

## NK3b – RESEARCH

### NURSING COMPREHENSION OF THE BRADEN SCALE AND ITS SUBSCALES

*Provide two examples, with supporting evidence, of how clinical nurses disseminated the organization's completed nursing research study to internal audiences.*

**Note:**

- *Internal audience includes individuals employed by the applicant organization.*
- *The two examples provided must use different nursing research studies.*
- *The nursing research studies must be on the Nursing Research Table.*

#### **Completed Nursing Research Study**

*Nursing Comprehension of the Braden Scale and Its Subscales: Applying Specific Interventions Based on the Subscale Scores*

Pressure injuries are costly to hospitals and have a negative impact on patient outcomes. Despite the use of validated tools that describe pressure injury risk such as the Braden Scale, the incidence of pressure injuries remains high. Studies have shown that Braden Scale subscale scores should be considered when planning care, however a discrepancy exists between understanding the importance of subscale-specific interventions and implementation. This study aimed to test the ability of an educational intervention tailored to specific interventions based on the subscales of the Braden Scale to improve knowledge among nurses.

In 2021, principal investigators Natalie Voigt, PhD, MSN, RN, joint-appointed nurse scientist, Columbia University School of Nursing, and Lindsey Stevens, BSN, RN, CWOON (clinical nurse), NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia), obtained Institutional Review Board (IRB) approval for the prospective, quasi-experimental single group design study.

After obtaining consent, 35 clinical nurses in the Neuro Surgery (8HS-605158) [8HS] Unit at NYP/Columbia completed a pre-intervention case study survey via Qualtrics.

The participants were required to identify the correct intervention for a specific subscale. They then attended an educational teaching session (intervention) using a poster derived from current literature as a visual tool. The poster included the definition and corresponding interventions of the six subscales: Sensory Perception, Moisture, Activity, Nutrition, Mobility, and Friction and Shear. The participants completed two post-intervention surveys via Qualtrics, one after the educational session and a second survey two months later to ascertain retention.

Data analysis compared pre-survey scores to post-survey scores. Nursing comprehension from the pre-intervention survey (T1 Mean=5.57) to the post-intervention surveys (T2 Mean=6.34, T3 Mean = 6.42) improved (p-value = .031). Upon analysis of individual questions, two of the subscales showed significant improvements: moisture and friction and shear.

- For moisture, many nurses improved on the test after the educational intervention by being able to pinpoint the source of moisture on the patient and addressing it. However, there were still a number of nurses who chose “using moisture barrier cream on the patient,” despite the patient being described as continent. A reason for participants choosing this answer instead could include not paying attention to the scenario and choosing the answer that reflects what is used most often on the unit, i.e., applying moisture barrier cream to incontinent patients.
- For friction and shear, in the pre-test most participants chose “switch sides patient is lying on every two hours.” By the last post-test, this number decreased dramatically and most chose the correct answer of “using a TAP (turn and position system) for repositioning.” Based on the trend of these answers, it seemed that the participants were unaware of the benefits of the TAP system that is used daily on the unit to reduce friction/shearing when pulling patients up in bed.
- The sensory perception correct answer was not significant due to the majority of participants choosing “reposition the patient in bed.” This choice is generic and doesn’t address the patient's sensory perception issues. Though this is an important component in pressure injury prevention, it is not the only intervention that nurses should perform. Despite education on the subject, participants still chose the answers that revolved around repositioning the patient. More work is needed to educate nurses on multiple interventions working simultaneously in order to prevent pressure injuries.

Ms. Stevens concluded that similar to prior studies an educational intervention will increase nursing knowledge of Braden Scale subscale-specific interventions.

## **Clinical Nurses Disseminate Research Internally**

On December 9, 2022, Ms. Stevens presented the study, “Nursing Comprehension of the Braden Scale and Its Subscales,” (previously titled, “Nursing Comprehension of the Braden Scale and Its Subscales: Applying Specific Interventions Based on the Subscale Scores”) at the NYP/Columbia Academic-Practice Research Fellowship Graduation Celebration. The event was attended by invited faculty, students of the Columbia University School of Nursing as well as leaders and clinical nurses from NYP/Columbia. [NK3b.1—Academic-Practice Fellowship Graduation Celebration Flyer and Schedule of Events](#)

On August 2, 2023, Ms. Stevens disseminated the research study, “Improving the Use of Subscale-Specific Interventions of the Braden Scale among Nurses” (previously titled, “Nursing Comprehension of the Braden Scale and Its subscales: Applying Specific Interventions Based on the Subscale Scores”) at the NYP/Columbia Nursing Research and Evidence-Based Practice Council meeting, which had 10 nurses in attendance. The meeting minutes were later circulated to the remaining members who were unable attend the meeting. [NK3b.2—Nursing Research and EBP Council Presentation](#); [NK3b.3—Nursing Research and EBP Council Minutes and Attendance](#)

**ACADEMIC – PRACTICE RESEARCH FELLOWSHIP:**

**A CELEBRATION OF**  
**GRADUATING FELLOWS**

Learn about the exciting research being conducted by the Academic-Practice Research Fellows at New York-Presbyterian under the mentorship of faculty at Columbia University School of Nursing

**Date: Friday, December 9, 2022**  
**Time: 2:00 pm – 3:30 pm EST**  
**Location: Zoom (Link to follow)**

**Graduating Fellows:**

**Narda Carrión-Hernández, CCRN, BSN**

Title: Pain Management of End-of-Life Patients in the Progressive Care Unit during COVID-19

**Seon Mi Jeong, MN, RN, APRN, NNP-BC, VA-BC**

Title: Impact of Cyanoacrylate Glue on PICC Line Dressings in the Neonatal ICU

**Lindsey Stevens BSN, RN, WCCN**

Title: Nursing Comprehension of the Braden Scale and its Subscales

**Christine Yany, RN, BSN, CHPN**

Title: Perception of Cancer Information by English and Spanish Speaking Patients

## Academic-Practice Fellowship Graduation Celebration

### Schedule of Events

December 9, 2022

2pm-3:30pm

Zoom

### Schedule of Events

Topic	Speaker	Time
Opening remarks & welcome	Reynaldo Rivera Elizabeth Corwin	2-2:10pm
Fellow presentations (12 minutes each)	<b>Lindsey Stevens BSN, RN, WCCN</b> NYP/Columbia University Irving Medical Center	2:11-2:23pm
	<b>Seon Mi Jeong, MN, RN, APRN, NNP-BC, VA-BC</b> NYP/Morgan Stanley Children's Hospital (Pre-recorded presentation)	2:24-2:36pm
	<b>Narda Carrión-Hernández, CCRN, BSN</b> NYP/Columbia University Irving Medical Center	2:37-2:49pm
	<b>Christine Yany, RN, BSN, CHPN</b> NYP/Columbia University Irving Medical Center	2:50-3:02pm
Q & A	Moderator: Kasey Jackman	3:03-3:13pm
Introduce new cohort of fellows	First-year Fellows to introduce self, where they work, topic of their study, name of their mentor(s)	3:14-3:19pm
Closing remarks	Bernadette Khan Lorraine Frazier	3:20-3:30pm

# Improving the Use of Subscale-Specific Interventions of the Braden Scale Among Nurses

Lindsey Stevens, BSN, RN, CWOCN  
Academic Practice Research Fellow  
August 2, 2023

# *Background*

- Pressure Injuries (PI's) are injuries to the skin that typically occur over a bony prominence [1].
- Create longer lengths of stay (LOS), which leads to hospital-acquired infections & increased mortality [1].
- 2.5 million patient per year = \$3.3 to \$11 billion annually [2].

# *Background*

- Braden Scale is a tool that predicts a patient's risk of developing a pressure injury [3].
- Patient receives total score that determines their risk for pressure injury development
- 6 subscales play an important role - sensory perception, moisture, activity, mobility, nutrition, friction & shear [3].

# *Background*

- Subscale ratings are independent predictors of PI risk & interventions based on subscale scores may be the best way to prevent PI's [4].
- However, nurses do not implement specific strategies based on subscale scores [5].
- Nurses have knowledge of how to score patients on Braden Scale but have lack of understanding of how to carry out subscale-specific interventions [6].
- Purpose: to increase nursing knowledge of the Braden Scale subscales and apply appropriate interventions based on subscale scores.

# *Research Question*

Does education tailored to Braden Scale subscale-specific interventions improve nursing comprehension both immediately after and two months post education?

# *Methods*

- Design
  - Prospective, quasi-experimental, single group, pre-test, post-test study
- Setting
  - Medical-Surgical/Neurosurgery Stepdown unit (8 Hudson South)
- Inclusion Criteria
  - Full & part-time RN's employed on unit. Day & night shift
- Exclusion Criteria
  - LPN's or those not employed full or part-time (per diem, floats, travel nurses)
- Columbia IRB Approval #AAAT6848

# *Methods*

- Informed consent obtained (38 obtained, 35 completed)
- Participants sent case study survey via Qualtrics (6 Braden scale items, 6 subscale specific intervention items)
  - Braden Scale Items = Actual Braden Scale
  - Subscale Specific Items = Choosing correct intervention for that specific subscale. Created using current literature as guide.
- Participants attended educational teaching session (intervention) using poster as visual tool
- Participants completed 2nd survey via Qualtrics
- Participants completed 3rd survey 2 months post intervention

# *Case Study*

Please read the following case study:

Ms. Smith is a 68-year-old woman admitted to your unit post resection of a brain tumor. She has a PMH of DMII, HTN, HLD, diabetic peripheral neuropathy, and obesity. She has an ascending colostomy that was placed in 2019 after complications of a large bowel obstruction. She is post-op day 4 and has been bedrest since the surgery. She has worked with PT daily, and has been unable to stand at the bedside for longer than 10 seconds. She is continent and has been using the bedpan to urinate with the help of two people to help her turn. Her colostomy has been an issue for the nurses – they are unable to obtain a good seal around the stoma and it has been leaking intermittently. She has a fair appetite and will sometimes skip meals, but likes to drink ensures when they come on her tray.

# *Survey 'Subscale Specific Intervention Items' Example*

7. Based on Ms. Smith's sensory perception score, which intervention would be most appropriate?

- A. No intervention needed
- B. Examine patient's feet daily**
- C. Reposition her in bed every 2 hours
- D. Use a pillow under heels of feet

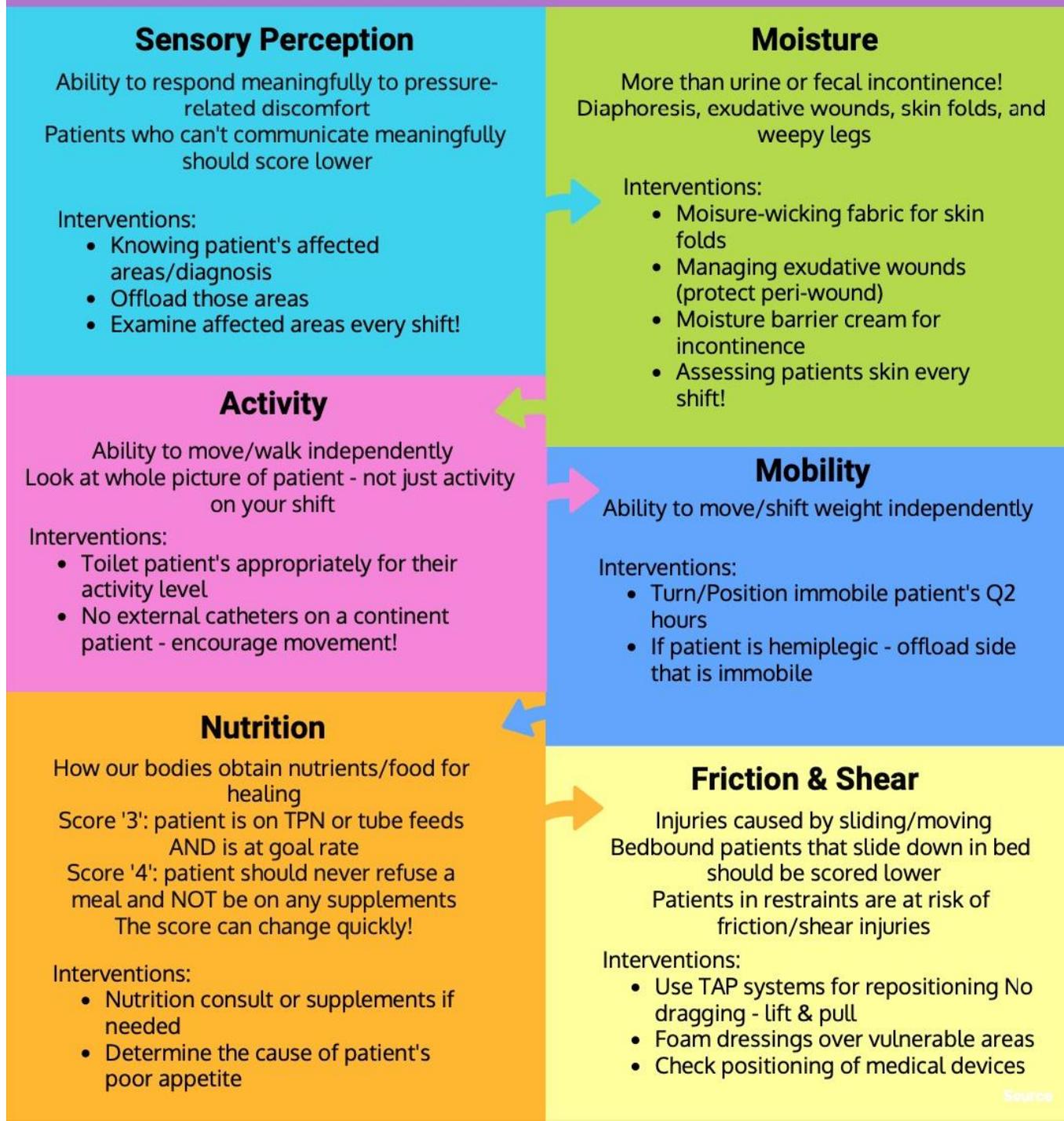
8. Based on Ms. Smith's moisture score, which intervention would be the most appropriate?

- A. Have MD order WOC consult**
- B. Use moisture barrier cream when changing patient
- C. Use moisture-wicking fabric under skin folds
- D. No intervention needed

9. Based on Ms. Smith's activity score, which intervention would be the most appropriate?

- A. Place foam dressings over bony prominences
- B. No intervention needed
- C. Encourage patient's independence**
- D. Use heel floating devices

*Poster utilized as educational intervention*



\*Created using current literature as a guide

# *Data Analysis*

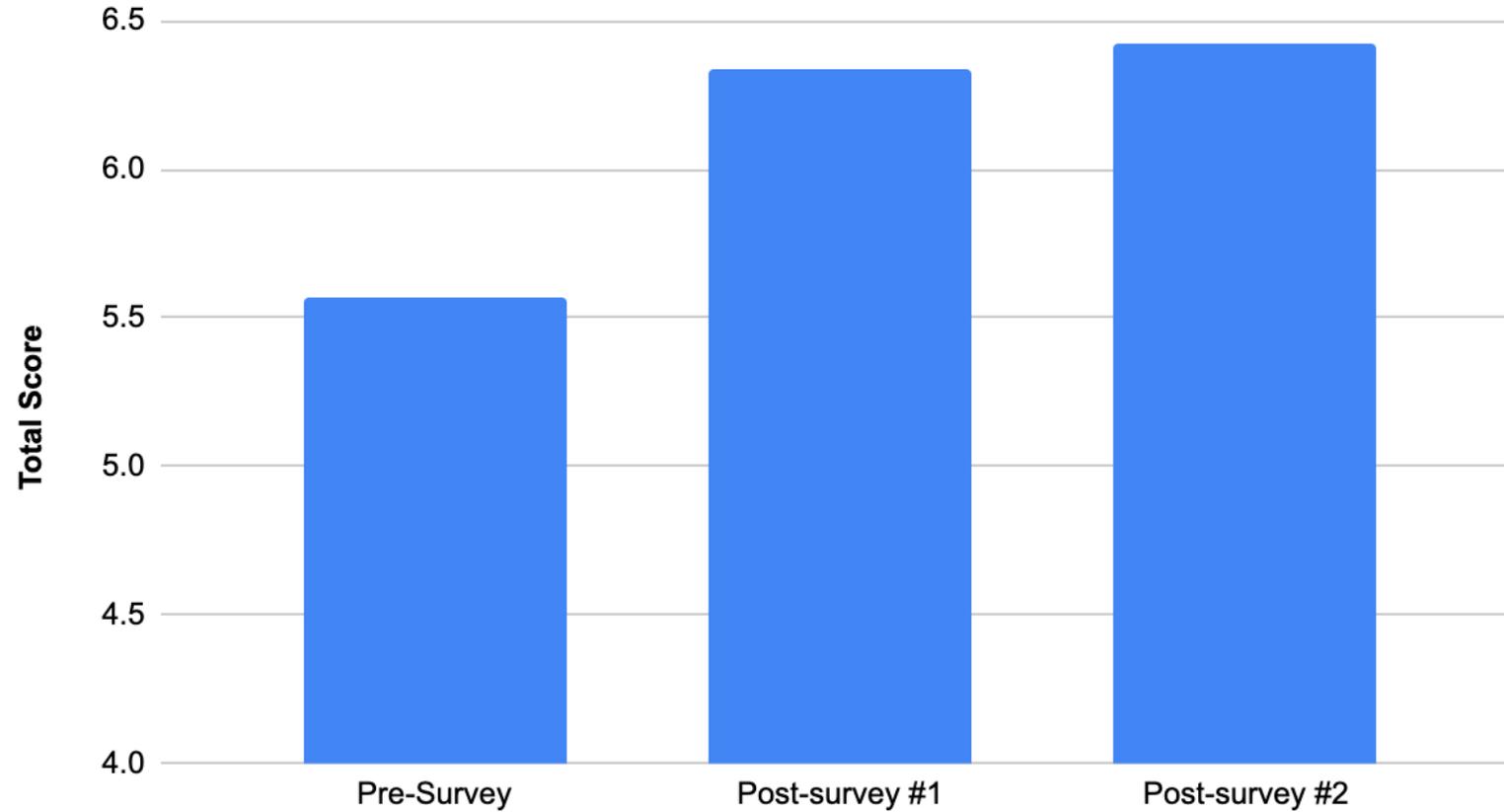
- Descriptive Statistics
  - To categorize the study sample for continuous and categorical variables
- Friedman Test
  - Comparisons of cumulative scores across all 3 surveys
  - Comparisons of Braden scale items (Questions 1-6) on surveys
- McNemar Test
  - Comparisons of subscale-specific intervention items (Questions 7-12) on surveys

# Participant Demographics

Characteristic	n = 35
<b>Age</b>	
<30 years	18 (51.4%) ★
31-40 years	7 (20.0%)
41-50 years	5 (14.2%)
51+ years	5 (14.2%)
<b>Level of Education</b>	
Bachelor's	30 (85.7%)
Master's	4 (11.4%)
Doctorate	1 (2.9%)
<b>Years worked as a nurse</b>	
0-3 years	16 (45.7%) ★
3-5 years	7 (20.0%)
5-10 years	4 (11.4%)
10-20 years	4 (11.4%)
20+ years	4 (11.4%)
<b>Years worked on unit</b>	
0-3 years	21 (60.0%) ★
3-5 years	5 (14.3%)
5-10 years	2 (5.7%)
10-20 years	4 (11.4%)
20+ years	3 (8.6%)
<b>Level of comfort using Braden Scale</b>	
Not at all comfortable	0 (0.0%)
Somewhat comfortable	14 (40.0%)
Very comfortable	21 (60.0%)
<b>Level of comfort treating pressure injuries</b>	
Not at all comfortable	2 (5.7%)
Somewhat comfortable	21 (60.0%)
Very comfortable	12 (34.3%)

# *Results*

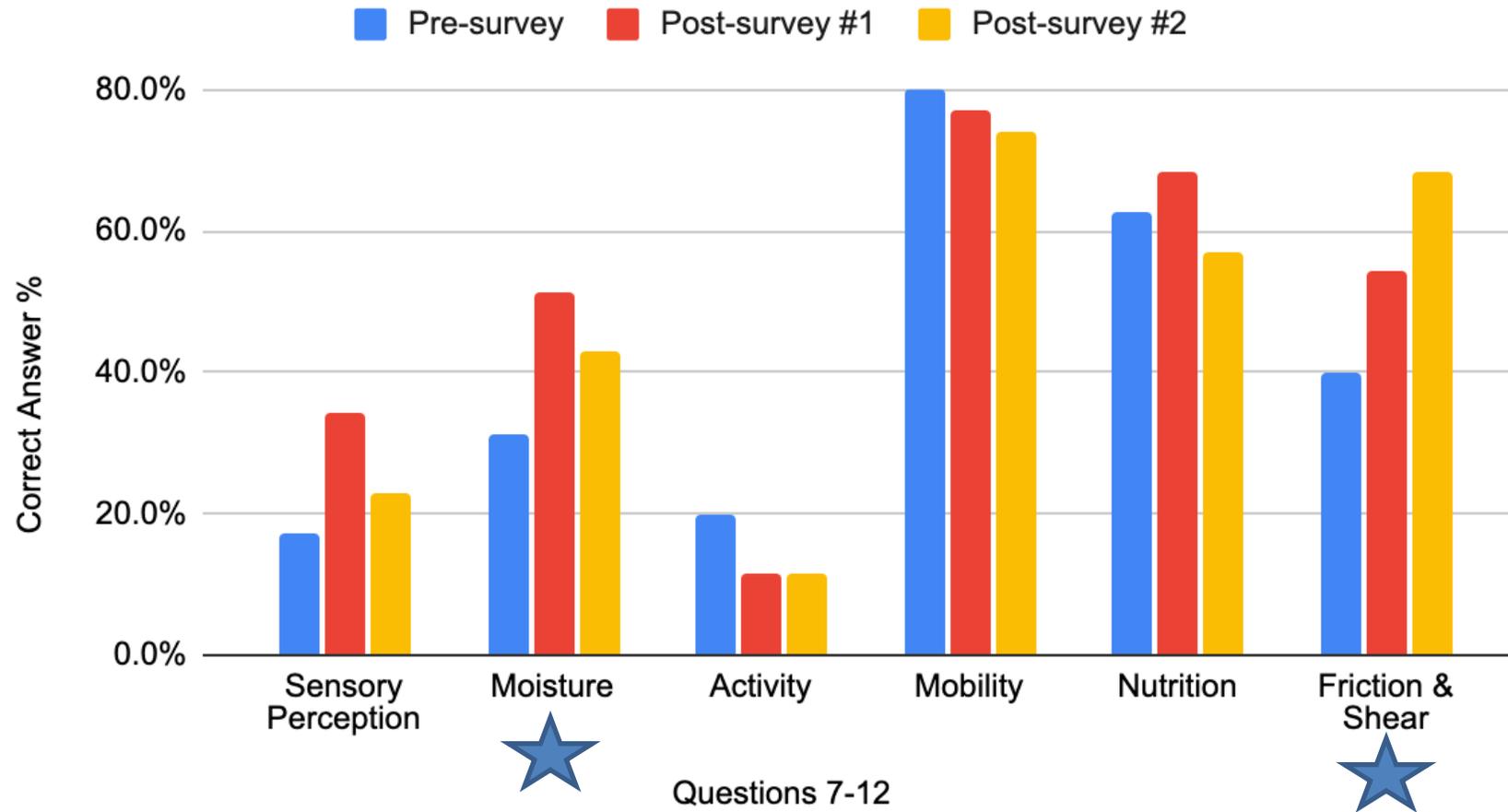
## Cumulative Scores



\*Cumulative scores on each survey did improve over time

# Results

## Subscale-Specific Intervention Items



\*Shows the percentage of participants that got each subscale question on the survey correct across all three time points. Moisture and Friction and Shear were significant.

# *Discussion*

- Past studies have shown that an educational intervention on PI prevention will increase nursing knowledge [7].
- Results similar to this - showed that an educational intervention will increase nursing knowledge of Braden Scale subscale-specific interventions.

# *Discussion*

- 60% of participants worked on unit < 3 years and 51.4% were < 30 years old
- Age and time on unit had no impact on survey scores
- Scores varied greatly

# *Discussion*

- Cumulative scores improved from pre-intervention survey to 2-month post-intervention survey
- These scores better than pre-intervention to 1st post-intervention
  - Shows participants had time to implement knowledge into practice

# *Discussion*

- 2 subscales showed significant improvement between surveys
  - Moisture (improvement shown, but 'moisture barrier cream' still chosen)
    - Could be due to participants not paying attention to scenario and choosing intervention most often done in everyday practice
  - Friction & Shear (education on TAP system effective) [8].
- Sensory Perception subscale
  - Majority chose nonspecific intervention of 'reposition patient in bed'
  - Doesn't address the subscale
  - Answers chosen that revolved around this theme – large part of PI prevention, not only intervention
    - More work needed in this area; nurses need to change their thinking around this

# *Nursing Implications*

- Nurses need to be careful about interventions chosen and ensure it is specific to the patient
  - Avoid nonspecific interventions - those found in this study include:
    - Moisture barrier cream, turning and positioning, repositioning patient
- Turning and positioning is a large part of PI prevention, but not the only intervention
  - More frequent education is key to change thinking about PI prevention

# *Limitations*

- Small sample size
- Focused on one unit
  - Need larger sample size with more diverse population
- Solely focused on pre/post-test scores
  - Future research needed to see if education translates into reduced PI incidence
- Intervention completed during change of shift huddles
  - Nurses tired/less willing to actively participate

# *Strengths*

- Appropriate statistical analysis to detect knowledge retention over time
- Surveys spaced out over time – created less potential burden on participants

# *Dissemination*

- NYP Nursing Research Symposium Presentation
- Submit to a journal:
  - The Journal of Continuing Education in Nursing

# *Thank You*

- Natalie Voigt PhD, MSN, RN
- Jianfang Liu, PhD
- Ray Gannon, PhD, MSN, AGPCNP-BC
- Kasey Jackman PhD, RN, PMHNP-BC
- Rey Rivera DNP, RN, NEA-BC, FAAN
  
- Questions?
  - [Lis9150@nyp.org](mailto:Lis9150@nyp.org)

# References

- [1] Mondragon, N., & Zito, P. M. (2022). Pressure Injury. In *StatPearls*. <https://www.ncbi.nlm.nih.gov/pubmed/32491791>
- [2] Padula, W. V., & Delarmente, B. A. (2019). The national cost of hospital-acquired pressure injuries in the United States. *Int Wound J*, 16(3), 634-640. <https://doi.org/10.1111/iwj.13071>
- [3] Bergstrom, N., Braden, B. J., Laguzza, A., & Holman, V. (1987). The Braden Scale for Predicting Pressure Sore Risk. *Nursing research*, 36(4), 205–210.
- [4] Lim, E., Mordiffi, Z., Chew, H.S.J., Lopez, V. (2018). Using the Braden subscales to assess risk of pressure injuries in adult patients: A retrospective case-control study. *International Wound Journal* 16, 665-673. <https://doi.org/https://doi.org/10.1111/iwj.13078>
- [5] Gadd, M. M. (2014). Braden Scale cumulative score versus subscale scores: are we missing opportunities for pressure ulcer prevention? *J Wound Ostomy Continence Nurs*, 41(1), 86-89. <https://doi.org/10.1097/01.WON.0000438017.83110.6c>
- [6] Gadd, M. M., & Morris, S. M. (2014). Use of the Braden Scale for pressure ulcer risk assessment in a community hospital setting: the role of total score and individual subscale scores in triggering preventive interventions. *J Wound Ostomy Continence Nurs*, 41(6), 535-538. <https://doi.org/10.1097/WON.0000000000000066>
- [7] Henry, M. (2019). Nursing Education Program for Hospital-Acquired Pressure Injury Prevention in Adult Acute Care Setting: A Quality Improvement Project. *J Wound Ostomy Continence Nurs*, 46(2), 161-164. <https://doi.org/10.1097/WON.0000000000000511>
- [8] Edger, M. (2017). Effect of a Patient-Repositioning Device in an Intensive Care Unit On Hospital-Acquired Pressure Injury Occurrences and Cost: A Before-After Study. *J Wound Ostomy Continence Nurs*, 44(3), 236-240. <https://doi.org/10.1097/WON.0000000000000328>

**NEW YORK PRESBYTERIAN HOSPITAL**  
**NYP/CU Nursing Research and EBP Committee Meeting Minutes**

**August 2, 2023**

**8:00am-8:30am**

**Location: Zoom**

<https://nyph.zoom.us/j/99689898805?pwd=TmNQcERuUktKN2RMdU9LMkQya1BKQT09>

**Meeting ID:** 996 8989 880

**Passcode:** 393134 **Phone Number:** +12122258997 US

TOPIC/ACTION ITEM	DISCUSSION	DECISION	FOLLOW-UP DATE & RESPONSIBLE PERSON
<p>The meeting was called to order at 8:00am by Uvannie Enriquez.</p> <p>Quorum*</p> <p>Minutes</p>	<p>A quorum was present.</p> <p>Meeting minutes of June submitted.</p>		<p>N/A</p>
<p><b>Announcements:</b></p>	<p>Open Positions: Co-chair, Secretary</p> <p>Upcoming Events:</p> <ul style="list-style-type: none"> <li>• Survey going out to current members about future topics and structure of meetings.</li> <li>• Pre-select units to present on possible research, quality improvement, or EBP projects in their unit to allow committee members to offer assistance and feedback</li> </ul>	<p>Informational</p>	
<p><b>MEETING TOPIC</b></p>	<ul style="list-style-type: none"> <li>• Lindsey Stevens, BSN, RN, CWOCN presented her study on "Improving the use of subscale-specific interventions of the Braden Scale (BS) among nurses" (slides attached).</li> </ul>	<p>Informational</p>	

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	<ul style="list-style-type: none"> <li>○ Aim: To test the ability of an educational intervention tailored to specific interventions based on the subscales of the BS to improve knowledge among nurses.</li> <li>○ Methods: Prospective, quasi-experimental single group design where nurses (n=35) from a neurosurgery stepdown unit in a large teaching hospital completed a pre-intervention survey, attended an educational presentation, and then completed a post-intervention survey and a 2-month post intervention survey in 2022.</li> <li>○ Results: Data analysis compared pre-survey scores to post-survey scores. Nursing comprehension from the pre-intervention survey (T1 Mean=5.57) to the post-intervention surveys (T2 Mean=6.34, T3 Mean = 6.42) improved (p-value = .031).</li> <li>○ Conclusion: Nurses demonstrated increased comprehension following the educational intervention from T1 to T3.</li> </ul>		
<b>Leadership</b>	<ul style="list-style-type: none"> <li>● Co-chair position is open.</li> <li>● Secretary position is open.</li> </ul>	Reach out to Amanda if interested in either position.	
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>● The meeting was adjourned early to allow everyone to participate in the coaching tracer for Health Equity Certification by the Joint Commission, which was underway.</li> </ul>		Next meeting is scheduled on Sept. 6, 2023 at 8am-9am.

**RECORDER: Uvannie Enriquez**

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MINUTES REVIEWED/APPROVED BY: \_\_\_\_\_ Chair DATE: \_\_\_\_\_

Quorum\* – a majority of all members

Reference: DeVries, M. A. 1998. The New Robert’s Rules of Order. Second Edition, New York: Signet Publications.

**ATTENDANCE/MEMBERSHIP**

**LEGEND: P – PRESENT/E- EXCUSED/A-ABSENT/ [Grey Box] -no meeting held**

Name/Credentials – example: BSN, MSN, DNP, RN, Certification	Email	Title	Unit	Ja n	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Amanda Coutain BSN, RN	amc9167@nyp.org	Chair	6HN	[Grey Box]	P	P	P	P	P	[Grey Box]	E				
Richard Grunke BSN, RN	rig9069@nyp.org	Secretary	CTICU	[Grey Box]	E	P	E	E	E	[Grey Box]					
Anesha L. Narain BSN, RN	aln9056@nyp.org	Immediate Past Chair, CN1	CTICU	[Grey Box]	E	E	E	E	E	[Grey Box]					
Kasey Jackman PhD, RN, PMHNP-BC	kej2105@cumc.colu mbia.edu	Nurse Scientist	NYP/ CU	[Grey Box]	P	P	P	P	P	[Grey Box]	P				

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 PREPARED PURSUANT TO, AND PROTECTED UNDER, NEW YORK PUBLIC HEALTH LAW SECTION 2805-m  
 AND NEW YORK EDUCATION LAW SECTION 6527  
DO NOT CIRCULATE OR DUPLICATE

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Jessica O'Brien MS, RN, AGCNS-BC, PCCN	Jeo9024@nyp.org	Executive sponsor/ DON	NYP		P	E	E	E	E						
Alla Sandler BSN, RN	sandler@nyp.org	CN1	9GS		P		P	P	P		P				
Anna Genes, BSN, RN	ang7046@nyp.org	CN1	8HN		P	P		P	P		P				
Caress Pachlin BSN, RN-BC, OCN	ccg9005@nyp.org	CN3	HIP-9		P	P	P	P	P		P				
Claudia Charles BSN, RN	clc9109@nyp.org	CN1	8HS		P		P	P	P		P				
Jessica Klein, BSN, RN	Jek9138@nyp.org	CN1	7HS		P		P								
Kristen Kolb, BSN, RN	Krk9039@nyp.org	CN1	9GN		P		P								
Kyle Gault BSN, RN, CNN, QIA(ASCP)	kdg9005@nyp.org	CN3	Apheresis		P	P		P							
Merlin Koppa BSN, RN	mek9075@nyp.org	CN3	CTICU		P			P							
Patrick Ryan, MA, MS, RN, NP-C, CNS, CWCN- AP, CWOCN, CCRN	par9011@nyp.org	CN5, CNS	MICU/m edicine		P	P	P	P							
Rashida Farokhi, BSN, RN	hhu9001@nyp.org	SN	8HN		P	P									
Rhoda Redulla, DNP, RN, NPD-BC, FAAN	rhr9008@nyp.org	DON	NYP		P	P	P	P							

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Sheila Geotina	shg9042@nyp.org	CN3	MICU		P		P								
Uvannie Enriquez, MPA, BSN, RN, NEA- BC	uve9001@nyp.org	Magnet Program Director	NYP/CU		E	E	E	P	P		P				
Vanessa Delos Reyes, MSN, RN, CNRN	vjt9001@nyp.org	PCD	6GS		P				P						
Yinghua Cao	yic9012@nyp.org	CN3	6GS		P	P	P		P		P				
Vincy Mathew	vim9008@nyp.org	CN1	4HN		P		P								
Vepuka E. Kauari DNP, RN, CEN	kaueive@nyp.org	ED DON	NYP/CU		E	E	E	E							
Arlene Calora, BSN, RN	arc9028@nyp.org	CN3	6GS						P						
Brandon DeJesus, BSN, RN	xvu9001@nyp.org	CN1	MICU						P						
Camila Recalde, BSN, RN	car9185@nyp.org	SN	8HN						P						
Christine DeForge MPhil, MSN, RN	chd9084@nyp.org	PD SN	MICU				P	P	P		P				
Cyre Richards, BSN, RN	cyr9026@nyp.org	CN1	6HN						P						
Desiree Ortiz Sosa, BSN, RN	zie9001@nyp.org	CN1	8HS						P						
Gleyri Meinen, BSN, RN	gls9021@nyp.org	CN3	PCU						P						

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**Meeting ID:** 996 8989 880

**Passcode:** 393134 **Phone Number:** +12122258997 US

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