This study was a quasi-experimental using a single group, pre-test and post-test design. Data collection was done: prior to the simulation experience, immediately following the simulation. Data collection for six months after the completion of the simulation will take place in April of 2018. The study tools are the Team Strategies & Tools to Enhance Performance & amp; Patient Safety (Team STEPPS) Teamwork Attitudes Questionnaire (T-TAQ) and the Interprofessional Attitudes Scale (IPAS). Quantitative data will be analyzed with either independent t test or non-parametric Mann-Whitney U test for interval and ratio data, dependent on the parametric nature of the data. Then to determine if there is a significant difference in T-TAQ and IPAS scores between the groups prior to the simulation, immediately following and six months post simulation, a mixed model ANOVA will be conducted. **Clinical Relevance**: To assess whether an interprofessional simulation-based acute care learning experience can help prepare physical therapy and undergraduate nursing students for interprofessional collaborative practice in the acute care setting

O2 "We for Wellness." (Christine Hopp, DO; Britney Roberts, DPM; Christopher Basom, DO; Joanna Edwards, MD; Jesse Clark, DO; Kathy Zoppi, PhD, MPH, FAACH; Stephanie Nader, MSW, LCSW; E. Ann Cunningham, DO)

Background: It is no secret while physicians are dedicated to help others lead healthy lives, their own wellness is often neglected. Looking at a career which has the highest rates of job fatigue, how do we prepare our providers to have longevity and satisfaction in their career?

Purpose: Community Health Network has recently started a medical group center for physician wellbeing and joined the AIAMC National Wellness Initiative. Interventions to target wellness are being employed, and metrics are being utilized to determine efficacy.

Methods: Each Community Health Network GME PGY cohort of residents will have two dates for halfday wellness interventions. Residents will choose to engage in a planned GME Cohort Wellness Activity or "opt out" of the organized activity for individual time for personal wellness. All residents will be surveyed using the online Wayne State University 10-item Resident Wellness Scale at the start of the academic year for a baseline measurement and following subsequent interventions. Resident data is deidentified by the research coordinator, and all other investigators are blinded to the participants' data. Results will be analyzed using a repeated ANOVA.

Results: While still in the implementation phase of improvements, data about the effectiveness of the interventions is pending. It is anticipated that the interventions will enhance resident and faculty wellbeing, engagement, and resilience.

Conclusion: In a culture where the historic norm has been to brush off wellness, systemic initiatives about wellness are paramount in promoting and teaching resilience. Key stakeholders must be involved in the process, and metrics must be employed to track the effectiveness of interventions. It is essential to share these results and experiences with others to promote a much broader change in physician culture.

O3 Get faster! A structured approach to teaching efficiency in the clinic. (Dan Fisher, MD; Laura Schaecher, LCSW; Sagi Mathew, MD; Erin Ray, MD)

Background: There is very limited literature and guidance available on provider efficiency in clinic. Many of our learners struggle to keep up with the demands of patient care in the clinic, falling farther behind, increasingly overwhelmed by the volume of tasks required in modern clinical care. As teachers of family medicine, we must prepare our learners for the rigors of outpatient practice, including the increasing volumes and EMR requirements.

Methods: This session will provide family medicine educators with a comprehensive toolkit for teaching efficiency. We will discuss concrete, structured activities that may be utilized based on the efficiency issues of the individual learner. We will discuss how to identify the key deficits which are driving the inefficiency, and which interventions are most likely to be effective for your learner.

Results and Conclusions: We will review our preliminary data on efficiency and discuss plans for intervention and eventual post-intervention data collection.

O4 Impact of ambulatory care pharmacist collaborative drug therapy management visits on diabetes outcomes. (Misha Muchnik, PharmD; Rachel Steele, PharmD; Megan Dorrell, PharmD, BCPS, BCACP; Jaclyn Myers, PharmD, PhD; Andy Schmelz, PharmD, BCACP)

Introduction: Diabetes mellitus is a significant cause of morbidity and mortality and results in increased health care costs 2.3 times greater per patient. Literature currently published on interprofessional teambased care has shown positive results on diabetes outcomes. Pharmacist involvement has also been associated with positive results in studies. However, limited data is available that describes pharmacist impact and how a broad range of factors correlate with this impact. Hence, the objective of this study is to understand the impact that pharmacists have on outcomes of patients referred for diabetes management and to identify factors that may correlate to an increased or decreased likelihood of an impactful outcome.

Methods: This is a retrospective chart review conducted across a health-system's ambulatory pharmacy department. The cohort for analysis includes a targeted 250 adult patients< 90 years old with type 2 diabetes who have met with a pharmacist for ≥ 2 face-to-face appointments under the collaborative drug therapy management protocol with the initial pharmacy visit occurring between January 1, 2017 and June 30, 2017. Demographic and clinic data will be obtained via the electronic medical record. The primary outcomes are the mean Ale reduction per patient at six months from initiation of pharmacy management and the change in the number of diabetes-related inpatient hospitalizations and ED visits as compared to the year prior to meeting with a pharmacist. Secondary outcomes assessed include changes in hypertension control, statin therapy, weight, and care gaps (pneumococcal immunization, foot exam, eye exam, and urine albumin to creatinine ratio) at six months after the initiation of pharmacy management. Multivariate analysis will then be utilized to assess the impact of various demographic and clinical factors on whether patients reach goal A1c.

Results & Conclusions: To be presented at the Symposium.

O5 Interdisciplinary management of an emergency department patient: A case study. (Kevin Brichler, PT, DPT; Paula E. Wilham, MD; Jon Myers, EMT-P; Kenneth F. Raderstorf, RN)

Objectives: Understand the interdisciplinary approach to patient care in an emergency department (ED) setting; understand the role of physical therapy (PT) in a unique and developing practice setting. **Background**: The ED is an exemplary setting in terms of modeling an interdisciplinary approach to patient management., As such, PT has been integrated on a full-time basis at multiple hospitals in Indianapolis as well as around the United States. As of 1/1/2018, Community South Hospital has a physical therapist staffed full-time as an available consultative service for ED providers. This case is an excellent example of the role of PT in an ED setting and how this role is integrated with other disciplines in patient management.

Case Description: Patient is a 77 year old female arrived to the ED via ambulance s/p fall and with obvious left ankle deformity; radiographs demonstrate a bimalleolar fracture with dislocation with noted oblique displacement in the tibia and fibula. Patient management involves multiple disciplines for pathological management: conscious sedation, fracture reduction, fracture stabilization with splinting, and gait training with newly established weight bearing restrictions to ensure safe discharge from the ED.

Conclusion: Interdisciplinary approach achieved goal of ED management for this patient's underlying pathological dysfunction. Patient with minimal complications with conscious sedation/medication management (hypotension), fracture adequately reduced (x2 attempts; first attempt with sub-optimal reduction so reduction performed again), stabilization achieved with lower extremity posterior and sugar tong splint, and able to safely ambulate with rolling walker s/p PT evaluation to allow for discharge to home and Orthopedic follow-up as an outpatient (surgical intervention required).

O6 The impact of rehabilitation on improving range of motion on knee osteoarthritis. (Bill Claussen, PT; Scot Bauman, DPT)

Purpose/Hypothesis: Patients often seek non-operative treatment for debilitating symptoms from knee osteoarthritis (OA). We hypothesized that improving knee ROM in patients with OA would improve patient symptoms.

Materials and Methods: 236 patients with unilateral knee OA enrolled into the study; 44 dropped before 1 year (11 health reasons, 33 not interested) Fifty patients (21%) went on to have TKA, and 15 had surgery at >1 year after enrolling. Their data was used for this analysis. Of 157 eligible patients, 84 had complete 1-year follow-up data (43 female; 41 male; mean age, 61 years old). Unilateral knee OA was confirmed by radiographs (20% mild, 39% moderate, 41% severe). At their initial PT evaluation, ROM and KOOS scores were recorded. A rehabilitation program was initiated that focused on extension ROM, then flexion ROM before working on strength. Measurements were compared to the non-involved knee, and knee symmetry was the goal. Follow up ROM/KOOS scores were recorded at 1 month, 2-3 months, 6 months and 1-year postenrollment.

Results: Extension and flexion ROM were statistically significantly improved between initial evaluation and 1-month follow-up (P<.01); improvement was maintained through 1 year (P<.01). Mean arc of motion (AOM) was 112° at initial evaluation, improved to 125° at 1 month (P<.01), and maintained at 125° at 1 year (P<.01). Mean KOOS sub-scores of pain, symptoms, activities of daily living, sport, and quality of life were 51, 46, 61, 34, and 32 points respectively at initial evaluation and improved to 68, 59, 79, 54, and 51 points at 1 month and 70, 65, 77, 50, 51 points respectively at 1 year (all P-values <.01).

Conclusion: Physical therapy exercises to improve ROM significantly improved KOOS scores by 1 month after treatment and was maintained over time.

O7 Impact of education and legislation on opioid prescribing patterns following cesarean delivery. (Lindsay DeWind, PharmD; Tracy Costello, PharmD, BCPS; Jake Lemon, PharmD, BCPS; Colleen Hutchinson, PharmD Candidate; Morgan Schaffer, PharmD Candidate)

Introduction: The number of opioid prescriptions and opioid-related deaths have increased since 2000. Overprescribing of opioids following cesarean deliveries is one of many ways the amount of opioids has increased. On July 1, 2017, Indiana enacted a law limiting the days' supply of first time opioid prescriptions to seven days. Education provided to prescribers may further reduce opioid prescribing at discharge.

Objective: To determine the difference in the number of morphine milligram equivalents (MME) prescribed at discharge for patients who delivered via cesarean delivery before and after education and legislation implementation.

Methods: The study was divided into three phases based on when the patient was discharged from one of four network hospitals following cesarean delivery: the pre-legislation, post-legislation, and post-education phase. The pre-legislation phase included patients discharged before legislation implementation on July 1, 2017. The post-legislation phase included patients discharged on or after July 1, 2017 but before the educational initiative. The post-education phase included patients discharged from the hospital after the education is presented to providers. Patients were excluded if they were hospitalized for greater than seven days or have a history of substance abuse or chronic opioid use. A retrospective chart review was conducted for patients discharged during the pre- and post-legislation phases to determine the baseline MME and number of opioid pills patients are prescribed following cesarean deliveries and prescribing analgesia at discharge. An anonymous survey was distributed to the providers at these presentations to assess how the education was anticipated to impact their prescribing practices. A chart review was then conducted for patients discharged from the hospital during the post-education phase to assess opioid prescribing patterns.

Results and Conclusion: To be presented at the Symposium.

O8 Rise and shine: Improving ventilator days in the ICU. (Diane Doty, MSN, RN, CCNS, CCRN; Kate Mills, MSN, RN, CCRN)

Purpose: To decrease patient ventilator days in the Intensive Care unit utilizing:

- Richmond Agitation-Sedation Scale (RASS) for appropriate sedation
- Spontaneous awaken trails (SAT) to determine if it is safe to interrupt sedation
- Spontaneous breathing trials (SBT) to identify readiness to wean
- Compliance with ventilator order set

Background and Significance:

- The evidence demonstrates prolonged mechanical ventilation may lead to iatrogenic complications, increased intensive care length of stay and potentially adverse outcome.
- Prolonged ventilation places patients are at higher risk for ventilator-associated pneumonia (VAP), immobility, pressure ulcers and delirium.
- Needs assessment at facility demonstrated the following: o, Poor utilization of a sedation scale
- Over sedation of ventilated patients
- Zero utilization of SAT/SBT to determine patient's readiness for weaning
- Physicians were not aware there was a ventilator order set

Methods:

- Identifying knowledge and intervention gaps in regards to tools and usage of tools to assist with weaning patients
- Rolled out two tiered approach towards targeted interventions
 - $\circ \quad \text{Tier one} \quad$
 - o Monthly audits on RASS, SAT, SBT and ventilator order usage
 - Providing staff an educational intervention on the knowledge gap regarding RASS and its impact on ventilator days
 - Educated opportunity on evidence based practice around sedation and weaning provided to nursing and respiratory staff on evidence based practice
 - o Tier Two
 - o Identified roles and responsibilities based on staff position regarding SAT/SBT
 - o Education and push for physician regarding the ventilator order set
 - \circ $\;$ Best practice is monitored informally and reported to stakeholders on a monthly basis-

Results

- 30% increase in appropriate ventilated patient sedation levels
- 20% decrease in patient ventilator days
- 29% increase in utilization of SAT/SBT
- 29% increase in ventilator order set usage

O9 Evaluation of a pharmacist-managed inpatient warfarin protocol. (Jordan Clark, PharmD; Brenda Clark, PharmD, BCPS; Sandi Lemon, PharmD, BCPS, BCCCP)

Introduction: An automatic pharmacist-managed inpatient warfarin protocol was implemented in June 2013 at Community Health Network (CHNw). A follow-up study has not been completed to assess the protocol's safety and efficacy.

Objectives: The primary objective of this study was to evaluate the safety and efficacy of an inpatient, pharmacist-managed warfarin protocol compared to physician-managed warfarin in patients newly initiated on therapy.

Methods: A retrospective chart review was completed to evaluate outcomes of patients newly initiated on warfarin at four hospitals within Community Health Network before and after implementation of an automatic, pharmacist protocol. Patients were excluded if they are in a protected population, have an international normalized ratio (INR) goal other than 2-2.5, 2-3, or 2.5-3.5, on warfarin prior to admission, on warfarin for an orthopedic indication, managed by a pharmacist prior to the automatic protocol, do not follow-up with a network-affiliated anticoagulation clinic within one week, or receive less than four doses of warfarin during admission. Data collected includes: patient age, sex, weight, admitting hospital, discharging unit, warfarin indication, goal INR range, INR values throughout admission, time to therapeutic INR, length of stay, other concomitant antithrombotic agents, drug interactions documented in progress notes, bridging therapy at discharge, INR at first anticoagulation appointment, and any bleeding or thrombotic events during admission or within 30 days post- discharge. The primary objective is to compare the average time to therapeutic INR of pharmacist and physician-managed inpatient warfarin. Secondary objectives will compare INR values, incidence of bleeding, and incidence of thrombotic events.

Results and Conclusions: To be presented at the Symposium.

O10 How do I know what my customer really wants? Design thinking. (Loya Kelso, MS, PMP, CSSBB, CSM; Crystal Bingham, LPN, PMP, MBA)

Introduction: Design thinking is qualitative-human-centered approach for solving complex problems to meet customer needs. The methodology includes five steps and begins with understanding the customer's needs. Customers can be identified as patients, or can be other employees, which we call caregivers.

Objectives: In this session, you will learn the basic concepts of design thinking and hear about how it was used by GE to design children-friendly MRIs. We will discuss how we have used design thinking at Community Health Network to make improvements and share the results. The project we will be sharing is how to reduce the time for nursing orientation.

Methods: Week-long sessions called design-sprints were conducted. The teams consisted of 10-20 caregivers who were brought together and provided JIT design thinking training, such as how to conduct interviews. The teams would begin by planning their interviews and then conducting the interviews. Next, the teams came back and as a group and unpacked their interview into empathy maps. From the empathy maps, personas were created that helped determine how we could meet the needs of each persona.

Results: To date, we have conducted nearly 10 design sprints. The benefits are threefold: 1) We gain a better understanding of our customers; 2) We are able to address the identified problem through the customers' needs, rather than what we think they want; and, 3) the teams are proud of their accomplishments.

Conclusion: Design thinking will continue to be used at CHNw to tackle difficult problems, where understanding customer needs is critical to success.

O11 Clinical documentation and performance improvement: An orthopedic case study. (Laura McMichael, MBA, OTR, CSSBB, PMP; Jayson Zeigler, MS, OTR)

Introduction: In the world of performance improvement, access to reliable, accurate data is integral. As health care moves quickly towards outcome based reimbursement and we attempt to correlate the most effective interventions, there is a practical gap in our ability to show the value of therapy services due to immature documentation and data collection practices. Current practice suggests an overuse of "native intelligence" (Bartlett, 1978) in documentation that is difficult to overcome.

Objectives: The primary objective of the session is to share the performance improvement facilitator perspective of a strategic project around orthopedic bundle payments in order to inspire advocacy for improved documentation in therapy services. Documentation expert professor from University of Indianapolis will provide insight into a potential solution to increase reliability and validity of documentation using a different methodology. Discussion around how a large project with strategic impact could have elevated the impact of therapy postop had better documentation been available. **Methods**: Lean Six Sigma approach was utilized to try to understand all the factors influencing discharge to home for total joint patients. In addition to using a standardized risk assessment tool designed to predict skilled nursing facility use, the team tried to look at functional and medical performance differences post-operatively. Due to the need to chart audit this information, the team used a PDCA approach instead. A pilot of pre-operative home safety assessments done by therapists with newly created documentation was also a challenge to mine valuable information from in a consistent way to identify more specific factors. Had there been a standardized way to document important data to the project, the PDCA could have seen better results and ultimately roll out more broadly.

Results: Due to the variation in documentation, the team was unable to utilize therapy documentation to help determine the differences in the functional performance of those who went home versus those

who went to skilled nursing facilities. The team moved forward to rely heavily on medical comorbidities versus some of the functional, social, or performance aspects of patients.

Conclusion: Improved clinical documentation that follows a standardized, objective, and discrete format could have brought more attention to the impact of therapy interventions with this strategic population. Unfortunately, therapy interventions were not seen as the key intervention to discharge disposition, nor utilized to help guide the improvement team along.

O12 Evaluation of patient satisfaction and knowledge gained following participation in a group diabetes self-management education program. (Kathryn Pelkey, PharmD, BCACP; Jordan Rauh, PharmD Candidate; Jessica Wilhoite, PharmD, BCACP)

Introduction: Although group Diabetes Self-Management Education (DSME) programs have been done throughout Community Health Network, no evaluation of the programs have been conducted.
Objectives: The primary objectives of this study were to evaluate patient satisfaction and change in disease state knowledge following six sessions of group DSME led by a multidisciplinary team.
Methods: This process improvement study evaluates a standardized approach to diabetes group visit program which began August 2017. Each visit lasts 90 minutes and visits occurred every other week for a total of six visits. Patients with a history of Type 2 Diabetes could participate and participation was voluntary. Evaluation occurred after each session through the voluntary completion of a patient satisfaction survey and knowledge gained by the patient was assessed through a knowledge-based assessment at the beginning and end of the six-session program.

Results: To date, two clinic sites have completed a group DSME program involving 25 individual patients with an average attendance of 6.6 patients per session. From the patient satisfaction surveys (n=79), 100% of responses indicated the speaker covered helpful information, was interesting, kept their attention, answered their questions, and they would listen to the speaker again; and 97.5% (n=77) indicated "Agree" or "Strongly Agree" that the session was helpful, it increased their confidence to manage their diabetes, they learned something they could apply daily, and they felt comfortable sharing and communicating within the group. Based on the knowledge-based evaluations (n=8), 5 participants improved their score and 1 participant had no change in score.

Conclusion: All participants were satisfied with every session facilitator while the majority found the program's content and group setting beneficial. Most participants evaluated gained clinical diabetes knowledge. More of the same group DSME programs are planned for additional clinic sites and will continue to be evaluated to create an established program for the Network

O13 Daily improvement: Empowering 15,000 caregivers to make and lead change. (Clemesia A. Beverly, MHA; Derek McMichael, PharmD, MBA; Mark Miller, BA; Judy Mpistolarides, MSW, LCSW, ACSW, C-ASWCM, LCAC, C-SSWS; Ryan Wilson; Donna M. Phillips, RN)

Introduction: In the article, "Healthcare Improvement Can't Happen Without Better Management," author John Toussaint challenged us to "imagine the impact of unleashing the creativity of the millions of healthcare workers who care for patients in the U.S." During this presentation, speakers will share details on how Daily Improvement, Servant Leadership, and a focus on empowering Caregivers has helped transform the organization and drive results.

Objectives: The primary objective of the session is to share details on how the organization has created, implemented, and spread Daily Improvement and servant leadership throughout the organization. Speakers will provide information on the Daily Improvement components which include: standardized problem- solving, visual management, coaching for accountability, and routine conversations focused on getting better as an individual, team, and organization.

Methods: Endpoint of the project was to develop a system-wide approach for Daily Improvement. To achieve that endpoint, the team launched a series of model cells, housed within the Network's North Region. During an initial wave of go-lives, the team facilitated important organizational learning to understand what created success, and hindered success. As part of the initial cohorts, the team combined findings, updated the program accordingly, and applied the changes during the subsequent rollout.

Results: Organization is beginning its journey in deploying Daily Improvement. After three (3) structured cycles of learning, the program team finalized their program approach and have expanded the program to include the Network's other regions, introducing model cells elsewhere in the organization to begin scaling the Daily Improvement program system-wide.

Conclusion: Program success factors include: visibility of leaders, focus on coaching, and transitioning ownership for problem-solving to the front line.

O14 Comparison of sliding scale insulin orders. (Danielle Thomas, PharmD; Kellianne Webb, PharmD; Rachel Capito, PharmD)

Introduction: The prevalence of hyperglycemia in the acute care setting is increasing as the percentage of Americans with diabetes has increased. Patients on high dose steroids, under acute stress, or on enteral/parenteral nutrition may also experience hyperglycemia. The American Diabetes Association (ADA) recommends initiating insulin in hospitalized patients with persistent blood glucose levels 2'180 mg/dl. Hyperglycemia in hospitalized patients is frequently managed by sliding scale insulin (551). Insulin is classified as a high risk medication as it can lead to adverse effects with both hypoglycemia and hyperglycemia.

Objectives: The objective of this study is to compare rates of hyperglycemia (blood glucose 2'180 mg/dL) and hypoglycemia (blood glucose <70 mg/dL) between patients initiated on a low, medium, and high dose sliding scale versus a weight based sliding scale.

Methods: This retrospective study has been approved by the Community Health Network Institutional Review Board. Patients included in the study will be identified by electronic medical record if they had an order for insulin lispro sliding scale during hospital admission. The number of severe hypoglycemia episodes (blood glucose <50 mg/dL) will be compared between the two order sets. Key patient characteristics that will be evaluated include patients' total daily dose of insulin (units/kg) administered during admission, cause of hyperglycemia, diet, presence of long acting insulin or carbohydrate coverage insulin, and antidiabetic medications prior to admission. Average blood glucose during admission will be calculated.

Results: To be presented at the Symposium.

O15 A novel skin closure device for total knee arthroplasty: Randomized controlled trial versus staples. (Rodney Benner, MD; Jonathan Behrens, MD; Adam Norris, BS; Tinker Gray, MA)

Introduction: Staple closure for total knee arthroplasty (TKA) can be cosmetically unappealing and painful during wear and at removal. The Zipline device utilizes a non-invasive, adhesive based skin closure that may offer improvements in patient comfort and cosmesis.

Methods: Twenty-five patients undergoing simultaneous, bilateral TKAs were randomized to receive skin closure with Zipline one knee and staples on the other. Patients were surveyed at 2 weeks postoperatively regarding pain from 0 (none) to 10 (worst), for both device wear and removal. Range of motion (ROM) was measured by a physical therapist. At both 2 weeks and 2 months, patients reported their scar quality rating on a scale from 0 (best) to 10 (worst), as did the primary surgeon. Patient preference was recorded at 2 weeks and 2 months.

Results: At two weeks postoperative, patients reported a mean pain score of 1.4 for Zipline and 2.0 for staples during device wear (P=.03). Mean pain score during device removal was 0.7 for Zipline and 1.6 for staples (P=.003). Mean ROM arc was statistically significantly better for the Zipline knee at 107.4° versus 103.6° for staples (P=.002). At 2-month follow-up, Zipline resulted in a statistically significantly better scar rating reported by both the patients (1.3 vs. 2.6, p=.04) and the surgeon (1.9 vs. 3.3, P=.0006). Patients reported a clear preference for the Zipline over staples at both 2 weeks (23/25) and 2 months (21/25).

Discussion and Conclusion: The results of this randomized, controlled trial show that during simultaneous bilateral TKAs, patients reported less pain during device wear and removal versus staples. ROM was improved at 2 weeks in the Zipline knee. At 2 months, both the surgeon and patients rated Zipline scars better cosmetically than staples. Patients clearly preferred the Zipline. We conclude that Zipline offers improvements in TKA skin closure versus staples.

O16 Accountable care unit: Outcomes data after 18 months of implementation. (Dan Fisher, MD; Mickell Curtis, RN; Tracy Costello, PharmD; Aria Arrizabalaga, MD; Tricia Hern, MD)

Introduction: In July 2016 the Community Family Medicine Residency inpatient team partnered with a unit at Community Hospital East to create an Accountable Care Unit (ACU). An ACU is a unit-based physician and nurse team. Previously, patients for each physician team were scattered across the hospital on multiple nursing units. In an ACU, all Family Medicine patients were assigned to one unit, allowing better collaboration and coordination with all health care team members. Structured, bedside interdisciplinary rounding on patients on this unit occurs daily. The goal of the change was to improve patient care, communication, and interdisciplinary collaboration.

Methods: A standardized survey has been completed by physicians and nurses working on the reorganized hospital unit regarding their subjective assessment of job satisfaction, communication quality, and global impression of patient safety, both prior to and after 18 months of the intervention. Retrospective unit-level data will be reviewed regarding the readmission rates, average lengths of stay, and average patient satisfaction scores (HCAHPs) before and after the unit reorganization as an Accountable Care Unit.

Results and Conclusions: To be presented at the Symposium

O17 Chronic project failure: Addressing the human factor to achieve successful project results. (Mark Heithoff, MBA, LSSMBB, PMP, BPMP)

Introduction: There is more to delivering successful project outcomes than good project management planning and execution. Successful results depend on measuring and managing the necessary change leadership into the project planning. Without accounting for the human factor, project risk increases significantly. By applying some basic tools and techniques, the potential success of your project can be significantly increased.

Background: For healthcare leaders, the need to execute strategic projects has never been more important, yet a study of healthcare executives found that up to 70% of strategic initiatives fail. Strategic projects are dependent on how well each caregiver of the organization adopts the change necessary to achieve the desired results. In short, the organization must transform its employees before it can transform its results. According to Hyatt and Creasy, change management "enables employees to adopt a change so that business objectives are realized. It is the bridge between solutions and results." **Discussion**: Even the most elegant strategic plan and meticulous project management execution cannot overcome the human factor. As many as 1 in 5 project failures can be tied to ineffective communications, just one component of the human factor. To overcome the risks of change

management, some key elements must be considered at the beginning and throughout the project lifecycle.

- Identify a change leader
- Measure stakeholder change readiness and make a plan
- Establish a clear and compelling reason for change
- Impassion the culture with the vision
- Engage the culture to design the change
- Align all systems and structures that support the change

O18 The use of physical performance testing to predict injury in high school athletes. (Edward Jones Jr., PT, DHSc, OCS; Grace Connell, SPT, LAT, ATC; Lauren Henderson, SPT; Craig Rak, SPT; Jacob Seiler, SPT; Dustin Melvin, MS, LAT, ATC; Jared Gogel, MA, ATC, LAT; Joel Novak, PT, DPT, CSCS; Brett McDonald, PT

Introduction: Various functional tests and injury screens exist to assess lower extremity function and symmetry including the Functional Movement Screen (FMS), T-test Agility, Y-Balance, and Single leg hop tests. However, there is limited evidence for the utility of these test scores and values to reliably predict lower extremity musculoskeletal injury in the high school athletic population.

Objectives: The primary objective of this research study is to examine functional performance tests including the T-test for agility, Y-Balance test, and various hop tests to determine if they can be used to predict lower extremity musculoskeletal injury risk for the high school athletic population. Methods and data analysis: The study design for this project is a prospective longitudinal cohort of varsity athletes at an Indianapolis- area high school. Demographic data and scores for each of the following tests were recorded during a single testing session prior to the start of the athletic season: Ttest for agility, Y-Balance test, and a series of single leg hop tests. Athletic Trainers employed at the high school then conducted injury surveillance and maintained records regarding participants' injuries during their respective sports season. Injured and non-injured groups will then be analyzed. Descriptive statistics will be generated and Pearson product-moment correlation coefficients will be established between variables of interest functional testing scores and demographic data. Individual tests will be scaled using linear regression to allow for normalization of data. Positive predictive value (PPV) and positive likelihood ratio (LR+) will be utilized to establish ranges and interpret results. Simple regression will be used to correlate composite scores. Data will be analyzed at the P<0.05 alpha priori level. Results and Conclusions: Results and conclusions will be discussed in the context of current literature on the population being studied. To be presented at the Symposium.

O19 Simple and cost effective method of direct plantar plate repair: A long term outcomes study. (Kristin Kindred, DPM; Mark Wavrunek, DPM; Brett Fink, MD)

Introduction: Metatarsophalangeal joint instability and plantar plate injury are important causes of lesser toe deformity and forefoot pain. Direct repair of a damaged plantar plate has the potential to return the toe to more anatomic alignment and reduce pain. Many direct repair techniques employ unwieldy and costly devices. We present a novel method of direct plantar plate repair described through a standard dorsal approach. This technique can be used to restore metatarsophalangeal joint instability with materials available at low cost in most operating room settings.

Objectives: The goal of our study is to validate the Fink technique as a clinically effective way to treat metatarsophalangeal joint instability.

Methods: We have designed a long term outcomes study of patients who have undergone the Fink method of planar plate repair. All charts fitting the inclusion and exclusion criteria were collected (n=15). Patients that elected to participate in the study were examined for clinical and satisfaction outcomes at least 1 year after surgery.

Results: Data collection is still in progress at this time.

Conclusion: We hypothesize that the long term outcomes of the Fink method of plantar plate repair will produce similar outcomes to other methods of direct plantar plate repair. Thus, the Fink method will be validated as a clinically effective and low cost surgical technique for direct plantar plate repair.

O20 Utilization of technology with interdisciplinary leadership to achieve improvement in sepsis

outcomes. (Dawn Sullivan-Wright, MSN; Theresa Murray, MSN, RN, CCRN; Stephanie Fahner, MSN, RN; Mark Heithoff, MBA, LSSMBB, PMP, BPMP; Brad Hale, MD; Jennifer Fletcher, BSN, RN; Courtney Hagen)

Introduction: Rapid identification of sepsis with timely appropriate antibiotics appears to the single most important factor in reducing mortality and morbidity in sepsis.

Methods: In 2016 a multidisciplinary team formed to develop processes to decrease time from the emergency department (ED) door to administration of antibiotics to decrease mortality for patients admitted for sepsis through ED. The collaborative team consisted of nursing and physician informaticists, clinical nurse specialists, an outcomes performance manager, performance improvement consultant/facilitator, infectious disease, critical care and emergency physicians, registered nurses, an analytics representative, and a pharmacist. The current state of care delivered by nursing and physician for sepsis patients was assessed while current metrics were measured. Through collaboration with the team, multiple processes were improved, implemented, evaluated, modified, then reassessed. Multiple best practice alerts via the electronic medical record were put in place. Sepsis order sets were created that included a 0-3 hour order bundle, education and rapid identification tools. These were implemented along simultaneous collection of data to identify improvement opportunities. In 2017, once the framework for improvement identified the process model, the initiatives moved forward. **Results**: The sepsis mortality rate in 2017 data identified a reduction in deaths by 6.79%. **Conclusion**: The recommendation from the collaborative team demonstrates how standardization of care can improve patient outcomes.

O21 A resource toolkit for achieving change through specific, concrete activities. (Dan Fisher, MD; Sagi Mathew, MD; Erin Ray, MD; Laura Schaecher, MSW)

Introduction: Struggling learners often are mandated to complete a corrective action plan when a deficit becomes severe. These formal interventions may be labeled as remediation plans, "oral counseling," "performance improvement plans," rotation failures, academic probations, or corrective action plans. Very often, these plans are simply a formal demand to make significant change, occasionally with goals defined with varying levels of specificity. A better corrective action plan would have specific, concrete steps that a resident could take to achieve the prescribed change.

Methods: In this session we present a toolkit with specific, concrete "modules" for our most common learner deficits.

Results and Conclusions: We will demonstrate how these concrete activities may be incorporated into a corrective action plan based on the unique resident situation. We postulate by including more concrete, measurable steps in corrective action plan, struggling residents will have higher rates of success. Additionally, we suggest use of these concrete activity modules for voluntary self-improvement plans, developed before a resident deficit deteriorates to the point of formal censure.

O22 Interprofessional service learning to meet community and professional needs. (Elizabeth Moore, PhD; Heidi Hancher-Rauch, PhD, CHES; Lynn Shaw, EdD, LCSW, LCAC)

Introduction: Service-learning, combined with interprofessional education, can have a positive effect on students' learning experiences, willingness to collaborate interprofessionally, and development of transcultural knowledge. Faculty from the University of Indianapolis in health science, social work, and public health partnered with the Intercollegiate YMCA to form a service-learning cohort. The goal of this cohort was to design a service-learning project that would build a sustainable interprofessional experience. The premise was to incorporate students from diverse academic experiences and achieve the experience through multiple modes of course delivery.

Methods: Faculty and students from undergraduate through doctoral level programs collaborated to develop and implement the venture called Project Outreach, an interprofessional, longitudinal service learning experience utilizing pre-existing undergraduate and graduate courses delivered through various formats, including face-to-face, hybrid, and fully online. Students from the three different professional programs and courses collaborated with the Intercollegiate YMCA, which serves low-income families living in housing managed through the Indianapolis Housing Agency, to conduct a needs assessment to determine how the YMCA could better serve the housing community. Public health faculty and students in one course developed the needs assessment tool, which was utilized by social work faculty and students to collect data on community needs. Faculty and students in the health science doctoral program then analyzed the data and developed a report for the Intercollegiate YMCA. **Discussion**: Following this pilot project, the model will be revised and utilized to conduct similar needs assessments across other housing sites in which the Intercollegiate YMCA provides programs. Results and Conclusions: Presenters will discuss challenges, successes, and real-world issues that emerged from this experience and provide insight that was gained through their work. They also will discuss the challenges that were encountered in using e-service-learning technologies to develop a feasible alternative to face-to-face service learning activities.

O23 Coordinated interdisciplinary psychiatric rounding (CIPR): A behavioral health model of patient care. (Areef Kassam, MD, MPA; E. Ann Cunningham, DO)

Introduction: Accountable Care Units (ACU) have been developed across the country as a way to combat fragmented care and communication amongst treatment teams. First developed by Dr. Jason Stein of Emory Healthcare, inter-professional collaborative practice during rounding has been shown to improve the patient experience, decrease length of stay, and decrease morbidity and "sentinel" events.1 This Structured Interdisciplinary Bed-side Rounding (SIBR) includes the patient as part of the process allowing for shared decision-making.2 Due to the nature of psychiatric units and structure, there has been a hesitancy in developing an inpatient behavioral care adaptation.

Objectives: The primary objective of this abstract is to present a model for psychiatric team-based rounding and its anticipated value in a large teaching psychiatric inpatient facility.

Discussion: Coordinated Interdisciplinary Psychiatric Rounding (CIPR) is a modified version of SIBR in order to best meet the needs for individuals with psychiatric needs on an inpatient service. To best adapt and implement this structural and cultural shift, we have developed 3 distinct features: 1) Table rounds, 2) CIPR implementation as modified SIBR structure, and 3) Varied schedule. A behavioral health care focus is important in the implementation due to the variation of needs and metrics involved including patient presentation, varied length of stay, and less variance in day to day treatment plans. **Results**: CIPR will be implemented in Spring 2018, and metrics including length of stay, morbidity, and hospital core measures will be tracked. While limited application has been done in behavioral health, shared decision making and collaborative processes are anticipated to have strong positive results.

Conclusion: CIPR presents a behavioral health care minded approach towards improving patient outcomes along with interdisciplinary collaboration. Culture shifts are necessary and require a holistic stakeholder buy-in.

O24 Impact of a medication assistance program on rates of chronic obstructive pulmonary disease and asthma related emergency department visits and hospitalizations. (Bradley Carqueville, PharmD; Christina Inteso, PharmD, BCACP; Cassie Richardson, PharmD, BCACP; Nick Sciacca, PharmD, BCACP)

Introduction: Chronic obstructive pulmonary disease (COPD) and asthma are chronic conditions that usually require expensive inhalers to control symptoms and prevent complications. A lack of control in these pulmonary disease states from to a lack of inhaler adherence may result in an exacerbation, leading to an emergency department (ED) visit and/or hospitalization for treatment. Given an increase in access to life saving medications, it may be theorized that patient clinical outcomes relating to the associated disease states would be improved once the barrier of cost is removed. Community Health Network's (CHNw) Medication Assistance Program (MAP) employs a team of pharmacy technicians that work to help patients receive brand-name medications that they cannot afford on their own. **Objectives**: The primary objective of this study is to determine if patients who have been enrolled in CHNw's MAP for their COPD and asthma inhalers have improved clinical outcomes, specifically though ED visits and hospitalizations.

Methods: A retrospective chart review will be performed at CHNw, utilizing the electronic medical record to track the number of ED visits and hospitalizations. Patients will be included in the study if they a brand name inhaler through the MAP, and have a diagnosis of COPD, asthma, or both. Patients will be examined for a year before and a year after their time of enrollment, as defined by the time of first medication fill through the MAP. Other data points will be collected to further determine clinical impact of the MAP such as number of therapy changes, steroid use, and disease specific scales to measure disease severity.

Results and Conclusion: To be presented at the Symposium.

O25 Evaluation of efficacy and patient satisfaction for smoking cessation group visits. (Cassie Richardson, PharmD, BCACP; Jill Sullivan, PhD, HSPP; Lindsey Koch, PharmD Candidate; Jessica Wilhoite, PharmD, BCACP)

Introduction: To increase patient's access to care, a standardized approach to tobacco cessation group visits has been started throughout Community Health Network led by a multidisciplinary team. Objectives: The primary objective for this study is to assess the efficacy of tobacco cessation group counseling after 3 months. Secondary objectives include determining patient demographics that lead to improved cessation rates, and patient satisfaction with the group counseling services.

Methods: This performance improvement project evaluates a standardized approach to tobacco cessation group visit program which began November 2017. The group visits occur once weekly over four weeks for 90 minutes. Topics covered include preparation to quit smoking, cessation aids, and how to stay smoke free. Participation is voluntary and any patient who currently smokes is eligible to participate. Data is collected through a survey at baseline, following each counseling session, and three months following the cessation of the program.

Results: To date, there has been one smoking cessation group visit completed, involving 7 patients with an average of 4.5 patients per session. Results from the Fagerstrom Test for Nicotine Dependence at baseline showed that 86% (n=6) of patients had a moderate to high dependence to nicotine, with all the patients reported smoking 20 or more cigarettes a day. Upon completion of the program, 100% of patients agreed or strongly agreed to being more confident in quitting smoking and 100% of patients

indicated the speaker covered helpful information, was interesting, kept their attention, and answered their questions.

Conclusion: The results from this pilot program support the continuation of the smoking cessation groups visits; however, follow up to determine patient cessation rates upon completion of the program is needed. Additional smoking cessation group visits are planned to create an established program for Community Health Network, and to allow for continued evaluation of patient satisfaction.

O26 Timeliness of antimicrobial de-escalation of blood cultures via Verigene[®] and its impact on outcomes in a community hospital setting. (Taylor Harlow, PharmD; Jarrett Amsden, PharmD, BCPS)

Introduction: Rapid diagnostic tests (RDTs) provide more timely and accurate organism identification compared to traditional culture and susceptibility methods. The use of RDTs in combination with antimicrobial stewardship have been shown to reduce use of broad spectrum antimicrobials, improve patient outcomes, and decrease health care costs. The objective of this study is to evaluate the utilization of Verigene, a ROT, in regard to antimicrobial de-escalation for confirmed positive blood cultures in a community hospital setting. We further plan to compare various patient and hospital resource outcomes between groups based upon predefined categories of de-escalation. Methods: Patients will be included if they had a positive monomicrobic blood culture with organism identification via Verigene and initiated on antimicrobial therapy during January 1, 2017 - July 31, 2017. Patients with polymicrobial bacteremia, on antimicrobials with known culture and susceptibilities at the time of admission, or are receiving palliative or inpatient behavioral care will be excluded. Patients will also be excluded if they are less than 18 years or greater than 89 years old, pregnant, or incarcerated. The following data will be collected: demographics, comorbidities with a calculated Charlson comorbidity index, length of stay, antimicrobial allergies, ordering provider's department, presence of an infectious disease consult, Verigene organism identification and any resistance determinants, Gram stain results, phenotypic susceptibilities, 30-day infection related readmission, and all-cause in-hospital mortality. Antimicrobials prescribed at the time of the positive Verigene results will serve as the baseline regimen upon which de-escalation definitions will be applied. The dates and times of all antibiotic deescalations will be reviewed to determine the category of de-escalation. Categories of de-escalation will include: optimal, suboptimal, phenotypic, inappropriate, none, and potential contaminants. **Results and Conclusions**: To be presented at the Symposium.

O27 Combating medical resident burnout. (Aurora Shands, MD; Scott Agee, DO; George Salfity, MD; Lily Yang, DO; Michael Lewis, DO; Lee Ann Tetrick, DO; Nora Sharaya, PharmD)

Background: Physician burnout has been a key detriment to overall patient outcomes and physician satisfaction. This is specifically relevant in the context of a medical residency clinic where providers often find themselves under multiple stressors.

Methods: Various wellness interventions will be done on Tuesdays and Thursdays for 3 weeks for medical residents. A de-identified survey will be given to patients pre intervention and post intervention.

Conclusions: To be presented at the Symposium

O28 An innovative alternative to first metatarsophalangeal joint arthrodesis for painful arthritis. (Kathryn Alleva, DPM)

Introduction: The gold standard of surgical treatment for hallux rigidus remains to be arthrodesis. However, with arthrodesis comes inevitable loss of range of motion of the joint which may be a problem for more active patients or patients that want to continue wearing high heeled shoegear. **Methods**: In this report, I discuss an alternative to the gold standard of arthrodesis: Cartiva. I describe a moderately active 65 year old female with right first metatarsophalangeal (MTPJ) dull achy, constant pain of 5 years duration who has exhausted conservative modalities with no relief of symptoms and is seeking surgery to improve joint pain. The patient underwent surgical correction of the first MTPJ with insertion of the Cartiva implant.

Results: This implant maintains joint function, preserves ray length, is not technically demanding surgically, and the postoperative protocol is simple, which enables a potentially higher patient compliance rate.

POSTER PRESENTATIONS







Collaboration Model in an Ambulatory Setting Implementation of an Interprofessional Jean L. Putnam, DNP, MS, RN, CPHQ



Conclusion

part of current turns in suriang, medicine, partnerse, freening, or clearly variances until monity. Costationarius practice traverse attained origin making, which increases the engigement of care team members, and improves patient outcomes. Collaborative practice is reconstant vioritie dranging privioriment of heat heat heat with a not widely implemented. The challings remains that while this inner ded in practice, it has not been a

Ac knowledgements

Katty Zopp, PhD; Chel Academic Officer & SVP Commanity Health Network, Ciribal Partner Norma Hat, DNP, RNBC, CNE, Dean, Undy School of Nursing

Wile Burgess, Loran Parker, Weiting U; Purdue University Evaluation and Learning Research Center Susan K. De Creine, PhD, Rev. ACN/8-BC; Associate Profession, Unity Cysthia Bowers, DVP, RV, CNE, Assistant Professor, Undy

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Rare case of ischial tuberosity osteomyelitis in an IV drug user Hee Yoon, DO

Health Network Community

Community South Osteopathic Family Medicine Residency Greenwood, Indiana



DISCUSSION

IMAGES

to be caused by hematogenous spread previously reported cases of isch que. Osteomyelitis of this case was supe sound and the infection sites were blateral. teomyeits were accordary to open ounds which make this case even

with and without

IV contrast MRI Pelvis

Safy diagnosk of isoform astomyetik can be apite challenging because it is a reve condition, the challenging because it is a tree condition. And is a writtens can mimit other more common and benigs conditions such as bundles or muscle statis. Prompt treatment with proper use, physicians need to have a lower threshold for possible infloction of more unusual sites. Obtaining an early MRI can significantly after the course of disease and pervent a patient from antibiotics is paramount in managing both onteomyedity. Delaying treatment can result treatments such as major period bone resecto When caring for a patient with history of IV dr votening infection requiring more inviunnecessary stress.

REFERENCES

et N., Modieff R., Miser, Y., New, S., Supiro, M. an sergel, M. (2003). Observed Is of the parks. The olof how and pair supery 75-851, 731-731. well from http://bjj.boreend.ork.org.uk/cortes S/731 berton, I. (1995) Obserryelis of the joh lan, CMB WBN, 433, 1945. Netleved from

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UNIVERSITY of INDIANAPOLIS. Scoool of Occupational Therapy	npact of a Fall Ris Motiv Brenda Howard, DH Aundrea Se	sk Education Progr ators and Barriers Sc, OTR, Fiona Brown, M sllers, Ellen Thomas, Katl	am on Pro to Change leghan Crull, herine Zaboro	ductiv Aierste wicz	r e Aging: 1 Ham,
Introduction		Methods			Discussion
Falls are a leading cause of fatal and non-fatal injury among older aduits, and faar of fatling decreases older adults independence and ability to do typical activities. Mutificatorial Falls prevention programs have been effective in decreasing the number of falls and fear of falling. The purpose of this study was to determine whether the implementation of a brief fall risk aducation program implementation of a brief fall risk anong older adults in the surrunviniton community. A that of 25 carcinates with	 A mixed-methods approach was utilized to in Participants were recurited from four location Completed written consent forms, pre S-FES Participants were also provided with and edu Focus group essions were helid appointal FES-1 questionners were completed Quantitative data: S-FES-I; Related-Sampleted 	westgate change in falls self-efficacy after intervention s within the community -I questionnaires, demographic questionnaires at an ed cated on use of the My. "Safe and Sound" Plan workboo eiy 1 month following the educational session where th hemed codes i Wilcoxon Signed Rank Test	ducational session ok he workbook was discussed a	nd post	 Participants knowledgeable about fall risks had become more aware and those who did not demonstrate fall risk awareness had other priorities Education alone was not sufficient to affect change in falls self-efficacy Fall risk concerns expressed by participants included intimise and extinsic variable several components of the workbook in winch then had been nationarition prior to the
a mean age of 78.64 years, from four different community-		Results			falls prevention intervention
based sites, were included in the mixed methods pretest- positiest design. The participants were educated on the leight aspects of the "Safe and Sound" Plan workbook, filled	Table 1. Participants		Table 3. S-FES-IF	tesults	 Implications for future research & practice Targeting a younger population Retention of a brief intervention over time
out the Short Falls Efficacy Scale - International (S-FES-I) pre- and post-education, and participated in a focus group	Participants Total Loc. 1 Loc. 2 Loc. 3 Loc. 4	Fall Risk Concerns	Results of Related-Samples Wilcoxon Signed Rank Test	Significance*	 Explore how SES correlates to fall risk Activities that incorporate home assessment and production lifectular channels.
aliter une ecucationial component. Data were analyzed using a Related Samples Wilcoxon Signed Rank Test. Investigators noted atthough not significant raw S-FFS-I	Number of 25 4 13 4 4 Participants (100) (16) (52) (16) (16)	Belarce Behavioral changes Actions Prior to Falls Actions toward fall Prevention Program	Pre-test to Post-test S-FES-I Total	0.330	 Utilizing the workbook as a part of intervention Targeting client motivation and creating a
scores trended toward an improvement from pre- to post- scores. The proorgam was viewed as a quality resource for	n(%)	Poor lighting	Getting dressed or undressed	0.257	supportive/encouraging environment • Older adults acknowledged the workbook reinforced
individuals who followed through with the intervention, and those that did not follow through with the workbook had	Gender by Location	Other Concerns Related to Fall Risk	Taking a bath or shower	0.132	information they already knew, reflected upon additional fall risk factors, and found it a useful tool to prevent falls
priorities other than fall risk. The results suggest that a brief educational falls prevention program increased the fall risk	Female 15 4 9 1 2 π(%) (64)	10 m	Getting in or out of chair	0.102	 Limitations: lack of participant diversity, excess of narrative storyfelling, inconsistent workbook follow-through, and small
awareness of the participants and can be an effective resource for clinicians.	Male n(%) 9 0 4 3 2 (36)	Physical Aging Other Priorities	Going up or down stairs	0.417	sample size
	Mean Age by Location		Reaching for something above your head or on the	0.527	Conclusion
Objective	Age in 78.64 74 78.85 74.75 86.5	Response to Workbook	ground Walking up or down a slope	1.000	Falls and fall related injuries pose a huge threat to older adults and it is essential they are equipped with the proper resources.
The purpose of this study was to determine whether the implementation of a brief educational falls prevention procoram increased the awareness of fall risk among older	Years		Going out to a social event (e.g. religious service, family	0.705	A brief educational tails prevention program can increase tail risk awareness among those concerned about fall risk, and can be an effective resource for clinicians.
adulis in our community.		Charges Drace mare recommendations Charges from the Workbook Figure 1. Major Themes	youronny of our mooring) Note. S-FES-I = Short Falls Effic International "Significance = p< or equal to 0	acy Scale - 5	References Available upon request: 0TD 2018

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Susan Tyler MSN, RN- Special thates to Jan Riley, Jill Marker, Carol Mediculy,	-BC, PCN	IS-BC & Pam Baker chieft, and Kandla Phalakerni	BSN, RNC atte	E F	spital	Vort
Problem			Variables		ł	
The NICU staff expressed concerns of inaccurate temperature probe readings when compared to axillary digital thermometer readings and lack of confidence in the incubator to maintain a neutral thermal environment.		AM + CDT GE + I AM + FTT GE + I		GE probe with foam or AT prob cover	DR probe with foan and gelffoarn covers	
Background	ł,	AM-Access Medical pro GB-GE probe and probe CDT-Current digital fite FTT-F lexible to fitemore	obe and probe cover (current product) s cover rmonneter	AT-Accur cover used GA) DR-DeRo	emp (gel/foa I for < 30 wee yal (foarn co	els a
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temperature. Hypothermia is associated with increased mortality and morbidity. Nunses have the expertise to provide these at risk ratients a neutral thermal	102+39	no statistical difference (p=0.3282) * The GE onder designments	The variance ranged from -0.6 to 0.4 °C. 75% of tamp prote mattings were lower 4-0.1 for -0.51 compared to the digital	11(0)	8	DeRo
environment (NTE).		the closest with the current digital thermometer.	Lermanetic and 20% were higher (0.1 to 0.4) compared to the digital hermonicut. The itheration auggests	As Temp	0.41954	0.529
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To provide NICU patients a NTE environment by choosing clinically acceptable temperature probes and probe covers through product evaluation	AM+CDT	setsteal difeence (p- <0001)	medings were brunched and the flow of thermometer (-0.15 to -0.5) and 25% of the readings were higher (0.00.0.4). The variance ranged from -1.1 to 0.5 °C. 75% of the readings were lower than the current			
			digital thermometer (-0.1 to -1.1) and 25% of the readings were higher (0.2 to 0.5).	Number of observations	328	323
Methods	AMPETT	statistical difference (pa < 0001)	The variance manged from -1.3 to 0.4 °C. 90% of the manuality were lower than the flocing thermometer (-0.1 to -1.3) and 10% of the readings were higher (0 to 0.4).			
Four nurses were recruited to participate in a four-arm	*Statis	tical difference face was greater	varianco (less agreement) between readings	"Both probes correlate w	ith axillary to	mperat
trial of temperature probes, temperature probe covers, and digital thermometers along with incubator education in January 2017. A second trial was conducted comparing the GE probe with the DeRoyal	E ##	Co ce value analysis process enable sist in decision-making to balan e DeRoval enducts will save th	onclusion d the NICU to evaluate these products and ce clinical quality and price. Converting to energy expressionate by \$13,404 annual		2	1000
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i. It is a complication of vertering with the source of the d skin necrosis is rare, affectin Health Network Community

A misdiagnosed case: Warfarin-induced skin necrosis of the breast



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Patrick R. McGuire, D.O., Kanwaldeep Sidhu, M.D. Community Health Network, Indianapolis, IN

Aim

symptoms which can occur with long acting antipsychotic medications as well as illustrate extrapyramidal aim of this case study is to increase reness of potential extrapyramidal methods of treating refractory cases. Ê

Introduction

One established approach to management is neuroleptic medication, however, limited clinical available for approaching EPS nanagement when using long-acting injectable (LAI) medications which aren't readily able to be in which paliperidone paimitate, a 30 day LAI, resulted in significant EPS that was refractory to of movement disorders which are not uncommon effects of using neuroleptic medications. decreasing the dose or discontinuing the oral emoved from the body. We will describe a case initial treatment commonly used for EPS Extrapyramidal symptoms (EPS) describe a set 22 year old female with a known history **Case Presentation** caused by oral neuroleptics. data is

1211 he started taking benztropine 0.5 mg twice daily s an outpatient for EPS. Physical exam revealed chiatric unit. She had received an injection of peridone paimitate six days prior to dmission, and it was her third consecutive onthily injection. Two days prior to admission evers shoulder, elbow, and neck rigidity noderate tremor in the fingers, and severe norex ia, restlessness, tremor, slow movements f gait with arms held rigidly at both sides initially presenting with insomnia ive Disorder and Unspecified Anxiet muscle rigidity was admitted to the inpatie kathisia with constant pacing. Disorder na of

On admission, benzfropine was increased to 2mg twice daily and propranolol 20mg twice daily was added for tremor and akathisia with no change in symptoms after 48 hours (Table 1). On day 3 of admission, benztropine was discontinued and the with no improvement. On day 4 of admission, lorazepam was discontinued and amantadine 100mg was given in the moming. The patient had After 48 hours the patient had significant improvement in EPS symptoms (Figure 1), moderate improvement in symptoms in 24 hours. patient received 1mg of lorazepam over 3 doses nproved appetite, and resolution of insomnia.

Table 1: EPS Sym

	Vinter Vinter Second	Parkincolan Guit Sewrity (1-5)*	Alianala Severals	Tremor Security
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ours after meed impine and renoted (B1)	+	10	+	m
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te of severity, 11	being the least	severe to attrent	eymptome;	o traing

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Discussion

batient was minimally responsive to benztropine, which is often first line for EPS. The patient had apid improvement on amantadine within 48 nechanism of action. In this case the patient had lowever, she was scheduled for close follow-up an symptoms as well as the EPS of akathisia in the setting of latient received the same dose a month prior and eported only mild akathisla. In this case, the nours. Amantadine does have some weak inticholinergic properties and it is believed to be eceptor that can increase dopamine release and heoretical concerns for rapid return of psychotic to return of psychotic symptoms at discharge offers an example of significan weak antagonist of the NMDA-type glutamate based on amantadine's proposed aliperidone palmitate. It is worth noting that thi lock reuptake. There are some understandab and continued treatment of her chronic illness. arkinsonian C.850 ymptoms ymptoms

References

1. Dimascio, A. (1976). A Controlled Trial of Amantadine in Drug-Induced Extrapyramidal ournal of Psychiatry, 133(8), 940-943 599. doi:10.1001/archpsyc.1976.01770050055008 2. Fann, W. E., & Lake, R. C. (1976). Amantadi versus trihexyphenidyi in the treatment Disorders. Archives of General Psychiatry, 33 eptic- Induced parkinsonism. Ame

doi:10.1176/ajp.133.8.940 3. Jang, S., & Woo, J. (2017). Five Month-Persistent Extrapyramidal Symptoms following a Single Injection of Paliperidone Palmitate: A Case Report. Clinical Psychophamacology and Neuroscience, 15(3), 288-291. doi:10.9758/cpn. 2017.15.3.288

Health Network Community

Badground

- And peychold care a dyramic class of medications on graphy developed to reduce psychotic symptoms in patients suffering from schoophrenia ٨

 - > Now used to Beats writely of psychiatric conditions > Bate of discontinuation is high due to poor been billity > Early risk of cauging extra programical program (175) > Significant pharma code metic and pharma codymemic writebility collablest among different a partia to the class.
- Hare 1. Vetalter Allectic Des Dissection and Benerate



> There is a pauchy of data to guide the use of antipeychotics in order to

- induce the risk of adverse drug mactions (ADBs) such as EPS > Non-softnerence drue to poor tolembility can result in increased mites of
 - Patients taking antipaychofics may be at an increased risk for certain types hospital admissions, suicide, and montality
- of EPSbeard on predisposing individual chara christics 2 If known, streps may be taken to blantly and misigate there risks on ty to improve the likelihood of travement success

Objectives



Wednesday, May 23, 2018

Characteristics of Patients Experiencing Extrapyramidal Symptoms

from Antipsychotic Medications

Shaha Musco, PharmD^{1,2}, Laura Rueket, PharmD, 8CPP, BCGP^{1,2}, Lessalyan Kenney, PharmD¹, Jacha Myees, PharmD¹, Dennis Anderson, MD¹, E. Ann Curninghan, DO¹, Michael Welling, MD¹

Methods and Design

> <u>Data source</u>. A report of all powerfair ADRs related to antipsychotochoduced BTS will be general using themathousi Classification of Classification of Diffing outside (size attraction file) and minually with of Size accuracy. 2) <u>Alaribits</u>: The partial manuality with the other of the each graditive case and examined for significant association with type of ETS using other parameters case and examined for significant association with type of ETS using other parameters. hypothest sterling and logistic regression analysis

> Over dose was strangly correlated with park insortism > Participation providenting with EPS after overdoahg on antipolicidation were very

An approximation of the second start and the second start and approximation of the second start and start and second start and second second start and secon

untikely to exhibit pankinanshim symptoms > Buki signif turky hirancad with trative of ykithelia > Tartike dystinesia was more likely in patients with greater BMI > There were no significant inferencions herween the dama denistics and MMS

Concerning of the local division of the loca

> hicluidon orbaria: Patients of any age or gender with an enoiun ter at a site within Community Health Network using E pic electronic medical monota <u>Exclusion orbaria</u>: Winemable populations (pregnant, incarcen act, or fetuses)

Results

- > The population was predominantly famale, intodie-aged, and overweight > 411 types of E5 investigated in this study we wait represented in the group. > Tar adve dystomale was the most commony experienced type of E95, while dystoma was the last common > The majority collastens were non monthempy with antibiotocic.

Age, BMF, and overdoze are potentiality important patient characteristics then may incore into the station dependencing different types of ESS from antipatychold. Understanding the mature of patient-dates in types of ESS from services predict which individuals may be and raik to certain types of ESS Anticipating setting expectation, and possible early intervention with ESS may

help to improve antipychotic atherence and overall outcomes

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in the Contribution of

Number Descent

Conclusions

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then with these of \$75.

In logistic may easion modeling > Stratth by antiprychotic agentand dore to search for interactions with patient

Investigate interactions between different partient characteristics to incorpo

Future Directions

Explore characteristics associated with other types of A DRs (e.g. hypergiycem A seas markers of notritional status (e.g. albumin, vitamin D) to determine if

Full Disclosure

cific characteristics underfie antipaychotic AD R risk characteristics that could drive risk for certain ADPs

P. Aurthors of this study have nothing to disclose regarding possible financial or personal relationships with commercial entities that may have a direct or

indirect interest in the subject of this presentation

Table 1. Possible in Chrystericity.

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References > See attacted for complete list of references

Community Health Network¹; Butler University College of Pharmacy and Health Sciences¹; Indianapolis, Indiana





Community Opiate Detoxification with Naltrexone and Patient Safety Outcomes Jendayi Olabisi MD, Adam Connell MD, Areef Kassam MD, E. Ann Cunningham, DO, Tom West, MBA, Kelly Bons, RN, Karla Kirby, MN

Community Health Network, Indianapolis, IN

Aim

The aim of this study is to present an innovative protocol for ultra-rapid detoxification of oplates which will prioritize patient experience and safety while. mproving quality metric outcomes.

Introduction

centers often have of amotically opposed initiatives including patent satisfaction, opfinizing safety, and monitoring outcomes including length of stay. This balance can prove difficult and require a interdisciplinary holistic approach to optato detoxif cation. Presented here is an ult a-rapid approach to optate detoxif cation mindful of ndividuals with opiate use were able to und argo rapid betoaffication with the aid of full opioid antagonist Additionally it was shown these individuals were more kely to initiate antagonist maintenance treatment to lecrease crawings and future use.' Health Care First developed in 1994 in the United Kingdom, takeholders and important quality metrics.

Study Design

months of pro-intervention data (n=56) and three months of post-intervention data (n=56). The month in which the new protocol was being implemented was excluded as to clearly definete differences, inclusion criteria were all patients undergoing detoxification from optates with a primary diagnosis of any other disorder or withdrawal. Exclusion criteria were disorder or withdrawal. Exclusion criteria were patients that did not complete the protocols were excluded. Data was analyzed using SPSS. Variables that were assessed were presence of polysubstance cation, Vivitrol prior to diacharge, and Viwitrol at 1. th follow up. There was no statistical difference men groups in terms of age and gender, which issents a homogenous group both pre- and post-This retrospective study was performed using three te, gender, age, length of stay, endosure bed Bization, Vivitrol prior to discharge, and Vivitrol with follow up. There was no stat Bryention.



Results

observable demographic differences the two groups. Over the 6 month study, a total of 11 patents required endosure beduitization due to opiate withdrawal definium, 12 percent of patientis before the intervention and 5 percent after the intervention. Prior to the protocol update, 30 percent of patients received the infoctable nativescone prior deate after the intervention, 35 percent of patients were noted to have received the infoctable nativescone. While soveral differences were observed, these differences were not statistically significant. There was an observable and statistically significant reduction in average length of stay with the updated Of 125 patients enrolled in the study, there were no observable demographic differences the two groups protocol from 6 days to 5 days (p<0.06

Discussion

eduction in one patient care measure—length of stay, there are additional outcome measures in which other studies can improve upon. iffective approach for opiate withdrawal treatment. In this study we sought to assess the effectiveness of a modified rapid opioid detoxification protocol in practices and improve patient care outcomes. While this study did achieve a statistically significant improving several patient safety measures. This study highlights the importance of ongoing quality improve to achieve best patient care Rapid detoxification has been shown to be an

utilization and an increase in the number of patients receiving Vivitrol prior to discharge which were both observed with the new protocol. There was a notable reduction in soma bed

Conclusion

This study highlights the importance of ongoing batent safety and quality improvement measures. The study results indicate that modification of an existing protocol di di result in improved patient safety measuree. This study represents the first of its kind ooking at a modified opside decor protocol and the sutcomes on reduction of delivium events and length it stay. Largor studies will be useful to determine the protocol's effectiveness on other patient safety rameters

References

Boukja A. (2010) Option Detoutication: From Done olad Climical Triat to Climical Frantica. The American Journal On Additional 19;

rero JE, et al. (2023, 24Hour opiae deorification and onkt induction at homa - the "Asterian Method": a report on procedures. Addition Bology: 7: 343-250.

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Com	alth Network	ily Amador, OMS-III Jendayi Olabisi, MD, PSA Community Health Network, Department of Ps Marian University College of Osteopathic Me	M Elizabeth Cunningham, DO sychiatry, Indianapolis, IN edicine, Indianapolis, IN
	Aim	Case Presentation (cont.)	Discussion
The aim o providers	If the case which is to provide awareness to feadth case about the potential peptindicipits a date effects of pressiliting a sponters in patientia with the tory of scribt optimenta.	Upon admission initial teeling included CBC, CAIP, TSH, urhalyses, ammored, unite drug screen, CRP/ESK, Mg, VDRL, and HV Antipology. An ead CT scan and EXC were also performed. Me deal workup was growth unrevealing for a cause of the acute decompensation.	Schlasphrenia a long-term mental deorder hallowekes the indeal of dopamine in the mesolentic and mesocraftel pathways in the ba Mecologican backinese oppaning or against scharanise rocepter hash have the potential to induce payholas. In oortrast, antiperfor- tends dome are flugging to decreas the positive membrane scharanise reserves
The sym The sym decreption	A softwork of a childbork will engotive and negative a. Photo symptomic include instructionships includences and sevech and besived, which are conditioned to the mildbo- dex of encodes, and poor or monoidant work include- tion and an agree period. Which are conditioned the mildbo- encline and an agree period. Any encode and an array and the theoremark instructures are apply choice. The array of an include the theoremark is a conditioned to the array of a section of applies is a physicity. The array are array and a structure of applies is a physicity of the array array array of a structure of applies is a physicity of the array of a structure of applies is a physicity of the array of a structure of a structure are array and the array of a structure of applies is a physicity of the array of a structure of a structure are array and the array of a structure of a structure are array and the array of a structure of these medical down are array and are applied in the array of the array of these are applied in the array of the array of these are applied in the array of the array of the array of the array of a structure of these medical down and are applied in the array of the array of these are applied in the array of the array of the array of the array of a structure of these medical down are applied at the are advected and a structure. Severe a structure are applied in the array of th	An end of the part intersection and on maximum of the attraction and the attraction attraction and the attraction and the attraction attra	Wenn a potenticipant in an store powerbox events the analysis of the store of powerbox events the set of the store of the
A 10 year of the year of the year of the year of the year of the year	Case Presentation collamia with hid oy of well controlled acheoptrenia for to years on docupin a prevented to the behavioral heads with acute psycholic symptoms, including paramoid with acute psycholic symptoms and water to head done. These cardineses, the parameter of instease to grasyndrome compended for insummer of instease to grasyndrome	Figure 1: In schötzphrens, dopamine bivels are high in the mesodimbic pathway, and normal in the rightorizabilitation balancionia. The mesodimbility pathway, and normal in the rightorizabilitation balancionia and cardinate pathway. The of the mesodimon balancion bal	 development (a) A marker (a) (b) Used Previous en Microscience (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b

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BACKGROUND: In the past decade, breast cancer oncoplastic procedures at the time of lumpectomy with improved cosmesis and symmetry. With the publication of the results of the international TARGIT A trial in June 2010, IORT has become an increasingly important element of local therapy. Our objective was to evaluate the results for patients undergoing combined IORT and patients have benefited from the addition of

oncoplastic procedures.

performed a retrospective review of our patients who met the above criteria between 2012 and 2015. A cosmesis score was based on a 1-4 point scale. Patients' cosmesis was assessed both by the radiation oncologist and breast surgeon at follow up visits alternating on an every skrimoth basis STUDY DESIGN: For the past three years, we have patients > 45 years of age, tumors < or = 3.5 cm in size, LN negative, Grade 1-3, DCIS < 25%, and ER + In patients whose final pathology demonstrated adverse factors, IORT was utilized as a boost. We established an IRB approved database and offered IORT to our breast cancer patients with favorable tumors. Our selection criteria includes



Oncoplastic Procedures in Conjunction with IORT

Lottich, S. Chace MD PACS, Ross, Darrel, MD DABR,, Zusan, Erin MD FACS, Jackson, Tom MD FACS, Haiao, Eugene MD FACS, Patel, Chandrika MD DABR, Longace, Jim MA, DABR, Boswell, Cristina MS, DABR, Richardson, Stacey RN BSN Acknowledgements with Assistance in Data Collection: Phalokomkule, Kanitho MIS, MS, Wheeldon, Melonie RN BSN

COLCUMONS: The induction of OFT to cooperative production along splitters by biometic 20th improved computing and dynametal insta-tions are also also and complication minimal. The rate dynamic formation is 15% and the reaction rate is 55% representations, are main allowed the patients out exercising rate is 15% representations, are main allowed the patient or reaction rate is 55% representations, are main allowed the patient participant and resolutions are also marked by statistical market and resolved and reaction and a share is statistical why symbolic market and resolved and and and is statistical why symbolic market and reaction are also by an allocation. The platein polyadion was followed every formation approximation symmetrization. The platein polyadion was defined why and the symmetrization. The platein polyadion was defined why and the symmetrization of the symbolic market and the symbolic market and an antipart of the symbolic market and an and an antipart of the symmetrization. The platein polyadion was defined why and the symmetrization of the symbolic market and the symbolic market and an antipart of the symbolic market and the symbolic market and the symmetrization of the symbolic market and the symbolic market and the symmetrization of the symbolic market and the symbolic market and symmetrization of the symbolic market and the symbolic market and symmetrization of the symbolic market and the symbolic market and symmetrization of the symbolic market and the symbolic market and symmetrization of the symbolic market and the symbolic market and symmetrization of the symbolic market and the symbolic market and symmetrization of the symbolic market and the symbolic market and symmetrization of the symbolic market and the symbolic market and symmetrization of the symbolic market and the symbolic market and symmetrization of the symbolic market and the symbolic market and symmetrization of the symmetrization of the symmetrization of the symmetris and symmetris and symmetrization of the symmetrizatio

ymmetrization. The patient population was followed ears. Further long term follow up will be important.



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Impact of Ambulatory Care Clinical Pharmacists in a Family Medicine **Residency Program**

Jennifer Collins, PhannD, BCACP; Nora Sharaya, PharmD, BCPS, BCACP – Community Health Network, Indianapolis, IN

Background

- Existing literature regarding pharmacy faculty in a family medicine residency program:
- A recent survey completed by family medicine residency anograms in the United Suran found that 25 29% of programs reported having a pharmacht finolyed as a clinical consultant and a meldent educator.¹
 - These curvey responses also identified that medical residents nowledge regarding pharms of herapy improves when taught by a pharma cat.¹ ACGME
- 202.4 Strategic Plan encouraged relifiencies to improve interprofessional fearmwork in onder to enhance the safety and quality of difficial care
 - Common Program Requirements proposed updates for 2018 includes consideration for allowingnon-physicians to become residency core facely.
- Community Health Network:
- 29 total ambulatory care clinical pharmacists integrated within different network physician offices throughout central india ra 3 ambulatory care pharmacists practice within a residency clinic.

Practice Sites

	4 facility physicians	and the state of t
5	in ope this	-

Community 12 family medicine residents

A Real Property lies	Annual second se
Residency	2 dirical pharmacy faculty (1 inpotient, 1 outpatient)
	Working towards osteopathicrecognition through ACGME
Community	30 family mediche residents
East Family Medicine	12 faculty physicians
Residency	1 behavioral facuity
	2 dinical pharmacy faculty (1 inpatient, 1 outpatient)

Pharmacist Clinical Interventions

- Patient Appointments
- Services provided utilizing Collaborative Drug Therapy Management agreement, which silvay pharma cit to evaluate and adjust pharma collections mant regimest, britlen or utilizon drawar matications, and order and interpret pertinent laboratory studies for the biolowing and order and interpret pertinent laboratory studies for the biolowing and order and interpret pertinent laboratory studies for the biolowing and order and provided and provided and provided and provided and and order and provided and provided and pharma provided and provided and and order and provided and provided and provided and provided and provided and and order and provided and pharma provided and pharma pharma pharma provided and pharma pharma and pharma and pharma pharma pharma pharma pharma pharma pharma pharma pharma and pharma pharma pharma pharma pharma pharma pharma pharma pharma and pharma and pharma and pharma pharma pharma pharma pharma pharma pharma pharma and pharma pharma pharma pharma pharma pharma pharma pharma pharma and pharma pharma pharma pharma pharma pharma pharma pharma pharma and pharma pharma pharma pharma pharma pharma pharma pharma pharma and pharma ph diverse states.



- Ability to bill for visits utilising incident-to billing with 992.11 code
- Medicare Amual Wellness Visits
- Ability to bill for visits utilizing 30438 or 60439 codes
- Phama chits assist with closing care gaps by ordering vaccinations and other screenings auch as colonoscopies and mammograms.
 - Joint visits with dinical pharmacist and physician
 - Transitional Care Management

Pharmacist Educational Interventions

Didactic lectures

+ General V.1 hour in length	+ Provid e medical residents with predical and re	guidance on medications	
Once manually.	North accellation of the particular sectors and		

- Discuss new drugsthath ave necently been approved any recent charges to medical guideline t, or communication about drug safety hith medion Once monthly pharmacy updates
- Small group facilitation
- Required and elective pharmacy rotation for medical residents
- Answers to drug information questions

Feedback

- Selected quotes by medical residents regarding pharmacists:
- The pherma cást bip probably one of the most essential paips at our chick. Without has, I havy would have marks a very at our motion arror the makers motion for ward movie and constrone and parts because frow the can constant the to be appression out the best way to manage their med
- Clinical pharmadsts have been recipients of Silver or Golden recognizes outstanding teaching of any faculty member. Apple Teaching Award for 3 of the past 4 years, which

Future Direction

- Focus on more joint scholarly activities with the ambulatory care pharmacists and the medical residency programs
 - Expansion of educational experiences with the ambulatory
 - care pharmacy team including shared experiences among the medical residency program
- Pharmadists to seek status as core faculty through AGGME if Common Program Requirement changes are instituted

Disclosures

Madd

Nothing to dachase Authors of this presentation have the following to disclose concerning possible filamcial or personal relationships with commercial antitles that may have a direct or hidrest inherent in the subject matter of this presentation: Jemiler Collins, PharmD, BCACP

Nothing to disclose

References

Nora Sharaya, Phamilo, BCPS, BCACP

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Cartified patient-centered medical home





Improving Transitions of Care with a Multidisciplinary Team Nora Sharaya, PharmD, BCPS, BCACP

Background

Adequate continuity of care between inpatient and outpatient settings is essential to support safe and successful transitions of care as they return to the community setting. Throughout this transition, patients can face many barriers that can put them at risk for unnecessary readmissions. Successful transitions for complex patients often require advance care coordination and a team effort in order to efficiently address patient barriers. In 2013, Medicare began reimbursing clinicians for providing transitional care services.



As a patient-centered medical home, Community Group Family Medicine and Residency program delivers a comprehensive model of care through an interprofessional team. In July 2014, CGFMC began delivering Transitional Care Management services to our patients transitioning from the inpatient or extended care facility to the outpatient setting in order to maintain continuity of care and decrease patients' risk of readmissions.

Methods

Services are designed to uphold the TCM billing requirements set by Medicare while providing team-based care to our patients who have returned to the community setting and have a high risk for readmission. Throughout TCM services, each patient's hospitalizations and care needs are assessed by a social worker, pharmacist, nurse care manager, and physician through both direct and indirect encounters.



Results

In 2017, a total of 66 transitional care episodes were completed. Of those patients, seven were readmitted to the hospital which is a readmission rate of 10.8%. Over 60 patients were deemed eligible for services, but were not billed due to not meeting the full Medicare TCM service requirements.

Conclusions and Future Direction

Transitional care services at Community Group Family Medicine and Residency program continue to provide excellent care for patients. The use of the multidisciplinary team has been key in many of the interventions made throughout the year. The rates of readmission are lower than those reported by CMS and have improved from previous years. In 2016, the readmission rate for the program was 15.3%, so this program has shown continued improvement. These services will continue to be offered with room for growth as a new transitional care coordinator fills the role. The team will continue to utilize registered nurses, a clinical pharmacist, and a social worker as an extension of the physician's care as needed throughout the transitional care period. The development of transitional care services has also impacted all of the clinic's hospital follow up which now currently follows a similar multidisciplinary model.

A focus in future years will be to begin identifying those likely to become transitions of care patients to prevent them from being admitted.

References

Centers in: Medicare & Medical Services. (Mugust 2014). Readmissions Reduction: Program Retrieved from https://www.cms.gon/MedicareMedicare-Fee-for-Service-Payment/Acutetroaten/PPS/Readmissions-Reduction-Program.html Gemartt, G., Yumane, A., Hickman, P., Oelschlaeger, A., Rollins, E., and Brennan, N. 2013. Data Shrwes Reduction in medicare Hospital Readmission Rates During 2012. Medicare & Medicard Research Review. 3(2), E1-E12.

Department of Health and Human Services Centers for Medicare & Medicard Services (June 2013). Transitional Care management Services (IPDF) Relevent from http://www.cms.gov/Outeacb-ant/Education/Medicare-Learing-Network-NLVNLU/Prodoco/Dominister?Tansitional/Care-Management-Services-FactSheet:CN050528.pdf



Developing a Multidisciplinary Safety Committee Nora Sharaya, PharmD, BCPS, BCACP; Barb Kirk, RN; Marc Whitaker; Kim Garrett, LPN

Background

Healthcare Research and Quality. Within a large network, it is including the Centers for Disease Control and the Agency for imperative to ensure that network goals are brought to each Community Health Network has a culture of safety when it comes to error reporting. Creating a culture of safety is a recommendation from many safety geared organizations employee for understanding.

Methods

staff. The goals of this committee include 1) Creating a culture of concerns, and 3) To problem solve and address safety issues as multidisciplinary safety committee was created in January 2018. Current members include the office manager, clinical supervisor worker, physician, medical assistants, nursing, and front office safety, 2) Increasing acknowledgement and reporting of safety part of a continuous process improvement initiative within the front office supervisor, clinical pharmacy specialist, social At Community Group Family Medicine and Residency, a clinic.

be released to staff to better understand their current perception multiple choice questions and two free response questions that In order to meet the safety committee's objectives, surveys will were adapted from the Medical Office Survey of Patient Safety Culture from the Agency for Healthcare Research and Quality. development of this committee. This survey includes five of safety and to see if that perception changes with the The first survey was released in January 2018.

Survey Results







Free response: #1 What do you think are barriers to safety at CGFM?



Free response #2: What do you think we are doing well to improve safety at CGFM?



Progress and Future Direction

The multidisciplinary team is meeting once monthly to review concerns and problem solve. At the time of this poster, there have been three committee meetings. Topics that have been reviewed during the committee meetings and presented at brought up by staff to the members of the committee are monthly staff meetings.

expectations protocol, AVADE training, self defense training, and MIDAS reports and what is done with those, culture of safety, nstallation of new panic buttons, emergency response plans, Examples of topics that have been reviewed and addressed within the committee as well as the clinic are how to enter pavilion communication safety team, patient behavior procedures for updating emergency contacts.

The next survey will be administered in June and responses will be compared to those obtained in January.

safety outpute across job roles in the ambulatory setting analysis of the AHRO Medica review. J Patient Saf 2014:22(1): 11-18. dol:

vewed February 2018. Agency for Healthcare Research and Quality

Don't Miss the Forest for the Trees with New Onset Diabetes

<u>Matthe</u>w Nettleman, D.O.

Community South Osteopathic Family Medicine Residency Greenwood, Indiana

Case Report:

Introduction:

Discussion:

A 72 year old male with a history of hyperlipidemia, CAD, hypertension, and a DM, a C-peptide was 3.1 ng/mL with a BMI of 25 initially presented with complaints TSH, CMP, and HbA1c. He had no previous diagnosis of diabetes and his HbA1c 12 an HbA1c of 12.6% with a glucose of 410 mg/dL. The patient reported no change in his diet and only a slight decrease in activity from the fatigue in the past 12 of fatigue. He was worked up with a B12, months prior was 5.7%. This visit revealed months. Patient was seen 2 weeks prior and the patient admitted to an intentional 15 Ib weight loss through diet and exercise. To rule out development of type I glucose of 290 mg/dL. Patient did not want to use needles or take expensive medications so he was started initially on metformin and glipizide.

ERCP and Whipple procedure for stage T2a adenocarcinoma. He was still diabetic after starting treatment and was noted to be of the pancreas. Within days he had an ^{atient} was seen for follow up 3 weeks aundiced with a 12 lb weight loss. RUQ US and subsequent CT revealed a 2x3 cm obstructing but resectable mass in the head out alive months after resection.

compared to the general population. One study of 28 patients showed that an resectable cancers rather than waiting 6 months for other cancer symptoms to impacted by the presence or absence of diabetes in older thin adults and pancreatic cancer has been established, but the exact mechanism to explain the diabetes has not and new onset diabetes have a 2.5 times increased risk of pancreatic cancer abdominal CT scan at the time of diagnosis of new onset diabetes led to more unfortunately, there have been no studies to pancreatic cancer are not recommended with a new diagnosis of diabetes in older thin adults. Having said this, 5 year post resection survival is The association between new onset assess if this early resection significantly improves mortality rates. Therefore, an present. While resection is crucial. been identified. Patients with dyslipidem for CT abdominal screening

care. Sometimes answers can be hard to find; and sometimes, like in this case, the Vague complaints are common in primary nitial answer can be misleading.

node positive tumors, from 10% to 25%



or other methods

disease and is the fourth leading cause of cancer deaths in the US. By 2030, some diagnosed with pancreatic cancer when caused by another diagnosis. Male sex, age and dyslipidemia are all risk factors for predict it will move up to the second leading recognition is critical for better patient cure. Only 15-20% of patients are their cancers are resectable. The classic presenting triad is abdominal pain, jaundice, and weight loss. Unfortunately, the signs and symptoms of pancreatic cancer are neither sensitive nor specific and often are outcomes as resection is the only potential between 60 and 80, tobacco use, diabetes, Pancreatic cancer is an extremely deadly cause of cancer death in the US. Early pancreatic cancer.



First, Do No Harm

Adequately providing our patients with birth control options when taking teratogenic medications

Background

- Chronic hypertension affects at least 3% of women of reproductive age in the United Heart disease is now the leading cause of death of women in the United States. (1)
- Hypertension often contributes to end organ damage such as stroke, MI, and renal failure,(2) States(1,3).
 - Anticoagulation must be provided to patients who have had a history of stroke or other thromboembolic events. (4)
- Several first line medications used to treat these conditions are contraindicated in women
- of childbearing age due to their treatogenic effects. (2.3) Over half of all pregnancies are unintended and even those that do plan on conceiving may not do so without discussing with their primary care provider. (3)

 - The use of contraception in women of childbearing age with chronic diseases could be further improved.(5)

Objectives

- Provide educational interventions to our staff on teratogenic medications and birth Analyze the efficacy of our clinic at providing contraception to female patients of childbearing age on teratogenic medication. control options.
- Re-evaluate the efficacy of these interventions on the rates of providing contraception to this same study population at our clinic

Setting

Family Medicine Center Residency Clinic at Community Health Pavilion; Indianapolis, Indiana

nterventions

- Interactive trivia questions, focusing on cardiovascular drugs in pregnancy, were · Review of teratogenic cardiovascular medications during small-group learning sessions that were repeated four times through the year.
 - reviewed during intersession didactics.
 - Discussion of types of contraception and their efficacy
- Notifications were sent to providers in real time about patients on teratogenic medications through electronic medical records

Parameters

PATIENT POPULATION 7/1/2014-6/30/2015 7/1/2016 - 6/30/2017 PERIOD OF STUDY · Post-Intervention: Pre-Intervention:

Mean age of patient: 42.87 years Females of childbearing age: MEDICATIONS STUDIED 18 years to 50 years old.

 ACE Inhibitors/ARB's Statins

Warfarin

Categorization of birth control methods

High efficacy – Surgical methods, IUD, nexplanon, paragard, liletta, skyla

Medium efficacy - Combined oral contraceptive pills, Ortho-Evra patch, NuvaRing, Depo, Diaphragm Low efficacy - Female condom, male condom, cycle planning, emergency pill, withdrawal method, spermicide, sponge

Results

LIGHTING	IIONIA	LOSI-IIIEI VEIMINI
Number of Patients on Statins	4	55
% an high efficary contracegnion	46%	669
34 on medium efficacy contraception	145	89
% on low efficacy contraception	940	N
No.co/thateption plan listed	37%	86
Not on contraception	10	181
Muntel Hangel Oddi Ratio of High CRiscry Contraception vs. Other Contraception: 2 (83)		
Number of Patients on ACE inhibitoriARB	13	8
R- on high efficacy contraception	60%	Set
In an medium efficacy contraception	909	2
No on low efficacy contraception	9.0	40
No contraception plan listed	1997	BK.
Nection contraception	5%	601
Mantel Hanzel Oddi Rutica of High Effectsy Contraception is Other Contraception 7 6/14		
Number of Patients on Warfarin	19	m
he on high efficacy contracection	909	666
the on medium efficacy continueption	940	90
Is an low efficacy contraception	96	06
No contraception plan listed	40%	ME
Next an constructed on	Ś	66
Martin I and a definition of the second seco		

5

à

0

Birth Control

(4

Conclusions

teratogenic medications being placed on high efficacy contraception in the statin and ACEI/ Overall, the interventions have been successful in increasing the chance of a patient on ARB cohorts.

 Warfarin cohort of patients showed some success, but more improvement and data is needed in this group.

 We must continue to educate our staff on the use of teratogenic medications in There is still a significant number of patients not on any contraception childbearing age females.

2005-000-010 alcan Family Physician. 2013; 87:1. aiting American Family Physician. 2013; 88:6.

Lauren E. McKay, Do | Nora Sharaya, Pharm D, BCPS, BCACP | Casandra Cashman, MD, FAAFP

🞲 Community Health Network



	A Novel Skin Closure Randomized (Device for Total Kn Controlled Trial vs.	ee Arthroplasty: Staples
	Rodney W. Benn	er, MD and John Be	hrens, MD
 Harty skin closure methods exist for TAA Mary skin closure methods exist for TAA Staples, sutures, and glue products are used to effects Explose states and plue products are used to effects a noninvasive b subilities righties transversing the wound edge c reates zone of isolation at wound edge a noninvasive a noninvasive a noninvasive b constant device (Zipline Medica, Inc.) Creates zone of isolation at wound edge c reates zone of isolation at wound edge c and the stack dome comparing the Zip device with stapics. c won previous studies (z) dome comparing the Zip device with stapics at another study design c motion associated with the use of the Zip device verses conventional staples aread or wound closure in patients served as their own control. Method the wound closure method was randomized between knees and patients served as their own control. Method the wound closure method was randomized between knees and patients served as their own control. 	EXERCISE: A first of the study sample detamined 25 patients for study sample detamined 25 patients for study sample detamined 30 patients and 600 barry sources on the study sample states on the study sample state.	Results Pain rating - (0 - No pain, 10 - Worst imaginable pain pain rating - (0 - No pain, 10 - Worst imaginable pain <u>manu-sis</u>) Time post-op (non-hospital powerk Zap Device (13 ± 2.0) Saples 2.3 ± 2.4 Pain pain and manu-sis Ard estring at 8 weeks post-op (0 - Best, 10 - Worst) 2.3 ± 2.4 2.0 During 2-week 0.7 ± 1.1 1.5 ± 1.2 2.0 During 2-week 0.7 ± 1.1 1.5 ± 1.2 2.0 During 2-week visit 1.3 ± 0.5 2.7 ± 2.4 2.4 During at 8 week sist 2.125 (9.3%) preferred stern 2.125 (9.3%) preferred 2.13 ± 0.5 2.12 ± 2.4 2.4 Artime of device removal - 2.3125 (2.2%) preferred 2.13 ± 0.05 2.1 ± 2.4 2.4 2.4 Artime of device removal - 2.3125 (9.2%) preferred 2.41 & week visit - 2.1125 (9.4%) preferred 2.1 ± 0.05 2.1 ± 0.05 2.1 ± 0.05 Staples Zip device Zip device Zip device Zip device Area Kroee Arc of Motion at 2 week device remove 2.1 ± 0.02 2.1 ± 0.02 Staples Zip device 2.1 ± 0.02 2.1 ± 0.02 Staples Zip device 2.1 ± 0.02 2.1 ± 0.02 Staples Zip device 2.1 ± 0.02 2.1 ± 0.02 Staples Zip device 2.1 ± 0.02 2.1 ± 0.02 Staples Zip device	Calculation Calculation Calcu
Comunity Healt	th Network		SHELBOURNE KNEE CENTER

Comunity Health Network

Antipsychotic Use in Treating Pregnant Patients with Psychosis Presenting with Psychogenic Non-epileptic Seizures (PNES) Community Health Network, Indianapolis, IN Shilpa Puri, MD, Magdoline Daas, MD

thy subjects. The birth weight in nd elective	Jse (McKenna et a	Findings	One case reported	development at 7 months which resc by 11 months	No congenital malformations rep	No congenital malformations rep	Two reports of perinatal/neonatal seizures and one c seizures and one c several anomalies delayed developm 7 months. Gestatid diabetes and/or diabetes and/or pregnancie-inducet pregnancies.	tation	American female ganized behavior, fore being admitted ad to the inpatient trivity but she signed	as a kid. However, p including an EEG significant findings.
romes compared to heal an increased rate of low sater body mass index a	view of Antipsychotic L	Studies	118 prospective cases	cases	39 prospective cases	61 prospective cases	19 prospective cases	ase Presen	8-week pregnant African inpatient psych for disor, I paranoid delusions. Be vice pt had been admitte vice pt "seizure-like" ac	th epilepsy when she we a full neurology work up r to presentation with no
perinatal synd study did find a babies and gre	Literature Rev	Antipsychotic	Olanzapine		Quetiapine	Risperidone	Clozapine	Ö	26 year old 2 presented to agitation, and the psych ser neurology ser	diagnosed wi had received one year prio
Aim simot this second study is to weatling the risks and	benefits in using antipsychotics in pregnant patients benefits in using antipsychotics in pregnant patients presenting with psychosis and PNES		Introduction	Psychogenic non-epileptic seizures (PNES) are characterized by sudden onset of motor, sensory, autonomic, cognitive, or emotional disturbances that mimic	an epileptic seizure. In contrast to epileptic seizures which involve physiological central nervous system dysfunction. PNES are driven by a psychological etiology. Psychiatric	conditions associated with PNES include depression, anxiety, somatoform disorder, posttraumatic stress disorder and nerevnative disorder and nerevnativ disordere	On the other hand, depression with psychosis and schizophrenia are not as common with PNES as compared to these aforementioned conditions. Psychosocial stressors that may precipitate the emergence of PNES in vulnerable patients include unwarted pregnancy, bereavement, abuse (verbal, physical, sexual), and financial difficulties. Given the risk of psychosis during pregnancy, the risks versus benefits of antipsychotic medication must be weighed. Stopping medication may lead to relapse. Medication exposure risks include congenital malformations during the first trimester when	organogenesis is crucial and as well as benavioral and cognitive disturbance.	The perinatal syndrome associated with typical antipsychotics include respiratory depression, difficulty feeding, floppy infant syndrome, hypertonicity, sluggish primitive reflexes, extrapyramidal symptoms, tremors, and agitation.	McKenna et al. performed a prospective study on pregnant subjects exposed to olanzapine, risperidone, quetiapine, and clozapine. The exposed subjects showed no statistically significant differences in rates of miscarriage.
										00000

After the patient was admitted to inpatient psych, she had several episodes in which she would place herself on the floor and then start shaking both her legs and arms and back to her bed. Pt was able to follow commands during shaking her extremities and then get off the floor to go olls her eyes backward. Afterwards, she would stop hese episodes.

Use (McKenna et al.)

schizoaffective disorder and she reported smoking marijuana daily for several years. Pt also reported a history She was admitted to CHN inpatient psych twice within two seizure-like episodes and her paranoid delusions of others irst couple days of admission, pt was no longer exhibiting months one year prior with a similar presentation. During seemed to improve her psychotic symptoms. During this nost recent admission, pt was started on olanzapine for osychotic symptoms and buspirone for anxiety. After the of physical abuse by her family when she was younger. hese admissions, pt was started on olanzapine which Pt had been previously diagnosed with PNES and trying to harm her were alleviated.

malformations reported

months which resolved

malformations reported

Discussion

delayed development at

pregnancy-induced

born prematurely with seizures and one child several anomalies and 7 months. Gestational

nistory of improperly treated schizoaffective disorder and psychosocial precipitators. The patient discussed had a physical abuse as well as stressors including financial difficulties and a possible unwanted pregnancy. PNES have multiple psychiatric etiologies and

using antipsychotics in pregnant females which did not find statistically significant differences in adverse events such miscarriages and congenital malformations compared pregnancy patients to treat psychosis must be properly veighed. McKenna et al. performed a study involving The benefits and risks of using antipsychotics in to healthy subjects.

References

fore being admitted to

or, 17 (2), 236-241 Gaston. Roiko

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eger, Deborah, Smith, Healy G, Altstuier Lori L. (2005). Anypical Antiporchotics in a Treatment of Schizophrenia During Pregnancy and the Postpartum. *The American umai of Psychiatry*, 165 (12), 204–2070.

/10.1176/ajp.2006.163.12.2064#

46

statistically significant differences in rates of miscarriage, stillbirth, prematurity, congenital malformations, and



Depression and Anxiety as the Presenting Symptoms in Addison's

Health Network Christine Hopp, DO. Nicholas Salupo, DO. Yasser Mohamed, MD. Syed Hasan, MD. Disease

Community Health Network, Indianapolis, IN

Aim

awareness of psychiatric symptoms as the presenting The aim of this case study is to increase the complaints of Addison's disease.

Introduction

decreased levels of cortisol and aldosterone which are and cardiovascular symptoms. Common signs include Daily replacement with corticosteroids is essential for essential hormones that regulate blood pressure and present insidiously with gastrointestinal, psychiatric, hypotension, hyponatremia, and hyperpigmentation. Addison's disease is a form of adrenal insufficiency patients could suffer volume resistant hypotension, caused by different sources including autoimmune, gluconeogenesis in response to physiological and that results from destruction of the adrenal cortex, psychological stressors. Addison's disease can infectious, and malignant. This disease causes treatment, and if not initiated succinctly, these with imminent death.

Case Presentation

estaurant manager. On physical exam Ms. B did have antidepressants for without improvement. This led to palmar hyperpigmentation and a generalized tan complexion which she reported had been present for hypotension resistant to fluid bolus, which led to her hospital admission. Assessment of this patient was limited by her anxiety which she required prn medication for in order to elicit a full history. On further history taking, patient reported worsening presented to an Urgent Care with constipation and fatigue, anxiety, and depression over the past year, Ms. B is a 31 year old Caucasian female with past which she had been utilizing increasing doses of hypotension. Ms. B was sent to the ED and had physically could no longer tolerate her job as a medical history of depression and anxiety that rectal bleeding, and was found to have severe Ms. B pursuing new employment because she everal years.

workup elicited absent baseline cortisol and insignificant ED workup was significant for hyponatremia, and further cortisol response to a ACTH stimulation test. At this point it was presumed that Ms. B had a diagnosis of Addison's disease based on her history, physical exam While hospitalized, Ms. B was given IV steroids which resulted in prompt resolution of hypotension and findings, and laboratory findings.

and started on daily hydrocortisone and fludrocortisone. malaise, depression, and anxiety with steroid treatment. hyponatremia. Ms. B was given endocrinology follow up hospitalization she reported improvement in her fatigue, On outpatient follow up several months after



3: Ms.

Discussion

The prevalence of Addison's disease is reported to be 39-60 per million population. The mean age of diagnosis is 40 years old, and 68% of patients were primarily falsely diagnosed, with 20% of patients suffering for 5 years without being diagnosed.

important to recognize these patients will not respond necessary in order to attain adequate blood pressures. Left untreated, Addison's disease has a high mortality rate because of the risk of vascular collapse. It is to fluid resuscitation alone and that steroids are

giving a large amount of daily steroids in order to keep steroids chronically can cause metabolic disturbances Addison's disease on high doses of daily steroids also symptoms and prevent the long term complications of has also been shown to cause de-personalization, deadvocate for decreasing the amount of daily steroids patients blood pressure stable and improve physical symptoms. However, research has shown that using than their peers with the same comorbidities who do realization, and "emotional numbing". Patient's with not have chronic steroid use. Long term steroid use and osteoporosis. Patient's with Addison's disease Historically, Addison's disease has been treated by had been dying of those complications more often hospitalizations when compared to cohorts with in order to balance the amelioration of physical similar comorbidities. Current treatment goals report impaired subjective health and more chronic steroid use.

B w cortisol

psychiatry have similar presenting symptoms and that an interdisciplinary approach to treating patients is This case emphasizes that endocrinology and necessary in providing optimal patient care.

References

Abdel-Motteb, M. (2012). The Neuropsychiatric Aspect of Addison's Disease: A Case Report. Innovations in Clinical

Neuroscience, 9(10), 34–36. Grossman, A. (2010), The Diagnosis and Management of Central Hypoadrenalism. *The Journal of Clinical Endocrinology* & *Metabolism*, Volume 95, Issue 11, 1 November 2010, Pages

4855–4863, <u>https://doi.org/10.1210/ic.2010-0982</u> Oeklers, W, M.D. (1996). Adrenal Insufficiency. New England

Journal of Medicine, 1266-1212. doi:10.1066NRLMJN98610173351607 Timenesina, J. (2014), Psychological morbidity and impaired quality of life in patients with stable treatment for primary

adrenal insufficiency: cross-sectional study and review of the rature. liter

the Globe. Volume 171, Pages 171-182.

Clinical & Translational Endocrinology from Around



Physical Therapy and Rehab Clinical Summaries: **Encouraging Evidence-Based Practice**

Community Health Network & Krannert School of Physical Therapy, University of Indianapolis Jennifer Reynolds PT DPT, Renée Van Veld PT DPT, Kristina Watkins OTR OTD



Introduction

patient/client values.1,2 Professional organizations in sustainable and on-going knowledge translation may access to already synthesized evidence can improve increase knowledge translation in a large healthcare rehabilitation recognize the importance of all three knowledge for the purpose of improving healthcare is also known as knowledge translation.⁶ Improving Researchers describe the biggest obstacle to EBP is ack of access to and time for synthesizing current clinics.^{3,4,5} The process of finding and distributing Evidence-based practice (EBP) is the synthesis of clinician application of evidence in practice and evidence, also reported by those in outpatient best available research, clinical expertise, and of these foundations in quality therapy care. setting.^{3, 7} Processes that work to provide further the use of evidence in practice.7

Therefore, the purpose of this process improvement project is to improve clinician access to and use of EBP in physical therapy, occupational therapy, and speech therapy in a large, multi-site healthcare organization.

Methods

Network (CHNw), based on systems developed at the CHNw and a participating university. See Figure 1 for synthesized into short clinical summaries of relevant shared electronically with therapy staff internal to Rehabilitation Institute of Chicago.³ Evidence was Coordinator for CHNw. Completed projects were information and reviewed for quality by the EBP common diagnoses seen at Community Health performed searches for relevant evidence on Graduate students in rehabilitation settings the timeline of each project.



Date	Student Level	Topics
2017	DPT CE II	CP Spastic Quadriplegia, Non- Operative Hip OA, Non- Operative Knee OA
	OTD FW II	Distal Radius Fracture
	DPT CE III	IT band syndrome
2018	DPT CE IV	Psoas Tendonitts, Cervicogenic Headaches, Fibromyalgia, Ataxia, Thoracic Thrust Manipulation, Adhesive Capsulitis, Anterior Shoulder Subluxation, Shoulder Subluxation, Shoulder Impingement, Rotator Cuff Repair, SLAP Lesion, Toxic Encephalopathy, Plantar Fasciti
	OTD FW II	CMC Arthritis
	PTA CE II	Hip OA HEP

new evidence becomes available. Formal evaluation of summary effectiveness and student and staff feedback multidisciplinary approach to summary formation and review, and a plan for updating current summaries as planned with no current stop date. Future directions continuation with all applicable therapy students is Given the initial success of the project, future may include inclusion of more/varied topics, is also intended.

References

Initial feedback from staff and students has been overwhelmingly

therapy students.

project with students, as well as quick access to clinically relevant

anecdotal evidence suggests clinicians are accessing evidence applicability to their current patient population. Moreover,

more frequently as a result.

positive. Staff appreciate ease in finding and facilitating a useful Information. Students enjoy a clearly defined project scope and

lanuary 2018. Since inception, 19 projects have been completed by physical therapy, physical therapist assistant, and occupational

Clinical Summaries began with a test group of students in late students completing full-time clinical experiences at CHNw in

2017. The project was extended to all outpatient therapy

- 1. Schrieber J, Stern P. Internet J Allied Health & Pract. 2005. Sackett D et al. BMJ. 1996
 - 3. Williams B, Perillo S, Brown T. Nurse Educ. Today. 2015.
 - 4. Fruth S et al. Physiotherapy Theory & Practice. 2010.

 - Keeley K et al. J Athl Train. 2016.
 Straus SE, Tetroe J, Graham I. CMAJ. 2009.
 Moore J et al. Arch Phys Med Rehabil. 2018.

	公司	Community Health Network	MRSA Co	ontact Precautions: A Be an Impairment?	nefit or Samantha McCurties, MD Robert Baker, MD Desi Huebner-Tunny
		INTRODUCTIO	NO	METHODS	RESULTS
		Are placing patients with MRSA under isolation effe Studies have shown that:	cctive?	Questionnaire for Patients	27 patients and 50 nurses/PSPs answered survey The question "I hand wash using alcohol hand rub OR soap after gowning/gloving" was removed from results due to misinterpretation of
		Adve surveniance with INNSAVINE COR the spread. The incidence of MRSA remained stat	ilization does not decrease ble after discontinuation of	phon utilitating the real. Version stands of the simp near wide standy for main	question Nurses/PSPs answers: • 41% use soap/alcohol rub before gowning/gloving
		 Surveillance. Contact isolation [CI] can be associate activity by characterized and contact isolations and contact isolater activity. 	ed with medication errors,	counterpress requirement and non-more and set of the set of the properties of the set provide set of the set of the properties of the set provide set of the set of t	 78% believed hand hygiene compliance would decrease if MRSA contact precautions were eliminated 94% believed that good handwashing helps isolate MRSA from
		bedsores, and anxiety among patients	rses, increased fails and	ny naraneza na wany nina mojet war panta di dona aing te me. "If you diagree with those statements, do you believe spending time profing	spreading • 82% believe working with patients under contact precautions
		 Empirasis is now similea towards non strategies which includes enhancing 	tantal intection prevention hand hygiene, improving	on gomes and gives affected he time the hurselptoder spent in your room? In Queestionnaire for PSPS/Nurses R5 A0	 mpedes workflow 52% believed that their relationship with patient was affected with
		environmental cleaning and promoting ar	itibiotic stewardship.	Thead weah using alcohol hand rub GK scap before pumericy/goung Thead weah using alcohol hand rub GK scap after grunning /goung	wearing gloves/gowns Patients answers:
		OBJECTIVE	S	Defere that had higher compliance would improve if MOSA contact prezudions were ethinicated. Deferee that higher compliance would deerses if MOSA contact	 70% understand/know why staff wear gowns/gloves 40% feit that nurses spent enough time in the room
		At CHS, patients that have MRSA are placed ur	der CI.	precautions were diminrated Extremely Somewhat Neutral Somewhat Diagree Extremely	 45% felt that doctors spent enough time in the room Patient did not feel that time was affected with putting on
		 Patients that are admitted to PCU or ICU ar screening for MRSA. 	e under active surveillance	laftere that warrang parma and phote that warrang parma and phote that go and	gownsigloves
		This project included an anonymous question of the project included an anonymous question of the provider	onnaire that was given to	to every process. It believes that poor bundlaaching, heeps solder MSA from	
	0000	The purpose of this research study is to eval	r taking care of mem uate:	Provence Weeking and particul under control precorders singlete my workflow during the diffe.	
		If there is an impact of patient satisfactio If there is any perceived decreased col	n while under CI ntact time between patients	Wy relationship path my patient is altheted when bey are under contect relations	 Encourage nonzontal intection prevention strategies and emancing hand hygiene
		 and healthcare providers If nurses/PSPs believe that CI is essenti 	al for patient care	Inclusion criteria for patients include: • MRSA identified less than or equal 48 hours after hospital admission • Previous history of MRSA	 Inere is a perceived decreased contact time between patients and healthcare providers however it may not be influenced by Cl Consider risk sesessment and estimate likelihood of infection
		If hand hygiene compliance would t impacted if gloves and gowns were no lo	le positively or negatively nger used	 Patients in PCU or ICU Exclusion criteria for patients include: 	 Ensure proper hand hygiene in patient's room to make them feel
		 If there is any impendence of work fluctuation 	w for nurses working with	 Acute encipation providency or restrictions Introbated patients in ICU On compact precautions for other conditions fe. a. C. diff. MDROI 	confident on reduction of infection transmission • Survey other Community hospitals' staff and patients for a
P27	4004			 Residence in a long term care facility in the previous 12 months infected wounds that cannot be contained 	comprehensive review



Introduction

In 2014, the RN turnover rate within this Arkansas healthcare system w. 30%, Average national bedside RN turnover was 16.4%, as reported by NSIN Unusing Solutions Inc. (2015). Cost to replace existing vacancies w actionated at 56.9 million.

Many strategies have been implemented within this healthcare system to reduce RY turns constraining and search search and the analysis methods programs, chinked hadders, contrast agreements, cheation have registration and thintor transformed activity by completing hadder begiers. A trave strategy was considered development of mining managers.

To assist nurse managers who attend Situational Leadership II classes and follow up sessions to develop flexible, effective leadership styles. Purpose

Objectives

Improve employee engagement (short term goal).
 Improve employee for suitistician (short term goal).
 Improve amployee for suitistician (short term goal).
 Reduce RN turnover (long term goal) in eight hospitals within the participating healthcare system.

Project Description

Structional Leadership II (SL II) is based on the relationship between un indicata's devolvemental rest (troppenders and commitment) on a specific goal or task and the balenchips syle (direction and support) the effect of the provides. Exterior leaderships syle (direction and support) the feadership syle to the individual's development level (Bandward, Zigamu, & Zigamu, 2011). The use of the SL II Model has been well documented in the first said the individual's development level (Bandward, Zigamu, & Zigamu, 2011). The use of the SL II Model has been well documented in the first said the individual's operficially.



Approximately 450 managers, including 115 muning managers from the theorem of the state of the state of the state of an eightwork 511 (course test)here systems. Taken by them, results an under an eightwork 511 (course test)here systems. Take practice sessions using under the hospital within the hospitane system. These practice session incorporated maring cess ansies, which reperture participants in the hospital sessions. Permission to utilize states were lated by by 51.11 home roots, as here were another an eightwork was defined from the Kallmender of monitors. The classes were lated by Difference as show were attended profiles in including this material. Daring follow-up sessions, her pricipales of S1.11 were reinforced, dang with identification of managers having truthle with implementation of the model.

The Effect on RN Turnover, Engagement, and Job Satisfaction Diane Smith MSN, RN, CCRN-K, ACNS-BC, CNML, PCCN The Situational Leadership II Experience:

DNP student

Data Collection Tools

· Effectiveness Leader Behavio • Flexibility Gallup Q12

Employee Engagement
 Job Satisfaction
 Healthcare System Turnover Reports

Budget and Resources

The healthcare system that already invested \$197,000 for 540 managers interaction the Ladeschip time to participate in SLI classes to learn this management system in a participate in SLI classes to earn this an exploration, accutenting on the orderation and the optimum substaction and staff engingments. Because the forguman participate is attriftication and staff engingments. Because the forguman participate and staff engingments. Because the forguman participate areasy applicated, addited and and and and and and any additional cost to the overall program. Marries were protected from Ken Blached Communication and cost 2010 per participant for the orginal SLI consets. Course materials include a performance and organism and the staff. The stores is a participate for the infail restores, but there is no additional cost for materials are substaff for the sessions, but there is an addressian equipment are existing as to readditional restores.

Sample

Situational Leadership II (Narse Managers) following the SL II (lowe-up classes) there were 113 on of 115 following the SL II (lowe-up classes) the three were the state of th



The annual Gullup Survey was administered between September 6, 2016 and Stockets. 2, 2016, variet/painton rate for each hospital within the system maged from 81% - 98% with an average of 85%. Each survey is confidential, therefore, additional employee demographics are not available for reporting.



In pract of the inducementation of the Similarium Line detection II Model was demonstrated using pre- and post-effectiveness and flexibility corres. There was a significant affective between pre- and post-blockship effectiveness care, $(Z^{(2)} = Z^{(2)}, Z^{(2)})$, with a second the higher than pre-scores. Landerschip Rechibility scores also abreved a glaffect filter pre-breact pre- and pre-scores. $(Z^{(2)}_{2}) = S^{(2)}_{2}, P^{(2)}_{2}$, (9), with post scores breidy higher than pre-scores.



Dob satisfaction scores showed a significant difference between 2014 and 2020; 2439–273, 2599–270, 2610, 2015, 2014, 2015, 2014, 2015, 2014, 2015, 2014, 2015, 2014, 2016, 2015, 2014, 2016, 2015, 2014, 20

Employe engagement was measured using Gallup gand mean scores. Employee engagement was necessared from 2016 that did not necessare alganization difference $(32)^{-3} - 24 M_{\odot} = 3411$. There was, however, a significant difference feveues negativities scores from 2015 to 2016, $(25)^{-2} = 241$, p = 0.09, showing an increase in employee engagement access and and $(25)^{-2} = 241$.

Turnover percentages did not show a significant difference between 2014 and 2015, n(25) = -0.26, p = .800, between 2014 and 2015, n(25) = -1.03, p = .312, or between 2014 and 2016, n(25) = -1.17, p = .255.



Alinear regression was collarated to determine if there are inductively provide the second second second second second second second incomparison the changes in the inductive functions are not incomparison the changes in the inductive functions are not significant. (Fig.17) = 1.73, 5, 9 = 1.67, 5, 60 has for 0.44 for low-est, a significant repression transmission of the change of the induction, (Fig.17) = 3.71, 9, 80, 73, 60 has if $\theta \in 4.75$. Foreward 0.5 and 2006, the changes in transmission in the change of the induction of the change in thrancer (Pr. 12.4), 47, 72, 98, 98, 942, and define changes in thrancer (Pr. 12.4), 47, 72, 98, 98, 900, but the defined effection was not a significant correlation.



Recommendations

The hardbarner system should continue reaching the forthward induced the III model. The added statem searchios included at maring prespective, which demonstrated a connection with increased engagement and the focus of this project was specific to be based and and the the focus of this project was specific to be based and the the focus of this project was specific to be based and the state project of the state of the specific to the base and the state project of the state of the specific to the base and the state of the state of the state of the specific to the state in balance and the state of the specific to the system including the state of the specific to the state and which employ merses, where this model would be appressible.

Organizations need to make an investment in their managers by providing them with the searciese, tools and support needed to refine audies their takins. Managers at all stages of their cateress should may apportunities to learn and grow. The best managers are always striving for personal improvement and their organizations should encourage this behavior (callup, 2015).

References

Blanchard, K., Zigarmi, P., & Zigarmi, D. (2011). Structional Leadership II. Global Indequenters, ISCN: The Ken Blanchard Computes. Carlos do Rego Ferndor, L. Da Grane, Canna Balista, M., & Jose Ferreiro Struct, F. (2011). Leadership and Josefancian among Astrema loggital traves: A supplication of the Structional Leadership Model. Journal of Neurogeneous, 10, 1047-1057.

Califus, 2015). Some of the American managers, it is in the advector for a darker of periodic relationships of the American managers, hold (rise and advece for an interview) that a darker of the American managers (from 1102). Now again the A. (2015) hold of the american-managers report task of the American and American America

NSI Nursing Solutions, Inc. (2015), 2013 National liealthcare retent RN staffing report. Retrieved from http://www.nsinuursingsolutions.com

Zurlinden, J., Bongard, B., & Magafas, M. (1990). Situational leadership: A management system to increase staff satisfaction. *Orthopaedic Nursing*, 9(2), 47-52.

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Introduction		Methods: Mixed Methods Design		Resu	Its			iscussion & Conclusion
Due to the growing complexity in healthcare, no			S	PICE-R2 S	ubscales		Students v	who participated in the interprofessiona
one person nom a single protession can effectively address the number and variety of health-related problems confronting individuals. ¹		 Two identical patient cases run simultaneously Adult male diagnosed with central cord syndrome after fall in the community related to ETOH abuse 	Subscale	Pre-Sim Mdn(IQR)	Post-Sim Mdn(IQR)	Change Mdn(IQR)	p the roles δ pronfession	nonstrated enhanced understanding of & responsibilities of other health care pais and awareness of the henefits of
Given this, the Institute of Medicine (IOM) suggested academic institutions and healthcare organizations make a focused commitment to	SBLE	• Care from Field \Rightarrow ED \Rightarrow Acute Care Hospital	Interprofessional Teamwork & Team- Based Practice	4.50(1.00)	5.00(0.75)	0.14(0.42)	181 holistic, per outcomes.	atient-centered care on patient. . This conclusion was supported by the
interprofessional education (IPE) that develops sustainable collaborative skills to more effectively prepare professionals to meet the health needs	SBLE	 51 Nursing students 20 Athletic Training (AT) students 4 Students each from PT, OT, Psychology, and 	Roles/ Responsibilities for Collaborative Practice	3.33(1.33)	4.00(0.67)	0.51(0.72)	.001 data. Thes reported fi	on bountie quantative and quantative se findings align with previously indings on the benefits of SBLEs and
of the population. ² Despite the positive impact of IPE initiatives, health profession students often	Participants	s Social Work (n=16)	Patient Outcomes from Collaborative Practice	4.00(1.00)	4.33(1.00)	0.37(0.55)	.002 students for collaborati	pport the demands of interprofessional ior the demands of interprofessional ive clinical practice. This study was
report reaming chaileringeu or unprepareu to work interprofessionally. ³ Simulation-based learning experiences (SBLEs) mirnic real life clinical		 31 students completed the SPICE-R2 pre- & post- test 175 (49%) AT - 24 (77 4%) femalel 	a	ualitative T	hemes		unique in t participate	the breadth of professions that ad in the SBLE, the variety of the
scenarios and provide hands-on learning	Research	13 students participated in post-SBLE focus groups	Theme	Pa	articipant Qu	lotes	the variety	y of learning experiences included in a
experiences. As a result, students gain confidence in their skills and ability to improve patient outcomes, negotiate patient care docinized with other professions, and increase		Student Perceptions of Interprofessional Clinical	Holistic, Patient-	I think it abso I think it's so working side	olutely heigh: much differe e hv side with	tens the respective solution of the solution o	ect. single SBI i're nd	LE. References
uccessors murvaire processors, and increase their understanding of the roles of other professionals. ^{3,4,5}	Data Collection	Education Revised-2 (SPICE-R2) Pre- & Post-Test • Focus groups with guided questions adapted from the Interprofessional Attitudes Scale (IPAS)	Centered Care	you're seeing	them as a p their position	erson rather m.	than 1. Hertwe Assiste	eck M, et al. <i>Journal of Physician</i> ant Education. 2012; 23(2):8-15
Purpose			IInderetanding	Taking a ho	blistic approa	ch, looking a	ta 2. Donalo ir Press.	dson MS, et al. National Academies 2000.
The purpose of this study was to examine the impact of an interprofessional simulation involving six health professions on students'	Data Analysis	Quantitative analysis. Wilcoxon signed-ranks tests Thematic analysis of transcribed data	Responsibilities t	parent as problems & loc e going on, u	oking into evising the diffe diffe diffe	erything that rrent discipli	could 3. Thoma could Care. 2 hes to 4. Shoem 2011; 4	as E, et al. Journal of Interprofessional 2017; 31(3): 317-324. naker MJ, et al. Journal of Allied Health 40(1): e15-e21.
perceptions or order nearing are processions, knowledge of healthcare professionals' roles, and communication skills with representatives from the other professions.			Desire for More f	I think it's re seling or resp. until	ect towards a you work will	have any kin another profith them.	d of 5. Costell ession Care. 2	lo M, et al. Journal of Interprofessional 2018; 32(1):95-97

UNIVERSITY #f Indianapolis. A focus group design was used to explore the perceptions of older adults on the acceptance and use of smartphone technology. A semi-structured interview with open-ended and nondirective questions was used to guide group discussion on participants' perceptions of their ability to use their smartphone, barriers to use, the most influential person who impacted related decisions, the social effects of smartphone use, how and why participants use their smartphone, and their overall feelings, beliefs, and attitudes about smartphones. Participants (8 older adults, 4 male and 4 female) aged 60-78 who owned a smart phone were selected through purposive, convenience, and nominative sampling. Verbatim transcription of the focus group session was open coded and a priori Codes were discussed and refined as a group until a consensus was reached. Measures were taken to ensure trustworthiness by attending to specific criterial to establish credibility, transferability, dependability, and confirmability. Using a constant comparative Smartphones are continuously being advanced to offer smart solutions for older adult users. However, smartphones are not as readily accepted and used by older adults. The five factors found to contribute to participants' ability to successfully operate their smartphone included: physical characteristics of the device, past Overall, smartphone use was collectively explained by the performance of their older adult clients. Further, this model may also coded for the preliminary model proposed by Walker et al. (2015). experience, effort expectancy, available resources, and self-efficacy. constructs of ability, attitude, perceived need, and social influence. Occupational therapists should use this model to thoroughly examine and consider factors that influence the fit between older adults, smartphones, and related applications. Such efforts will enable clinicians to provide client-centered recommendations using smartphone technology to effectively support the occupational be used to inform the design of smartphone technology and related OTD Class of 2018 applications aimed to support the needs of older adult consumers School of Occupational Therapy approach, codes were reviewed until themes emerged. Methodology Conclusion References Beth Ann Walker, PhD, OTR, Natalie Azzarito, Kelsey Brown, Darian Burchfield, Kaytlyn Eberly, Nicole Meert, & Molly Sears See Handout Ability Social Use Exploring the Fit Between Older Adults and Smartphone Use Use ighlight benefits and n Attitude bility Provide examples
 Collaboration with
 family and friends face inter Provide clear & simple guide Resources **Vailable** Discussion Findings to Inform Design and Practical Application Step by step practice ide vs assis User-friendly application Experience Ability **Available Resources** bility Smartphones have become a valuable tool on which many rely to complete a myriad of tasks on a daily basis and are capable of aging for older adult clients. Even though it is apparent that more and more older adults are using smartphones, it is evident that they use According to McLeod (2009) and Gitlow (2014), older adults reported using mobile phones primarily for personal calling, texting, checking voicemails, and for emergencies. Although the capabilities of smartphones and available applications appear endless, older adults may not fully understand the smartphone they are using (Ziefle & Bay, 2005). In an effort to better understand the factors that influence described a preliminary comprehensive model to explain the Research is needed to further test Walker et al.'s (2015) preliminary adults' acceptance and use of smartphone technology is needed to minimize the gap between the older adult user and the smartphone technology being utilized as a tool to support outcomes related to offering an endless array of options aimed to promote autonomy and independence in activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, play, leisure and social participation (American Occupational Therapy Association [AOTA], 2008). It is no surprise that occupational therapists have begun to consider smartphone technology as a tool to enhance occupational performance to further facilitate productive their phones differently when compared to younger generations. or hinder mobile phone use by older adults, Walker et al. (2015) acceptance and use of mobile phone technology by older adults. model for redundancy over time and ever-changing smartphone technologies. In order for occupational therapists to effectively meet the needs of the aging population, a greater understanding of older and use of smartphone technology and check for redundancy of The purpose of this study was to explore older adults' acceptance Introduction Objective Walker et al.'s (2015) preliminary model. occupational performance. P30



A (Not So) Unusual Case Of Lead Toxicity In An Older Adult Mark D. Lisby, MD

East Family Medicine Residency Program Associate Director

Background:

conductibility and resistance to corrosion seem to make difficult to give up its use. Due to its non-biodegradable nature and continuous use, its concentration accumulates in the environment with increasing hazards [11, Lead poisoning was recognized in ancient Rome. Lead is the most important toxic heavy element in the environment. Its important properties like softness, malleability, ductifity, poor where lead was used in water pipes, wine processing, and tableware [2]. Some historians even conjecture that the lead-related problems of sterility, miscarriage, and dementia contributed to the decline of the Roman Empire.

Today lead poisoning is an epidemic problem, affecting at least 2 percent of American children, where the source of lead is though to be lead-containing paint from pre-1960 homes (3). Affected children are at risk for learning disclutiles and behavioral problems. Even Stringent regulations regarding the use of lead-based compounds has decreased the incidence of lead poisoning in developed modest lead exposure in children lowers the IQ, impairs memory and reaction time, and affects the ability to concentrate [4,5]. nations. Lead exposure in adults can result in anemia, high blood pressure, intentify, decreased resistance to infection, kidney damage, gour, and neurobojcial abnormalities including hearing loss, secures, balance problems, wrist or foot drop, and demanta (8.71, Severe lead poisoning can lead to coma and death. The early symptoms of lead poisoning include headache, dizziness, tiredness, poor appetite,

battery recycling, grids, arm industry, pigments, printing of books, etc. [8,9,10]. In the U.S., despite annual allocations \$41 million by the Office of Management and Budget for lead-screening programs, few of the estimated 800,000 Americans who enjoy competitive industrial processes such as smelting of lead and its combustion, pottery, boat building, lead based painting, lead containing pipes, Human exposure to lead and its compounds occurs mostly in lead related occupations with various sources like leaded gasoline. sleep disturbance, achy joints, nausea, abdominal pain, and constipation shooting are aware of the health risk posed by lead [11].

Case Description:

A 73-year-old male presented to our ambulatory clinic for his annual checkup. He requested lead testing in additional to his usual labs. transaminase (ALT) at 25 U/L (normal range 11 – 58 U/L) and aspartate transaminase at 19 U/L (normal range 17 – 59 U/L). CBC was toxicity, denying abdominal pain, sleep issues, headaches, or fatigue. His spouse confirmed his denial of memory loss, irritability, and aggressive behavior. He admitted to routinely spending hours at the shooting range several days a week, and did not use a respirator and return for additional testing. One month later, testing for additional heavy metals, including arsenic and mercury were negative. A spending more time at an indoor shooting range. He had been made aware by another recreational shooter that he had been tested stopped going to the shooting range, but planned to decrease the frequency of his visits, and to wear gloves. Four months later, his lead level was 36 mog/dL. Because he was still asymptomatic, chelation threapy was not indicated. He continues to frequent the also normal, including hemoglobin at 15.8 g/dL (12.8 - 16.9 g/dL). The patient was advised to avoid the shooting range for 3 weeks eve protection, or gloves. His physical examination was normal, including blood pressure, and benign abdomen, and no lead lines When questioned as to the reason for lead testing, he reported he was a gun enthusiast, and that during retirement he had been for lead toxicity. The patient reported chronic joint pain from longstanding arthritis, but none of the other classic symptoms of lead peripheral blood smear was interpreted as normal. Lead level remained elevated at 41 mcg/dL. The patient admitted he had not seen on the gums. Blood lead level was 40 mog/dL (acceptable limits <10). Liver function tests were normal, including alarine shooting range, but less often, and agrees to ongoing periodic monitoring of lead levels.

Discussion:

n occupational health and workplace safety circles it has long been recognized that police officers, soldiers and others who train intensively with friearms are exposed to lots of lead dust and fumes as they make holes in targets. Same for their trainers. There are workplace rules intended to limit that exposure and to monitor blood-lead evels for dangerous conditions.

What is newer is the expanding involvement of Americans in recreational shooting, and the lead-based risks this carries.

Private firing ranges arent subject to the same kinds of safety regulation as workpaces. Common types of exposures are from inhalation (treathing in lead dust) or ingestion (swallowing lead dust) recommended hands or food). Shootens or anyone in the firing range can be exposed to lead furnes from the "gun smoke" the lead dust that is released into the air when the gun is fred. Hothy shootens can also ingest lead when earing or inviving. Lead dust can settle on hands, the lead dust that is released into the air when the gun is fred. Hothy shootens can also ingest lead when earing or inviving. Lead dust can settle on hands, unchroom surfaces or food and drink. Workers and hobby shooters can also carry lead home on their clothing and skin and potentially expose their families to toxic evels of lead. Lead in the home is especially dangerous for children and women of childbearing age.

rdoor ranges are worse than outdoor ranges because the dust and gases are confined. Blood-lead levels go up with the intensity and duration of shooting activity. To minimize the risk of lead poisoning, shooters should take the following steps:

Use copper-covered builtets. Copper-covered builtets significantly reduce the risk • Do not eat while shooting. After shooting, wash your hands thoroughly before you

· Do not smoke while shooting. After shooting, wash your hands thoroughly before you smoke Do not shoot in a poorly ventilated indoor range. Do not clean up lead dust in an indoor range without the use of a protective air

of lead poisoning.

 Change your shirt after shooting to avoid exposure to the lead that accumulates Leave indoor ranges immediately after shooting. Do not clean up the lead fragments against the backstop without the use of a

filter.

protective air filter.

Consider limiting the time you shoot on a busy range to minimize exposure to Avoid shooting on days when the wind is blowing toward you. second hand lead.

reload more than 500 rounds a month, or if you develop any symptoms of lead

Have your blood lead checked if you shoot on a weekly basis, if you shoot or

on your clothes. Wash your clothes after a trip to the range.

Consider sending as few shoolers as possible to score or put up new targets in an Consider wearing a protective air filter if your blood lead is elevated. indoor range since the air lead is highest at the target. Share this risk.

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References:

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Antipsychotic Polypharmacy: Best Practice Recommendations Jendayi Olabisi MD, PSM, Syed Khan MD, MBA Community Health Network, Indianapolis, IN

Aim

inpatient management of a furty-three year old female with a primary psychotic disorder, schizoaffective disorder, who ultimately required two antipsychotic antipsychotics, this case will discuss current research advancements and propose an evidenced based agents to manage continued symptoms of psychosis. In light of a lack of consensus guidelines on how to prescribe and manage patients on two approach toward judicious use of antipsychotic case study explores the presentation and combinations.

Abstract

It algorithms guiding judicious use of single hotics, there remains a paucity of information hall ucinations, paranoia, cognitive dysfunction, and a chronic course of the illness. Standard of care hese symptoms. Additional goals of therapy include dapse prevention, improved functionality, and better uality of life. Despite advances in treatment, not using the development of clozapine (for treatment tment of patients ntinued symptoms. The use of multiple tipsychotics is referred to as 'antipsychotic typharmacy'. Afthough there are well-established nesses with multiple stiologies. Primary psychofic sorders include a myriad of psychiatric diagnoses esistant schiz ophrenia) in the 1960s, many patients terapy in the setting of to not respond to a single antipery divotic at optimal tosing. These patient's will confinue to have rican Psychiatric Association Psychotic disorders represent a wide spectrum of tips ychotic monotherapy and may require more an one antipsychotic medication in order to treat reatment utilizes antipsychotic agents to control ever, there are no decision making when a patient requires rendations.¹ psychotic symptoms while receiving let residual ith cardinal features including delusions. a than one antipsychotic to tar ugmentation to dozaplne; how strict critteria or cons for col

Case Presentation

supplementation to the injection. However, the patient A 33 year old fernale presented to the psychiatric hospital due to acute psychotic decompensation. The patient had been involved in a physical altercation at home against her mother. She had been experiencing auditory and visual hallucinations, ideas of reference, demonstrated no dinical response while on this medication for four days. Therefore, at that point an additional antipsychotic againt was initiated. The patient responded within two days to this medication and was ultimately discharged on its long acting monthly and psycholic injectable, invega Sustanna. The patient had received this injection five days prior as well as paranoid delusions which were thought to have played a role in the physical attercation. The patient had been admitted to the behavioral health patient previously and had a principle diagnosis of schizoaffective disorder. Records indicated that her b the admission. Due to ongoing psychotic symptoms, she was initially started on oral invega, which was thought to provide additional home medication regimen consisted of a once ctable form, prolixin decanoate.

Discussion



valence of Long-Term Antipsychotic I able Eligible Schizochrenia Palents? Figure 1: Prever

Discussion

diverse effect of another, treatment of refractory cases patient's unable to take clozapine, and as an as eeded medication to treat agitation. ublished indicating that when using two antipsychotic ross tapering off one medication onto another, spioitation of one antipsychotic in order to reduce an ntipsychotics work by targeting dopamine receptors the brain, dopamine is the neurotransmitter thought nanagement of symptoms refractory to monotherapy, icluded risperidone and olanzapine or clozapine and second generation antipsychotic. To date, there is a idicated that the most commonly used combinations nrolled over 13,000 patients demonstrated that dual gents it is best practice to employ medications with ifferent mechanisms of action. A literature search assessing the evidence one Hungarian study that ck of evidence to support roughe use of combined ntipsychotics; however, when there is insufficient o be responsible for psychotic disorders such as chizophrenia. The medical necessity for two intipsychotics are varied including further sponse to one or more trials of a single agent, a keith ood of mortality and reduced number of ospitalizations². Several case reports have been econd agent with a different mechanism and/or htipsychotic use was associated with a lower ferentside effects may be considen

Conclusion

This presentation reviews evidence based practices for use of dual antipeychotic agents in psychotic disorders given the lack of expert consensus.

References

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Diagnostic Continuous Glucose Monitoring in Chronic Diabetes Mellitus Patients in a

Primary Care Clinic

Christina Inteso, PharmD, BCACP; Jessica Wilholte, PharmD, BCACP Ambuatory Pharmscy Department, community Health Network, Indianapolis, Indiana

Result	Committee and and a	Gender Mak 21	Race: White 42 React 111 Asian 2 (2 Hitspanic 10	Insumnce Status Commercial 24	Medicare 20	Clinic Location: DIMC IM 20 Contry Une FM 23 Science Consting M 30		ChreatData	Pre-CGMARC 83	Post-COMAIC 7.8	COM Warn 10.	Average Interstitial Glacose 173	PercentTime Glucose In Nange 50	Percent Time Glucose Above Range 40.	PercentTime Olucose Below Range 7.8	Frequency of Hy poglycemic 5.2
Background	· Continuous glucose monitors (CGM) are a small external medical	0 excerting measures merchange groose every 5 to 15 minutes - Allows health care providents to be the manage participation of diabetes through a more personalized approach to both medication	management and lifestyle motificus trans Organisestic CGM is used to make them py changes which leads to improvements in diabetes control	Objectives.	 Primary objective: to describe the use of diagnostic CGM in particulation that have been 1 or true 2 diabetes metiture within a network one 	 Chricat Community Health Network Secondary dejactive: to compare the noise of the pharmacist to other provident in incorporating and managing degroutic CGM 	Methods	 Institutional review board-approved retrospective chart review 	Industran Criteria:	· Seen in a Community Health Network primary care dihic from	October lat, 2016 to September 30th, 2017	 Type 1 or type 2 diabetes melitus and have worn a CGM for at how the second seco	saco Build Toros pue nor ce pel pue sinou 7/ 1983	Results		 S0 charts were ny level and 56 were included in the distagnaryss que to immorbat destruction and who

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members placed, downstaded, and/or interpreted the COM	24 (22) 240
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Condusion

- Professional CGM is a technology that is starting to be used more often at CHN and uSistes many members of the heatthcare team
- Referints whro were a professional COM had a decrease in the FALC and improved their diabetes: control
 Professional COM should continue to be utilized and expanded into other practice locations
- Disclosures

Read

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Department of K Public Health Educatio The Interdisciplinary Fut Dr. Kara Cecil and Dr. An	Public Health Today	Second Century of Public Health	 Addiciona sa disease Mental health parity Increasing suider antes Persisten health disparities Role of policy in variety of areas directly impact social determinants of health Complex etiologies requiring complex, multi-level interventions 			Methods	 Opticity and the shart field connects individual fields to population health outcomes within the context of the social determinants of thealth Public health, as a field is responsible for 10 Essential services at field is responsible for 10 Essential affected field. Public health, as a field is responsible for 10 Essential affected field. Public health, as a field is responsible for 10 Essential affected field. Public health, as a field is responsible for 10 Essential affected field. Public health, as a field is responsible for 10 Essential affected field. Public health, as a field is responsible for 10 Essential affected field. Kervivords: Public health, Community Health 	 Ferduation of the set in a set of the set of the set in the set in the set in the set of the set in the set of the set in the set of the set
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								P35



Management of Pigmented Villonodular Synovitis (PVNS) in a High School Athlete *University of Indianapolis, †Community Health Network. Blyly LM, ATS*, Palma C, LAT, ATC, CEAS, FMS+

Background

condition that causes the synovium to thicken and the cartilage and aids in movement. In PVNS, the overgrowth of the synovium is not cancerous and knee although it can affect other joints as well. In synovium produces extra fluid, causing swelling does not metastasize to other areas of the body. produces a small amount of fluid that lubricates and arthritis. PVNS most commonly affects the in the joint and making movement very painful. However, PVNS is a progressive disease that slowly worsens and can lead to bone damage most cases, surgery is needed to remove the Pigmented villonodular synovitis (PVNS) is a overgrow.1 In a healthy joint, the synovium The mass or tumor that results from the damaged joint lining and the mass.

athlete presented with an effusion later that night from finishing the game with minimal issues, the patella. No sounds or sensations were reported. No catching or locking was present in the knee. No previous history, and no pain before or after proximal aspect of knee on the ground. Aside with a large pocket of swelling proximal to the A sixteen year-old, female, freshman softball athlete dove for a ball and hit the anterior onset of effusion.

Uniqueness

and the development of PVNS is unclear. There have been studies suggesting that PVNS could be caused usual.¹ The association between a history of trauma by cells growing and multiplying more quickly than to arthritis, arising from swelling of the joint tissue. by specific genetic changes in the cells lining the unknown. Some doctors believe that it is similar PVNS is a rare joint disorder that usually affects joint. More studies are needed to research this Others believe it develops like a tumor, caused uniqueness of this case.2 The exact cause of adults in their 30s and 40s, demonstrating a pigmented villonodular synovitis (PVNS) is association.

conservative treatment protocol to become symptom treated surgically, whereas this was able to follow a Another unique feature about this case is PVNS is free

was started. Following no improvement of knee effusion, five days after injury the athlete went to Medcheck for x-rays. Diagnosis was suprapatellar bursitis and the physician prescribed the athlete a 5-day course of AROM flexion and extension exercises, and started softball progression steps for RTP. A MRI revealed a exterim mass in the posterior kneec capsule. The athlete was diagnosed with PVNs. AROM flexion and extension and quadrices strengtheming exercises continued. The athlete presented with equal quad tone and ROM and was cleared for full participation following functional progression two months post-injury. The prednisone. Swelling decreased dramatically, but the athlete continued to demonstrate an antalgic gait. Nine days after the injury a moderate knee effusion was still present. The team physician believed bursitis was an physician stated he wanted to repeat her MRI in six months to ensure that there has been no growth of the mass. He also determined that if the mass does increase in size, or becomes symptomatic, surgical excision The athlete initially was given a compression sleeve, and crutches to help with ambulation. AROM for flexion AROM extension exercises were added along with flexion. Lab results were normal. The athlete continued incorrect diagnosis, and wanted to investigate an inflammatory condition after the result of normal x-rays. would be necessary. Specific exercises used for RTP are outlined below.

- Initial Exercises:
- Heel slides
- Quadricep sets Short arc quads

- Continue initial exercises

2 Month Post-Injury

- Full RTP

Functional progression

- Pitching progression - Live with no batters Month Post-Injury

Hitting

if symptoms re-appear

- Terminal knee extension Straight leg raises

Pigmented Villonodular Synovitis



http://centralorthopedicgroup.com/education/pigmente d-villonodular-synovitis-pvns-of-the-knee/

http://bij.boneandjoint.org.uk/content/94-B/7/882

Figure 2 – MRI of PVNS in posterior knee

Differential Diagnoses

Treatment

Differential diagnoses for this case based upon the

- symptoms presented included:
- Inflammatory disease,
 - ACL tear, bursitis, OCD lesion
- Patellar subluxation

 - Meniscal tear

Conclusion/Clinical Application

diagnosis lead to successful return to play within two months. Quick initial management and efficiency of ROM aided full recovery. Correct diagnosis of PVNS athlete maximizes participation. Clinicians should react efficiently to effusions and work to improve and strength should be evaluated and documented often Management and comparison of bilateral ROM and while working closely with a physician to ensure an The rehabilitation program established and proper contributes to future methods of prevention so the physicians in their expertise to obtain appropriate documentation should continue to be referred to maintain ROM. Rare subjective and objective imaging and identify the correct diagnosis. efficient, and safe return to play.

References

posterior compartment of the knee. J Orthop Surg 1. Shekhar A, Patil SS, Dixit C, Tapasvi SR. Localized pigmented villonodular synovitis of (Hong Kong), 2017 Sep-Dec;25(3):2309499017727923. doi: 10.1177/2309499017727923.

Villonodular Synovitis. <u>J Orthop Case Rep</u>. 2015 Jul-Sep; 5(3): 78–80. doi: <u>10.13107/jocr.2250-</u> 2. Cheung Man Hong and Lui Tun Hing. Acute Knee Pain in a Child Due to Pigmented 0685.316

Background		Treatme	nt	Differential Diagnoses
Al wenty-year-old female collegiste most country and track runnier presents with postmenopulate costrandici frack. The athlete has been training at the collegiane terel ance. August 2015, however, she has never composed in a collegiste meet. The athlete dd not have a tue modhanism of injury, but the athlete dd not history of drives fractures in high school led he athleted at acted there is high school led he athleted athletic trainer to have her see an endocrinologis. Between the ages freen through nineseen years old.	Following the lab mauda, the end impact accerties. Over the last for trainer three sitnes a week for a re- exercise, core strengthering are part of the a sheet's training. The tra- mition laced progesterone. The tra- shiften also took 200 mg progest months later showing a new esti- months later showing a new esti- mental and showing a new esti- mental show controve to harve oil, reserved (abovelory testing even desing for athered controvelor).	dochologist dere loped a care p unteen month, the atteight repo interest general strengthe ring a rotsdermalester det be rendormalester det be rendormalester det be rendormalester det be rendormalester be rotsdermalester be rotsderest, frei muspone the d parenorthes, the must maintein	Kan that included pnarmaceutroal trea thrent and low- fits to the athetic training facility to vericle with the athetic arm. The program consists to flow-impact and conscular residees a strendermal estandic path and call a athetic a strendermal estandic path and call to Dot patch that delivered 0.005 mg per day. The of the month. Laboratory testing vara repeated free ity, after being on the preserption for fourte en month, totage was increased. The athetie will undergo normal estrado livered for its months before being	Differential disgnotes for this case were undagnote cellac disease and genetic defect of collegen formation.
The athless experienced a tobal streat fracture, a forcer's stream fracture, and a sacraf streat fracture. The athlete has a history of oligomenormea and takens coal contra coptives. The athlete was not diagnosed and contra coptives. The athlete was not diagnosed iscontracy workup was completed on the athlete. Special attention on the laboratory workup was noted on the extraction deal process how serving was noted on the extraction deal process how serving was noted			-Tenadormai estradioi Wreile Dot patch B.n. w misivalle commensed til onimensedrated 30 i ino	This case is unique in that a menty-year-old female esta dol levels systeally only seen in postmenopuus women. The cause behind the number of atteas thedures was unknown until a laboratory workup was complete, showing her estradol deficiency.
serum parathyroid level. The attactor estandoi level was 13.9 Polimir (very low). The attace's total protein level was 6.1 old. (very low). The attaces's so run N-		-		Conclusion/Clinical Application
telopeptide level was 13.3 mM (VNL). The attreex's booes specific alkeline photohale level was 10.1 upl. (MNL). The atthe loss secum parathyroid level was 29 pg/mL (ow). The endocrinologist came to the conclusion the		8		A twenty-year-old female numer with a history of stree fractures was diagnosed with postmenopausal estimat levels. Following fourteen monities of pharmecestical treatment a nd by-impact evencies are is still waiting medical clearance to return to competition. The attreet
attrees was having reporting the steers at marks that was outpacting her bone in repair me drawism because of hypothatamic amenomities combined with the athe to's intense running schedule.				The second from we have a second to a more than the second
Estradiol is the common form of the hormone, estrogen. Estradiol is found in makes and females, but		Initial Levels	Post Three Months Treatment	female numera of obtaining a laboratory workup for temate numera and obtaining a laboratory workup for an attieve who presents with multiple atreas fractures and aborement numeration (numeration).
an important Mind ton in maintaining women's skeletal integrity. When humans, primatly females, expletence a loss of bore mass, it is commonly associated with	Estradiol	139 PG/mL (very low)	67 PC/mL. (ow)	demonstrates the importance of a there education in order to prevent deficiencies and presents monitoring and maintenance of a deficiency over a long that there
an estradici defidency. Fernales can experience impigatinities in mentimal cycles, osseoporces hading to bore streas fractures on fractures, and menopausal	Total Protein	6.1 g/dL (very low)	N/N	
symptoms. Patients with an estandici deficiency pre-sent with defects in skeletal structures and mineralization, low serum estradio levels.	Serum N-Te lopeptide	133 -M (WNU)	N/A	
pathoporosis, bw serum paraffyroid levels, and ron defidencies. ¹	Specific Alkaline Phosphate	101 m/L	N/A	Kererences
	Serum Parathyroid	29 pg/mL	N/N	throad a, Uutrier MJ, Montoe UJ, Estrogen and a skelenon. Trends Endocrinol Metab. 2012, 23(11): 576

Depression, Becksteir 'University o	, Anxiety, and Stress Levels Among Collegiate Athlete Different Collegiate Levels n KS, ATS*, Blyly LM, ATS*, Myers MM, ATS*, Jochum J, PhD, LAT, ATC+: of Indianapolis. Indianapolis. IN, †University of Indianapolis. Indianapolis. IN.	in UNIVERSITY of INDIANAPOLIS. College of Health Sciences
Background	Participants	Conclusion
Mental health baues are a prevalent issue in the affletic population that commonly go undiag nosed and unitreaded. Toppeation is the most common mental disorder and presents as more than just a submease. I Poop with objected last intervent and observed to daty activities. Antiext intervent and	Initially, a total of 119 participants from NCAA Division (, B, III), and MUA levels were narrule d. Only 102 were analyzed due to lifness or class conflict. The industion ortism for the study induded participant must be a full time collegates student at these, or class conflict. The industion ortism for the study induded participant must be a full time collegates student at these, or class conflict. The industion ortism is a two-were need to may approximate the analyzed due to lifness or class conflict. The industion or text is a needed in at least stream, and the participant must be a member of a NCAA Division I, II, III, or NAA men's or women is basisetibal issue, and the participant must be between the ages of 15-24 years old.	It can be said that the collegate level an athlete participates in will not predispose the athlete of depression, anxiety, or athres. It can be noted that at all collegate is wels, female athress than male athletes.
of tension , work automotion, multiplication of the second of the second from the second from the second from the second se	Procedure	The study did present with limitations such as a resticted
experience that affects people of all ages, gender, and croumstances. It has people of all ages, gender, and croumstances. It has people of all ages, gender, perforpating in athetics promotes a he affer lifest however, there can be megative effects that affect competition can impose on an individual that there are an undividual that on sideration to compare depression, annely, and streas. What is missing from current literature is a consideration to compare depression, annely, and streas. What is missing from current literature streas. What is missing from current literature streas to reveal the en college as student atribets at the NCAA. Division I, III, and National Association of intercollegate Artificts (NAA) is wets. There is no current literature that compare none and women outlegate basiseful payers. There is no current literature that examines collegate at dent atribets using the Depresent Annexy Streas Scale-42	All data was collected within the same two weeks and at the end of each team's regular season. On the day of the meeting, the collocated within the same way he beam in an isobated and grier room. The co-investigator provided the team is an explanation regardler of the study as well as an explanation regardler of the information consent provided the team is not explanation regardler of the study as well as an explanation of the information consent provided the team is not explanation regardler of the study, and it any provide that the information regardler of the study well as an explanation regardler of the information of the information regardler of the information regardler the record to exclusion regardler defined contract study, and it any topologic the feature of the information regardler definings resulted from participating in this study instructions were given on who to contact specific to each response feetings resulted that counters are also on and paper kine and approximate were given on who to contact specific to each respect do not of the room while the participant to the respect of the quastionnaire. When the participant is not an another approximate were given on who to contact specific to each respect and to first room and paper kine an another approximate were given on who to contact specific to each respect and to the room while the participant to the restrictions were given on the participant to the room with the quastion of the room with the restriction of the room with the quastional resolution respective the room with the quastionant approximation and the room and paper kine an another approximate were given on the participant to the room with the quastionant approximation and the room and the room and the room with the quastional transmitted. The context and the room and the room and the quastional the room and the quastional transmitted the quastional the room and the paper in an another approximation and the study to each study to each then the data indiveree data font indidveree data f	Interface of participants due to only one school of each distance was investigated. Also the data was collected within the last month of every near its season which only shows a depresent around the done with castlen. Adverting condusions should be done with castlen. Based upton our findings, than e audes should focus on why fermile collegiton athelets are at a greater at a condusions should be done with castlen. Based upton our findings, than e audes should focus on why fermile collegiton athelets are at a greater at should be derived form, and methods in how to successfuly manage or prevent free writeries of depression enoldy, and stress than collegiate male affect at the stored with manage or prevent free writering of these symptoms. To kines investigate or comparison of state symptoms and easily advect in how to successfully manage or prevent free writering of these symptoms.
fat social a management	Results	each division to maximize participants and eliminate bias.
Purpose The purpose of this study is to assess depression, andery, and atreas levels in collegate women's and men's basketball atheess of NCAA Division I, B., and NAI, wovid: The propriete and NCAA Division I, B., and Mill mport higher levels of de pression, anxiety, and stress compared to the other levels due to higher demands and pressure.	Stress, anrivery, and depression levels interpreted through the DASS-42 when comparing division levels: Di, Dill, Dill and VMA, were not a staticulity significant. Atthough division level showed no statistical significance, comparing data between gender of a staticulity significant. Atthough division level showed no statistical significance, comparing data (Mann Wittery Test. Stress: pr.0000, Anuley, pr.0 000, Depression p.40.000). While Mither Intersegating gender differences, it was found that them was no significant difference between the number of hours of steep and gender Chi lequare analysis p.40.001), however, results did show that males were fifteen times more likely to get more steep than males. The number of credit hours were also examined. In which again, there was no significant difference between credit hours and gender (Mann Mithey est, pr.0.221), but, females on everage took on more credit hours than mitics.	From a healthcare provider sport of view, it is important the subsect affects have the appropriate membral health in secures a These neucress holide but are not imited but shret to a sport psychologist or psycharital and education on mental health coping mechanism.
Measures	× (5)	
The measures of the study the DASS-42, a saft-sported questformaire using three states to measure an individual as motional states of depression anxiety, and devest by united feth way non-other emotional aumetions.		Figure 4 NCAA Sport Solence institute ingio. http://www.rcaa.org/lippit-ediance- institute-in-entra-reach
Each scale of the DASS-42 includes fourteen ferms divided within the three carlegories of depression.	+1	References
andery, and stress. Each participant answered demographic questions including pandar, ago and race. demographic questions was collected on the number of excited or ach hours, grach lovel (neikhinar, sophomore, junior, senior, redshird, how many hours of	Figure 1. Comparison of depresentantian depresentantiantiantiantiantiantiantiantiantian	1 Damp 6, Herryno 6, A Carptolaul The expense of dependence and placement dereuwing and Architecture 2011, 2010 2 March Herr Dam conference. 2010 (Damme Forn Lin, Armanizated and and a March Herryn Carpton and a Naja and a Naja and a Naja Architecture for an of performance.
seep the athere gets on a verage, if the attere had experienced an injury within the last there months that withheld himmer from participation, and if the athere has		Contact Information
started more than or less than 50% of the games thus tar in the season.	Agare 3. Comparison of stress provide in rank and formulas	Jassica Jochum jochumj@undy.edu

Indianapolis	om, syaney, Al S , Joonam, J, Fild , ness, F, Ol	S, PMA-CPT * University of
Background	Methods	Kesuis
Pilates is defined by Wells, Kolt, and Bialocerkowski, as a mind-body exercise that focuses on strength, core stability, flexibility, muscle control, posture, and breathing. The foundation for Pilates relies on eight	The study was a quasi-experimental model consisting of a pre-test, intervention, and post-test was used to guide data collection a quasi-experimental study design.	Upper Quarter Y-Balance Testing of both right and left limbs had a met change of 11% with a p-value of p<.001
principles: concernation, control, centering, now, precision, breath, relaxation, and stamina. For athletes, Pilates is said to be effective for reducing injury and increasing performance through increasing	Twenty-six National Collegiate Athletic Association Division II women's volleyball and soccer athletes volunteered to participate in this study, however, three	The SLLT had a mean change of 12 degrees with a p-value of p<.00 Conclusion
muscle balance, range of motion, and integration of body segments to increase the ease of movement. This allows the body to generate the maximum	athletes did not complete the study due to injury that occurred outside the intervention. Women's soccer and volleyball athletes were chosen for recruitment	5 weeks of 20 minute Pilates sessions was shown to improve
amount of force in the most efficient manner. Muscle imbalances are commonly seen in athletes because of the repetition of the same movements performed very forcefully during sport specific	based on convenience; the athletes were off-season, therefore there would not be any conflict with travel or garnes. Of the twenty-three participants that were included, 14 were soccer athletes with an average of	dynamic balance and core strength in conjunction with a strength and conditioning program.
movements. Athletes also commonly tavor one side of the body which further entrenches the muscle	athletes with an average of 10.22 years of experience	References
imbalance. This results in tissue breakdown and injury. Over time, athletes will fatigue and learn to compensate muscle groups to perform their sport specific tasks and functions. Pliates focuses on correcting imbalances and maintaining the correction through different levels of assistance and resistance.	in the sport. The age of participants was 20 ± 2 years Pretesting included an informed consent form, a thirty second plank clearing test, the Upper Quarter Y- Balance test, the Straight Leg Lowering Test (SLLT), and the Pilates perceptions questionnaire.	Wells C, Kolt GS, Bialocerkowski Defining Pilates exercise: A systematic review. Complementa Therapies in Medicine. 2012;20(4):253-62.
Pilates helps with integration of body segments for ease of movement by focusing on deeper muscle groups, kinesthetic awareness, and postural	Intervention 5 week, 20 minute Pilates sessions. Exercises were	Merrithew M. Pilates Helps Athlet Reach Full Potential. Fitness Business Canada. 2011:32-33.
Touris	determined and instructed by a certimed Pilates instructor.	Wilson D. Pilates for Rehabilitatin Athletes. Physical Therapy Products. 2008:24-27
		https://www.google.com/search7b =1366&bih=662&tbm=isch&se=1 =JubgWtm4JgGGjwS7wrmgCw&

The Influence of Bridge Employment on Roles and Routines in Older Adults

Lori Breeden, EdD, OTR, Amanda Abbott, Ashley Barber, Calliope Gray, Jamie Guangco, Kelsey Robertson, and Samantha Rush

Introduction

Methods

positions. Bridge employment can occur in either a previous career or in a different field (non-career bridge employment) commitment towards future generations by passing on skills therefore causing a greater focus on role change (Schnittker performed, can make significant adaptations in life easier to implement. For occupational therapists who work with older (Gobeski & Beehr, 2009). Reasons to continue to work past adults tend to desire a more active lifestyle after retirement. and abilities (Dendinger, Adams & Jacobson, 2016). Older 2007). Segal (2004) theorized that adding occupations or activities into a routine, or adapting the way routines are influence that bridge employment has on their roles and Older adults of the baby boomer generation are working past the traditional age of retirement employed in bridge retirement may include social, personal, financial and adults, it is important to understand the experience of continuing to work into the retirement years and the generative factors. Generativity is a concern and routines

Purpose

retirement transition and bridge employment influenced The purpose of this study was to examine how the the roles and routines of older adults.

Research Question

How does bridge employment influence the roles and routines of older adults?



Findings

"I told myself when I retired that I was not going to not do "I wanted to be in control and do things that I wanted to things, cause that was not my, that's not my make up. And I am so excited to be able to now drive my own calendar" do and things for me in a selfish way

 "We just have a bazillion options of what we want to do with our time now" "You go where your passion leads you, but if you don't like it, it isn't a 30-year commitment"

"I kind of plan things out knowing my set income"
"I worry about the stock market more"

Finances

Planning

participate in roles they did not previously have time for by allowing them to do more of what they choose Retirement offers an opportunity for older adults to (Lim & Feldman, 2003) (Wang, 2007). Exploring Options Time

support this finding of planning prior to retirement to have reliable savings during retirement. These researchers explain how individuals become savers over time and manage resources during retirement Results of a study by Schooley & Worden (2013) (Schooley & Worden, 2013).

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mplications for OT Practice

experience disruption in their roles and routines as they transition to Future studies may benefit from the examination of these individuals who valued bridge employment. Future studies could focus on how identities of older adults and assist them with the challenges of the retirement. The findings of this study can support Occupational therapy interventions that endeavor to develop the occupational importance of their daily roles and routines. Older adults can Occupational therapists working with older adults value the social relationships change in bridge employment. retirement transition and bridge employment.

Limitations

Additionally, the focus group was the limited in socioeconomic diversity Time retired and age of participants may have influenced the discussion of individuals with varying levels of experience. and were all residents of the same Midwestern city.

References

relationship to retirement attitudes, job satisfaction and occupational self-efficacy Dendinger, V., Adams, G. & Jacobson, J. (2016). Reasons for working and their of bridge employees. The International Journal of Aging and Human

> Individuals prefer to have control of their own schedule confidence, and cultivate more purposeful time spent

in order to give themselves more feelings of

Managing

types of bridge employment. Journal of Organizational Behavior, 30(3), 401-425. Lim, V. K. G. & Feldman, D. (2003). The impact of time structure and time usage Segal, R. (2004). Family routines and rituals: A context for occupational therapy on willingness to retire and accept bridge employment. International Journal of Schooley, D. K., & Worden, D. D. (2013), Accumulating and spending retiremen Schnittker, J. (2007). Look (closely) at all the lonely people: Age and the social Development, 61(1), 21-35. Gobeski, K. T. & Beehr, T. A. (2009). How retirees work: predictors of different process: Examining the longitudinal change patterns of retirees' psychological well-being. *Journal of Applied* Science. 92(2), 455-474. Wang, M. (2007). Profiling retirees in the retirement transition and adjustment assets: A behavioral finance explanation. Financial Services Review, 22(2). psychology ofsocial support. Journal of Aging and Health, 19(4), 659-682. interventions. American Journal of Occupational Therapy, 58, 499-508. Human Resource Management, 14(7). 1178-1191.

Acknowledgements

We would like to thank all of our focus group participants and Sally Wasmuth, PhD, OTR for her expertise in data analysis.

Older Adults and a Photo-Elicited Perspective on Shopping for Groceries in a Changing Community

Lori Breeden, EdD, OTR, Samantha Asencio, Matthew Branden, Evan Dunlap, Lauren Kirchner, Alessandra Planera, Alex Robinson, and Samantha Stevens

Abstract

facilitators perceived by urban dwelling older adults during grocery these included: encountering obstacles, becoming frustrated, and The purpose of this qualitative study was to examine barriers and interviews to gather information from older adults at a local senior center. The interviews were transcribed and a thematic analysis was used to examine data. Three themes emerged within the categories of community resources, transportation, and the store, identifying strategies and facilitators. These themes revealed an adaptive process that older adults experience when engaging in gentrification, these older adults encountered unique obstacles shopping. Researchers conducted photo elicitation supported and adapted in ways that were productive but not supportive of grocery shopping. In a community facing urban renewal and

Introduction

good health.

walking, driving, accessing and riding in buses, taxi cabs, or other create barriers to their ability to access food. These barriers may selecting, purchasing, and transporting items"; meal preparation occur in the local community or through the ever-changing retail as "planning, preparing, and serving well-balanced meals"; and As individuals age, physical and environmental changes may Falkmer, 2014). The third edition of the Occupational Therapy Practice Framework (2014) identifies occupations of shopping grocery experience (Fristedt, Dahl, Wretstrand, Biörklund, & community mobility as "planning and moving around in the activities of daily living. The Practice Framework describes meal preparation, and community mobility as instrumental shopping as the act of "preparing shopping lists as well as community using public or private transportation, including transportation systems" (AOTA, 2014, S19-S20).

Schultz, 1992) as a guide, this study aimed to use photo elicitation to examine barriers and facilitators perceived by urban dwelling Using the theory of occupational adaptation (OA) (Schkade & older adults during grocery shopping. OA contributed to the changes that accompany aging (Schkade & Schultz, 1992). understanding of how older adults adapt as environmental demands change, based on community revitalization, and

Research Questions

Results

- Does living in an urban environment positively or negatively affect grocery shopping for older adults?
- What barriers do urban dwelling older adults identify regarding grocery shopping in small local markets versus large supermarkets?
 - What facilitates grocery shopping for urban dwelling older adults in these same markets?

Transportation Community Resources

Encountering Obstacles

Store

- How do community resources influence urban older adults' ability to obtain food?
- What community barriers do older adults face as they navigate to their preferred food source?



followed by an identification of strategies in order to obtain their needed or When participants encountered obstacles, frustration ensued, sometimes

Encountering Obstacles

actively engaged with obstacles in varying degrees of adaptiveness. Safety strategized how to meet environmental challenges without assistance. Participants are not only passive responders to obstacles but rather, is a concern when encountering physical obstacles as older adults

grocery store-we need a grocery store in this area, 'cause if you got to valk-sometimes you can't carry groceries that way." (Participant One) 'I don't know what they are going to do for grocery stores, we need a

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Becoming Frustrated

Discussion (continued)

that is progress. I don't know. I really don't know. And I am "They got enough restaurants. Very expensive but I guess rustrated with their environmental barriers. Additionally community gentrification was a point of frustration as it affected community resources available to participants. As obstacles were encountered, older adults became

always getting 'why don't you sell your house'? And I am like no way. 'No, I am not selling my house'." (Participant Three) Participants identified solutions that could make food Identifying Strategies and Facilitators

obtainment both easier and safer. At times, participants relied on previous experiences to develop current strategies that were potentially maladaptive.

Community
 Resources
 Transportation

Store

Frustrateo Becomina

three or four pounds— ya have to lift 'em about four or five inches—and I cannot do that. Sometimes they tipped over. Now those cokes are way up there- those Pepsi's weigh Sometimes they fell out on top of me" (Participant One)

mplications for OT Practice

Transportation

Strategies and Facilitators

Store

Community

Resources

Occupational therapists have an integral role in discharge planning evaluation of clients and their community. In addition, occupational community, and promote successful participation in the occupation therapists could provide interventions and strategies that focus on for patients from a variety of settings (AOTA, 2014). They can an individual's ability to address barriers, advocate for their assist in the process of obtaining nutritious foods through of food obtainment (AOTA, 2014).

Acknowledgements

We would like to thank the participants and staff from the Southeast Senior Center and Dr. Sally Wasmuth for their support in this project.

- References American Octavitan Threap Association, (2014) Coupational threapy practice finamewic Domain and protoses (5° ed.), American Journal of Compational Threapy, 0685,001, S1, SNB, Fischell, S, David A, K, Wristand A, Bjohulu A, S Fallwar T, Oyl Charges in community motivity on compared and ensine. A 13-perior prospective study, PUSS
- OVE. 92, 14 doi:10.1511/journal.pres.0061227 State:u.K. 8. Schutz, S. (1922) Occupational Anaplation: Toward a holdisic apropeat State:u.K. 8. Schutz, S. (1924) Occupational Anaplation Theory, 46(9), Schutz, 2014.

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UIndy MOT 2016



University of Instanapolis Center for Aging & Community Udia Dubicki, MS • Ellen Miller, PhD

PROJECT GOAL

accomplished through a focus on quality of life stay residents in nursing homes (NHs). This is by implementing evidence-based strategies to potentially avoidable hospitalizations of longimprove medical care, enhance transitional The goal of OPTIMISTIC is to decrease care and support pallative care

BACKGROUND

The care of long-stay NH residents is often especially burdensome to fail older adults fragmented by hospitalizations which are and costly to the healthcare system.

OPTIMISTIC MODEL

conceived by researchers and clinicians from Indiana University, Regenstrifet Institute, and the University of Indianapolis The OPTIMISTIC model of care was Center for Aging & Community



VISION, MISSION & PRINCIPLES OF OPTIMISTIC

BUT REAL PROPERTY FORMATION

ABOUT OPTIMISTIC

(2012-2018) and Phase Two (2016-2020) Implemented in two phases: Phase One •

- Medicald Services (CMS) Innovation Center Funded by the Centers for Medicare and
 - OPTIMISTIC clinical staff are embedded .
- extensive training in geniatric as seisment and intervention, advance care planning into participating NHs. Staff receive and quality improvement.
- comparing OPTIMISTIC NHs with a blinded comparative group of NHs similar in Evaluation of the project includes characteristics

METHODS

- practitioners (NPs) were embedded into 19 avoidable hospitalizations in long-stay NH Indiana NHS to deliver a mulscomponent program designed to reduce potentially Registered nurses (RNs) and nurse residents. Phase One
 - improve care and communication, and led implemented evidence-based tools to **OPTIMISTIC RNs membred NH staft** efforts in advance care planning.
- OPTIMISTIC NPs made transition visits to perform detailed medication reconciliation. resident and family education, and review goals of care.
- and root cause analyses were performed by the OPTIMISTIC RNs. They judged whether Data was collected on all hospital transfers the hospital transfers were
- · avoidable
- potentially avoidable
- appropriate
- conducted through a CMS subcontractor In addition, an external evaluation was
 - Phase Two

Two tests payment reform by allowing NH and practitioner reimbursement for onsite With existing and additional NHs. Phase

- treatment of conditions commonly associated with hospital transfers of NH residents.

RESULTS

according to the independent evaluation Reduced avoidable hospitalizations of long-stay NH residents by 33 percent.

Phase One

- Produced a Medicare spending reduction of \$13.5 million and net savings of over \$3.4 million from 2014 to 2016.
 - Eveluators identified
- increased staff knowledge and provider communication skills
- Increased understanding of end-of-life care and POST (Physician Orders for Scope of Treatment) forms
- facility outputs changed towards treating residents in-house.
- Phase Two

Results of Phase Two are pending

CONCLUSIONS

The OPTIM STIC model of care has proven to increasing personalized care and reducing the be beneficial to NHs and residents by rate of avoidable hospitalizations. With the addition of a financially advantageous avoidable hospitalizations, saving Medicare dollars and benefiting the healthcare system's when appropriate for the resident, and prevent reimbursement model, we are lesting whether NHs will be more motivated to treat in place bottom line.

OPTIMISTIC

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Examining the Implications of Occupational Therapy to Facilitate Aging in Place Beth Ann Walker, PhD, OTR, AJ Ehrlich, Hannah Masemore, Kirsten Taft, Carolyn Tuttle, and Hannah Young

Introduction

United States Census Bureau estimates that 20 percent of Americans will be 65 years of age or older by 2030 (U.S. Census Bureau, 2009). The aging in the population of the country will place burdens on health practitioners, and fiscal resources, Individuals who are 85 years and older have increased dramatically, the number of individuals living to 96% of older adults live in their homes (Lozell, 2014) and 90% would exacerbate the need for health care services and monetary resources to address issues faced by this population. An emerging practice area for occupational therapists has become aging in place (AIP). This may be their safety and functional needs, it may be necessary for an comprehensive guide to practice using the evidence available on the use 100 have quadrupled in numbers since 2003 (Siebert, 2003). Currently, prefer to stay within their homes (Kochera, Straight, & Guterbock, 2005). As the number of older adults continues to increase at a rapid rate, it will defined as all of the services, regulations, and structures that allow older adults to interact with their communities and to stay in their homes (Partners for Livable Communities, 2001). Homes are more than just livable spaces. Home provides a sense of security and can be a great source of psychological health, self-esteem and life satisfaction (Klein, 1994). When it comes to a point that an older adult's home may not meet occupational therapist to modify the environment to allow for greater independence (Chippendale & Bear-Lehman, 2010). Occupational therapists working with the aging community may promote safe performance of occupations within homes and the community by exploring the needed resources that would allow these individuals to age in place (AOTA, 2016). Occupational therapy intervention plans should be based on available evidence to help clients reach desired outcomes (AOTA, 2014). There is a need for collective evidence which provides a of occupational therapy to support older adults aging in place. The

Objective

The purpose of this thematic synthesis was to examine the implications



Methodology

The design of this study utilized a thematic synthesis of available literature related to occupational therapy and aging in place. Researchers utilized all databases available via ERIC Ebscohost using the following search terms: occupational therapy, aging discussed, finalized, extracted, and initially coded. Codes were discussed and refined as a group until a consensus was reached. Using a constant comparative approach, codes were reviewed until themes emerged. A total of 6 themes emerged to explain the implications for practice regarding aging in place: client-centered care, autonomy, home modifications, community in place, older adults, elderly, seniors, home modifications, aging at home, and productive aging. Implications for practice were Twenty-three articles met the inclusion criteria of empirical research regarding occupational therapy and aging in place. nobility, social participation and caregiving



Discussion

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feelings about their home and independence, being mindful of the client's perceptions, habits, and routines, and using language easy to Client-Centered Care should begin with the practitioner viewing a person's home as a place of meaning, consider the older adults' understand by the client.

- modifications, and equipment should enhance self-sufficiency, provide Autonomy is a primary goal which should be threaded throughout all interactions. Clients should be involved in all meaningful decisions which thoroughly reflect the client's needs. Technical aids, a sense of security, and be introduced at an appropriate time.
- Home Modifications should be individualized, usable, cost effective, support performance, and directed to toward supporting client participation and promotion of overall well-being of the client
- Social Participation continues to be linked to quality of life and services should serve to enhance occupational engagement and prevent social isolation.
- Community Mobility can be negatively impacted without reliable and designed. It is essential for practitioners to advocate and connect safe transportation or within communities which have been poorly older adults to resources in their community to promote healthy lifestyles in the most accessible way.
- Caregiving can be extremely stressful and through collaboration, OT practitioners can enable caregivers to provide the best care possible.

Conclusion

Older adults and their caregivers want the opportunity to engage in meaningful occupations within their homes for as long as possible. It is imperative for practitioners to provide client-centered practice emphasizing autonomy. Home modifications should be carefully considered and aspects of social participation and community mobility should not be neglected. Together with caregivers, caregiver strain can be reduced, quality of life enhanced, and the person-environment fit optimized. MOT Class of 2020

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References

Beth Ann Walker, PhD, OTR, Tessa E. Edwards, Shay E. Sutton, Emily R. Woods & Katelyn M. VanDuyne Implications of Occupational Therapy Practice with Individuals Who are Experiencing Homelessness

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Introduction

Individuals of all ages and conditions can experience homelessness (Grandisson et el., 2009). A recent estimate of those experiencing nomelessness in the United States was 564,708 (The State of Homelessness in America, 2016). Circumstances such as physical and often had limited health care options (Grandisson et al., 2009; Lloyd & Bassett, 2012). Occupational therapists may have a unique role in assisting people who are homeless because of their understanding of evidence-based practice should be used to guide the direction of intervention and outcomes for patients (AOTA, 2014). However, due to domestic violence, disability, substance abuse, mental health problems, and poverty create obstacles that inhibit social and economic success, increase vulnerability, and heighten susceptibility to homelessness (Lloyd & Bassett, 2012). Those who experienced homelessness were more vulnerable to physical health problems, earlier morbidity, and most individualized needs and how to address occupational performance issues in order to provide client-centered care (Grandisson et al., 2009). According to the Occupational Therapy Practice Framework known barriers to the use of evidence-based practice including practitioner skill reviewing the literature, limited access to databases once out of school, and ability to synthesize multiple articles on a topic (Walker et al., 2016), there is a need for efforts to draw conclusions related to practice across the evidence available on occupational (OTPF), in order to provide effective occupational therapy services, therapy with individuals who are experiencing homelessness.

Objective

The purpose of this study was to conduct a thematic synthesis of the who are homeless found across the available evidence.



Methodology

To further investigate the implications of occupational therapy practice with members of the homeless population, a thematic synthesis research design was used. An inclusive database search via EBSCOhost was employed using the following research terms: homelessness, intervention and, occupational therapy. This search yielded 229 articles, of which 28 met nclusion criteria: empirical research, peer-reviewed journal, directly pertain to OT with the homeless population. Implications for practice were extracted from each article. Implications were coded and recoded until consensus was reached. Implications were also a priori coded for occupations as described within the Occupational Therapy Practice Framework (OTPF). Following a constant comparative approach and complete categorization of implications, the following themes emerged to explain the mplications for OT practice: occupation, well-being, roles and routines, comorbidity, and considerations for practice.

Findings



Findings indicated that incorporating meaningful occupations into OT practice produced successful intervention outcomes, increased Discussion

2006; Thomas et al., 2011; Illman, et al., 2013). Interventions focused on promoted a sense of physical and mental well-being and helped to advocating for the client helped self-advocating, through access to computers, transportation, and after-school programs (Heubner & occupational performance, formed new roles and routines, and ADLs, IADLs, vocational skills, and social participation helped establish client goals, enhanced independence and provided better work 2008; Malekpour, 2008). Client education and focus on leisure activities maximize learning of household tasks (Swenson Miller et al., 2005; 2012). Emphasis on meaningful family routines and personal choice into roles and routines allowed for success during intervention while gaining a better understanding of the priorities of this population (Chard, Faulkner, & Chugg, 2009; Johnson, 2006; Shultz-Krohn, 2004). Empowering and decreased social exclusion (Tryssenaar, Jones & Lee, 1999; McDonald, opportunities (Davis & Kutter, 1998; Glass et al., 2006; Boisvert et al., McDonald, 2006; Malekpour, 2008; Thomas et al., 2011; Chapleau et al., Tryssenaar, 1996; Swenson Miller et al., 2005; VanLeit, Starrett & Crowe, 2006; Malekpour, 2008). A client- centered, collaborative treatment approach allowed occupational therapists to better identify individual needs, motivating factors, and client life goals (Helfnich et al., 2009 Helfrich et al., 2010; Tryssenaar, Jones, & Lee, 1999).

Conclusion

well-being, roles and routines, comorbidity, and considerations for practice. It was determined that occupational therapists should consider the complexity of comorbidities to provide client-centered practice which focuses on client-identified meaningful and realistic occupations, well-being, and establishing healthy roles and routines within their unique context. There is a serious need for more research in this area in order for practitioners to provide credible and effective According to the empirical evidence, five themes emerged to explain the implications for practice for individuals who are homeless: interventions aimed to assist individuals who are homeless to experience a higher quality of life. occupation.

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Advocacy Empowermen

Time Use

ibstance Abuse

Establish Alternatives

Coping

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Practice Implications for Occupational Therapy with Post-9/11 Veterans with PTSD

Beth Ann Walker, PhD, OTR, Nikki Goard, Alex Herd, Brittany Price, Wintana Teffera, and Taylor Tunstall

Introduction

Since 2001, over two million military members have deployed to Iraq and Afghanistan as part of Operation Enduring Freedom (OEF) /Operation Iraqi Within just 11 months, from November 2015 to October 2016, close to 60,000 service members were injured in action. Improvised explosive devices are a major danger to deployed military members. More veterans are surviving what would have been lethal wounds in the past, due to veterans face more repeated and prolonged deployments than past veterans. Unfortunately, physical injuries and the stress and trauma of deployments make post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, substance abuse, and suicide common among veterans include driving, health management, rest and sleep, work, and paired with the symptoms of PTSD, often make it difficult for veterans to reintegrate into their communities. A successful transition from Occupational therapy can address veterans' community reintegration and occupational therapists and other healthcare professions (Sirkka, practitioners on relevant implications for practice grounded in the Freedom (OIF)/Operation New Dawn (OND). Physical and psychological injuries have been common in the OEF/OIF/OND veteran population. advances in protective gear and medical resources. These post-9/11 this group of veterans. The specific occupations most often affected for social participation. Deficits in occupational satisfaction and performance. deployment back to work, family, life, college, or other occupations and roles is vital for every veteran but especially difficult for those with PTSD. and aiding in mental and physical healing. Unfortunately, implementing new research into everyday practice is often difficult to achieve for therapy practitioners need access to a comprehensive resource which informs overall well-being by encouraging resilience, occupational engagement Zingmark, & Larsson-Lund, 2014). Thus, occupational evidence.

Objective

The purpose of this study was to explore implications for practice across the available evidence related to the practice of occupational therapy with post-9/11 veterans with PTSD.



Methodology

database search using EBSCOhost and SAGE Journals (search terms: Operation Enduring Freedom, Operation Iraqi which met the inclusion/exclusion criteria. Implications for practice were extracted from each article and coded. A constant comparative approach was used until themes emerged. Measures were taken to ensure trustworthiness. Six themes emerged to explain the implications for practice: well-being and resilience, community reintegration, occupational A thematic synthesis of implications for practice found across relevant evidence was performed following a multiple Freedom, Operation New Dawn, occupational therapy, PTSD, and veterans). Analysis was performed on 17 articles satisfaction and performance, symptom management, specific occupations, and confinuing education and certification.



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Discussion

Occupational therapists possess many skills needed to effectively treat

veterans with PTSD. It is imperative that occupational therapists use functional assessments, trauma informed care principles. Care should focus on meaningful roles, habits, and routines, stress reduction, skill development, and compensatory strategies to improve veterans resilience. Veterans struggling with community reintegration may benefit from adaptive equipment, ADL skill reinforcement, family coping strategies, and advocacy in workplaces and schools. Occupation-based interventions and a collaborative approach to therapy can help veterans achieve occupational satisfaction. Occupational therapists need to help veterans with PTSD to recover, compensate, adapt, and manage ongoing symptoms. Driving assessments and individualized interventions will ensure that veterans maintain safe community mobility. Negative factors or secondary conditions that interrupt sleep need to be identified and occupational therapists should reinforce sleep hygiene. Encouraging coping skills, stress reduction, and healthy behaviors can also improve sleep. Occupational therapists should prepare and guide veterans through the transition to student by assisting the individual in developing the skills necessary for college participation. Specific interventions found to influence veteran outcomes included: cranial electrotherapy stimulation, driving simulation and interventions, yoga, high-intensity sports such as ocean therapy, interdisciplinary residential treatment, the Restoring Effective Sleep Tranquility program, and theater-based interventions. Occupational therapists can expand their knowledge and skill to effectively meet the complex needs of veterans with PTSD through engagement with current evidence and through continued education and certification in cognitive behavioral therapy, cranial electrotherapy stimulation, yoga, trauma counseling, psychological first aid, mental health, and suicide prevention.

Conclusion

reintegration, symptom management, occupational satisfaction, and performance. Highlighted occupations included driving, sleep, and education. Occupational therapists need to actively engage in evidence-Evidence supports working toward goals related to well-being, community based practice and consider additional certifications to effectively address the complex occupational performance needs of veterans.

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Exploring the Implications for Occupational Therapy Practice in Addressing Sexuality

Beth Ann Walker, PhD, OTR, Jon-Thomas Lord, Maggie Patterson, Lauren Warner, and Bosede Fasan

Introduction

Sexuality is a major component of who we are as human beings; it lower quality of life (McGrath & Lynch, 2014), and often lead to Given the ongoing call for occupational therapy practitioners to affects how we see ourselves, others, and how we approach our and and on one's perception of themselves and their relationships, link to a experience (Cole, Chilgren, & Rosenberg, 1973). Unfortunately, for a engage in evidence-based practice and address sexuality with their clients, there is a need for a comprehensive guide to implications for relationships (MacRae, 2013). Sakellariou and Algado (2006) explained that sexuality is an important part of life and plays a major According to Dailey (1984), sexuality is complex and sexualization. A disability which may impair cognition, motor skills, cognition, sensory skills (Stranger, 2009) can have a significant impact The significance of sexual fulfillment to individuals with disabilities has been established as a high priority for their rehabilitation person with a disability, sexuality is a topic often viewed as taboo and is not being discussed by healthcare professionals at a degree comparable to client perceptions of its importance (Esmail, Darry, model and the Sexual Assessment Framework, available to assist a practitioner in addressing sexuality during rehabilitation. The profession of occupational therapy prides itself in being a practice of client centered care with a focus in meaningful occupation and reating the client in a holistic manner (Sakellariou & Algado, 2006). dissolution of intimate relationships (Esmail, Esmail & Munro, 2001) Walter & Knupp, 2010). There are several tools, such as the PLISSII in gender identity, self-esteem, social roles, consists of sensuality, intimacy, identity, reproduction, practice grounded in the evidence. behavior. Buo role

Objective

found across the available evidence related to the practice of The purpose of this study was to explore the implications for practice occupational therapy and sexuality.

Methodology

It is imperative that practitioners are comfortable when discussing

Discussion

therapy. Investigators searched for articles through EBSCOhost, a reference resource consisting of 69 databases. The comparative approach was used until themes emerged and were confirmed. Five themes emerged to explain the A thematic synthesis of literature was chosen to explore implications for practice relating to sexuality and occupational search terms sexuality and occupational therapy were used to search for articles. A total of 23 articles met inclusion criteria and included in the analysis. Articles were read and implications for practice were highlighted, confirmed, and extracted. The team also employed apriori coding for factors of the Sexual Assessment Framework. A constant implications for occupational therapy practice in addressing sexuality: level of comfort, practitioner awareness, the Sexual Assessment Framework, interventions, and curriculum design.



educate clients (McAlonan, 1996). Practitioners need to be aware of with unbiased attention (Yallop & Fitzgerald, 1997), that is free from assumptive language (Jackson, 2000). The Sexual Assessment sexuality during treatment. Practitioners need to present themselves with confidence in order to establish the trust of the client and make hem feel safe (McAlonan, 1996). The PLISSIT model is one tool for practitioners that provides a foundation for interacting with and their values and the values of their clients. Clients need to be treated Framework can be utilized to address all areas that make up sexuality (Kokesh, 2016). Outcome measures such as the Canadian Occupational Performance Measure (COPM), Quality of Sexual Function (QSF) Scale, and the Stroke Impact Scale (SIS) allow for the dentification of sexual activity barriers (Thomas, 2016). By utilizing problem solving and stress reduction as intervention strategies issues such as depression and anxiety could be addressed (Hunter, Gibson, Arbesman, & Amico 2017). Ways to increase the effectiveness of interventions include group sessions, the inclusion of gay-friendly resources, and working within interdisciplinary teams to address ssues (McAlonan, 1996; Javaherian, Christy, & Boehringer, 2008; Hunter, Gibson, Arbesman, & Amico, 2017). In order to improve practitioners ability to address sexuality topics relating to sexuality and sexual health need to be integrated throughout the pre-professional curriculum, and need to include sexuality throughout the lifespan (Helmes & Chapman, 2012; McGrath & Lynch, 2014; Lohman, Korbrin, & Wen-Pin, 2017).

Conclusion

2 -evel of comfort should not continue to serve as a barrier preventing clients from receiving occupation-based services related to the many Occupational therapists are able to use the provide high quality care. The Sexual Assessment Framework should be used as a guide to ensure that all aspects of sexuality are being addressed and interventions target specific needs identified by the client. It is also imperative that the topic of sexuality be integrated PLISSIT model to provide a client-centered safe environment aspects of sexuality.

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consistently throughout occupational therapy curriculums.

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