Abstract
Background: Falls in hospitals often cause injury, prolonged hospital stays, functional decline and increased morbidity and mortality. Elderly patients are at a high risk of falls due to muscle weakness, poor gait, sensory disturbance, medication related cognitive impairment, and basic physiologic changes. Falls are the most commonly documented accidents in the hospital setting and are a nursing related issue due to the significant amount of time that nurses spend with the patients.
Methods: The Johns Hopkins Nursing Evidence-Based Practice Model was the model used to formulate the PICO question. The Population was hospitalized patients 60 years of age and older, and new and alternative Interventions for fall prevention prevent were explored. Research and practice evidence from multiple sources was compared to current practice, and the desired Outcome was fall prevention. The following PICO question was examined, “What are methods to prevent falls in elderly hospitalized patients 60 years of age and above?” The search terms utilized were fall prevent, elderly, hospital, inpatient(s), geriatric, new methods, intervention(s), tai chi, patient(s), nursing, fall(s), vitamin D, and fear.
Results: The evidence indicates that fall rates increase patient morbidity, mortality, and financial burden despite current nursing interventions used for fall prevention. Research evidence indicates that complementary therapies are effective for reducing falls and are more cost-effective than current interventions.
Recommendations: Recommendations from this EBP project are: patient education programs; safety officers to monitor patient ambulation; use of complementary therapies, such as lavender, vitamin D, tai chi, and music-based multi-task exercise classes; and further research on the use of complementary therapies to prevent falls in elderly inpatients.
Abstract
Introduction: The results of several studies indicate an association between nursing workload and adverse outcomes of patients in the intensive care unit. There are many factors that influence the determination of nurse-to-patient ratio in various intensive care units. Common ratios are one nurse to one patient, one nurse to two patients, and one nurse to three patients. These ratios are often based on patient acuity levels which include complexity of care, preexisting conditions and the patient's health status. The adverse outcomes indicated by some previous studies warrant further exploration of nurse-to-patient ratios.

Methods: Studies evaluated were obtained from PubMed, CINAHL, EBSCOHost, Google Scholar and OVID, utilizing various search terms. These search terms included critical or intensive care unit, mortality, adverse effects, nurse-to-patient ratio, nursing workload, nurse staffing, complications, comorbidities and death. Nine studies are represented in our presentation. These studies were chosen based on their article quality, applicability, relevance to the topic and availability on the journal databases.

Results: The results of multiple studies demonstrated an increase in adverse outcomes with an increase in nursing workload. Adverse outcomes included respiratory complications, medication administration errors, bloodstream infections, and death. Higher nursing workloads were also reported to have negative impacts on the quality of nursing care and the ability to perform necessary nursing tasks.

Recommendations: Systems that determine nurse-to-patient ratios need to evolve in order to effectively match patient acuity to nursing workload. Specific complications such as respiratory infections may be prevented by the proper implementation and use of respiratory therapy. Minimum nurse staffing requirements should be established according to sufficient findings from evidence based practice. Research should be done on how to avoid inappropriate admissions to intensive care units and how to provide cost-effective nursing care. Additional research is needed to understand the complexities associated with the interactions between nurses and patients, as well as other factors affecting nurse-to-patient ratio in order to optimize patient outcomes and the quality of nursing care.
Complications of Pre-operative Smoking in Elective Surgical Patients
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Abstract
Background: Pre-operative smoking is known to have a significant negative effect on post-operative complications such as delayed wound healing and respiratory problems. There is currently no consistent timeframe for introducing pre-operative smoking cessation in elective surgical patients at York Hospital. The purpose of this project is to present the findings of an EBP project using the Johns Hopkins Model to answer the PICO question: “In adult elective surgical patients who smoke, does preoperative smoking cessation reduce post-surgical complications?”

Methods: CINAHL and Google scholar databases were searched using the terms: pre-operative smoking cessation, post op wound healing, infection in postoperative adults, and effects of smoking cessation intervention on wound healing.

Results: Sixteen articles were found including eight level I, six level III and two level V. The evidence shows that smoking cessation a minimum of four weeks prior to elective surgery reduces risk of post-op complications. Each additional week of smoking cessation further decreases complications postoperatively.

Conclusions & Recommendations: Smoking cessation preoperatively should begin at a minimum of four weeks prior to elective surgery. Nurses are encouraged to instruct patients to stop smoking four weeks before surgery and prior to surgery, instruct patients to increase physical activity and make diet modifications. Smoking cessation is most successful when the patient has the support of a smoking cessation counselor or friends and family.
Abstract
The United States health care system stands alone in its uniqueness compared to other industrialized nations. Unlike other developed nations, the United States does not provide universal healthcare coverage to its citizens. America relies primarily on private health insurance; allowing for protection against the high cost of illness. Due to the economic recession, many Americans cannot afford to pay for private health insurance. Contemporary nursing research is reviewing the question, “Is there a difference in patient outcomes for the critically ill depending upon whether or not they have private health insurance?” By using the Johns Hopkins Nursing Evidence Based Practice (JHNEBP) Model, six articles (Level III and IV) were reviewed and summarized. After reviewing all the evidence, it is apparent there are poorer patient outcomes, more specifically death in the critically ill, if the patient does not have private health insurance. Current recommendations of the studies include supporting The Patient Protection and Affordable Care Act (Lyon et al, 2011), which will take effect in 2014, and will enable uninsured individuals to have access to medical insurance. This provision can also improve preventative care and overall patient outcomes.