



AAPINA

ASIAN AMERICAN / PACIFIC ISLANDER NURSES ASSOCIATION, INC.

Organization identifying the health care needs of Asian Americans / Pacific Islanders

Fall/Winter Issue
 December 2016
 Volume 16 Number 2

Table of Contents

PRESIDENT'S MESSAGE	Page 1
FROM THE EDITORS' DESK	Page 2
GERO SECTION	Page 2
IN MEMORY OF DR. DUCK-HEE KANG	Page 4
ARTS AND SCIENCES	Page 4
AAPINA CONFERENCE	Page 5
ANA NEWS	Page 5
MEMBER NEWS.....	Page 6

President's Message: Patricia T. Alpert, DrPH, MSN, APN, FNP, PNP, FAANP, CNE

The Executive Council is working on several initiatives which I will discuss in this issue. We are refining our strategic plan and hope to approve the final draft in November and emailed to the membership for review by early January 2017. Please remember to check your email after the holidays. If you are unable to attend the Membership meeting during the annual conference in March, you can email your comments to the EC using the requested due date.

The 2017 AAPINA conference will be held in Honolulu, Hawaii, March 24-26 at the UHM Campus Center, University of Hawaii at Manoa. Early registration is now open at www.aapina.org. The conference theme is: "**East meets West in global health nursing research, practice and education**". The program committee is finalizing the program schedule that includes opportunities for networking and exchange of ideas about global health initiatives.

More good news.....the Okura Foundation approved a one year no-cost extension to our grant to mentor Asians and Pacific Islander (API) nurses for active leadership roles in psycho-mental health. Over the past three years, we provided opportunities for expert psych-mental health nurse members to mentor junior psych-mental health nurses for leadership roles in this health care specialty. We are looking for a cohort of mentees If you are a psych-mental health nurse who is interested in being a mentor or mentee, please visit www.aapina.org for more information/ application.

Finally, our Executive Council has committed to increase membership and open more leadership opportunities. To meet this goal, we encourage you to form local AAPINA chapters in your communities to impact professional practice and healthcare that are meaningful to the group. As a Founding member of the chapter, you can experience a leadership role. We have one chapter in Hawaii started in 2015 by several Hawaii/AAPINA members and the Nevada/AAPINA members are now considering a chapter. In closing, API leaders in nursing are critically needed; motivation and

initiative differentiates a leader from a follower! The Council and I look forward to your ideas to meet this challenge and to connect with you in Hawaii. ☺

Patricia T. Alpert



From THE EDITOR' DESK

Co-Editors: Yu-Ping Chang, PhD, RN, FGSA and Melen McBride, PhD, RN, FGSA

We hope you all had a wonderful Thanksgiving break!

This issue covers several timely topics including “Clots after childbirth four times more common with C-sections”, “Delirium Screening & Management in the Inpatient Setting” by Dr. Jenice Guzman, and “ANA Leadership Institute’s Your Road Map to Success: Seven Things You Should Know to Become an Effective Nurse Manager.”

In September 2016, we were sad to learn about Dr. Duck-Hee Kang’s passing. Dr. Kang was a strong supporter of AAPINA and a mentor for many AAPINA members. The article “In memory of Dr. Kang” by Dr. Jing Wang describes Dr. Kang’s achievements and her significant contributions to nursing science and education.

Finally, the last article by President Elect Dr. Alona Angosta and Conference Chair Dr. Merle Kataoka-Yahiro features AAPINA’s 14th annual national conference “East Meets West in Global Health Nursing Research, Practice, and Leadership”. We look forward to meeting both new and returning members at the conference on March 24 -26, 2017 in Honolulu, Hawaii. More details regarding conference registration, accommodations, and other relevant information can be found at <http://aapina.org/aapinas-2017-conference/> Please join us for this wonderful annual event and remember to register early to attend the conference.

We hope you’ll find this issue informative reading. *Happy Holidays!*



Yu-Ping and Melen

GERO SECTION: Delirium Screening & Management in the Inpatient Setting

Jenice Guzman, PhD, RN

Delirium is a common syndrome in geriatric patients associated with acute changes in attention, awareness and other cognitive functions due to a “direct physiological consequence” of a new medical condition(s).¹ It is often found in inpatient settings. The incidence varies and depends on the inpatient population: 66-75% in the ICU (7 out of 10 ventilator patients), 20-30% in medical-surgical units, and 10-50% in post-surgical patients.^{2,3,4} Risk factors include: dementia, depression, infection/sepsis, and/or heart failure; age 85+; sensory impairment; high risk medications; and recent surgery (hip or heart surgery).^{2,3,4}

Symptoms may be intermittent, caused by impairments such as anoxia, chemical changes, infections, medication side effects, and pain.² Symptoms can be hypoactive, hyperactive, or mixed.² Most nurses recognize hyperactive symptoms because they are patients at high risk for falls, pull intravenous lines or catheters, and/or get agitated or aggressive. Patients with hypoactive delirium (e.g., quiet/compliant patient who sleeps all day), are often thought of as “good patients” who require less attention. Both types of delirium are significant issues because they are associated with longer hospital stay, high risk hospital-acquired complications (e.g., falls, pressure ulcers), nursing home admission vs return to home and death.³ In a study of geriatric ICU patients, an increased likelihood of death by 10% was found for each additional day of delirium.⁵ Another study reported on hospitalized patients with heart failure; those with delirium were 2x more likely to die than non-delirious patients.⁶ The patients who went home were 4x more likely to die within 30 days.⁶

A systematic literature review recommends multi-component strategies to effectively address and mitigate delirium.⁷ These may include interventions such as staff education, protocols to improve early mobility, a bowel/bladder program, sleep protocols, ensuring adequate pain management, and minimizing medications (psychoactive or sedating).⁷ More education is needed on processes and protocols that change clinical practice (e.g., use a delirium screening tool to identify high risk patients) and team-based management by physicians, nurses, pharmacists, physical therapists, etc.). For a list of the cited references, please email Dr. Song (Yeonsu.Song@va.gov). Thank you. Online resources for practice improvement related to delirium evaluation and management:

- www.ICUdelirium.org
- www.consultgerirn.org
- www.heartbrain.com
- <http://www.nursingworld.org/Delirium-Prevent-Identify-Treat> - list of resources, educational slides, delirium survey
- American Delirium Society <https://www.americandeliriumsociety.org/>

References

1. European Delirium Association and American Delirium Society (2014). The DSM-5 criteria, level of arousal and delirium diagnosis: inclusive is safer. *BMC Medicine*, 12:141. Accessed on 9/7/16 from <http://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-014-0141-2>
2. Delirium. Accessed on 9/7/16 from www.ICUdelirium.org
3. National Institute for Health and Care Excellence (2010). Delirium: prevention, diagnosis and management. Accessed on 11/10/16 from <https://www.nice.org.uk/guidance/cg103/resources/delirium-prevention-diagnosis-and-management-35109327290821>
4. Brummell NE, Vasilevskis EE, Han JH, Boehm L, Pun BT, & Ely EW (2013). Implementing delirium screening in the ICU: secrets to success. *Critical Care Medicine*, 41(9):2196-2208.
5. Pisani MA, Kong SY, Kasl SV, Murphy TE, Araujo KL, & Van Ness PH (2009). Days of delirium are associated with 1-year mortality in older intensive care unit population. *AM J. Respir Crit Care Med*, 180(11):1092-1097.
6. Uthamalingam S, Gurm GS, Daley M, Flynn J, & Capodilupo R (2011). Usefulness of acute delirium as a predictor of adverse outcomes in patients >65 years of age with acute decompensated heart failure. *Am J Cardiology*, 108(3):402– 408.
7. Rossom R, Anderson P, & Greer N – Evidence-based Synthesis Program (ESP) Center. Delirium: Screening, Prevention, and Diagnosis – A systematic review of the evidence. Accessed on 9/7/16 from <http://www.hsrd.research.va.gov/publications/esp/delirium.pdf>

IN MEMORY OF DR. DUCK-HEE KANG



**Jing Wang, PhD, MPH, RN, Associate Professor
The University of Texas Health Science Center at Houston**

Dr. Duck-Hee Kang was a beloved and productive AAPINA member until her unexpected death on Sept. 20, 2016. Dr. Kang was the Lee and J.D. Jamail Distinguished Professor and the director of the Biosciences Laboratory at The University of Texas Health Science Center at Houston (UTHealth) School of Nursing. She also was an adjunct professor in the Department of Palliative Care and Rehabilitation Medicine of The University of Texas MD Anderson Cancer Center. Honored for her outstanding research mentorship of junior faculty, she was among the “20 Outstanding Nurses of 2014” selected by the Texas Nurses Association District 9 Foundation. Specializing in psycho-neuroimmunology, Dr. Kang studied how a variety of psychosocial and behavioral factors influence physiological responses to ultimately change health outcomes. She published widely in both nursing and non-nursing journals, but she always found time to impart guidance, encouragement, and high professional standards to students and others whom she mentored.

Dr. Kang has been a strong supporter for AAPINA and formally and informally mentored many Asian American nursing students and junior faculty at AAPINA. During the first few years working as a junior faculty and her colleague at UTHealth, I had been very fortunate to work with her and to learn a lot from her. Her wisdom and encouragement helped so many of us AAPINA nurses to thrive in academia and to contribute to advance nursing science. She always told me that she tried to give back to the AAPINA community whenever she could by attending AAPINA annual conferences and mentoring AAPINA members. Like many others who were inspired by her spirit, I hope to continue her legacy and to live up to her high standards in research and mentoring, especially in supporting AAPINA community.

In order to honor the memory of Dr. Duck-Hee Kang, you may contribute to The Duck-Hee Kang Scholarship fund, click <http://go.uth.edu/give-to-SON> to access an online donation form. At the bottom of the form, indicate that this is a gift “in memory of Dr. Duck-Hee Kang” – all funds submitted in memory of Dr. Kang will support the student scholarship in her name. Alternatively, checks can be mailed to the address below with “Dr. Duck-Hee Kang scholarship” in the comment line. For more information, contact Karen Turney at Karen.M.Turney@uth.tmc.edu, 713-500-3590.

ART AND SCIENCE OF NURSING

Topic: Analysis: Clots after childbirth four times more common with C-sections
Health Day News, October 4, 2016

A review in the journal Chest of 60 studies (from the past 30 years) found that women who undergo cesarean section are four times more likely to develop blood clots (deep vein thrombosis [DVT]) in the lungs and legs in the weeks post-childbirth. The highest risk was associated with women who failed vaginal delivery and undergo emergency C-section. The American College of Obstetricians and Gynecologists (ACOG) guidelines on C-section and DVT risk recommends –1) women with no risks factors for clots, use a pneumatic compression device on the legs may help prevent clots and after C-section delivery ambulate as soon as possible; and 2) women with risk factors for blood clots can an anti-clotting medication, e.g., heparin.

For more information visit <https://consumer.healthday.com/sexual-health-information-32/childbirth-health-news-126/c-section-raises-risk-of-blood-clots-after-childbirth-review-715258.html>

AAPINA CONFERENCE: Greetings from Conference Leadership!!

Aloha! Welcome to the 14th Annual AAPINA Conference, “East Meets West in Global Health Nursing Research, Practice, and Leadership” that will bring together nurse scientists, clinicians, leaders, and educators from the international community to address global health issues pertinent to nursing. Be part of this thought provoking conference while exploring opportunities to collaborate and network with nurse leaders in Hawaii, the island paradise.

Founded in 1907, the conference site - University of Hawai'i at Manoa, Campus Center is the flagship campus of the University of Hawai'i system, a land-sea, and space research institution on 320 acres across the breath taking Mano'a Valley. Students and faculty worldwide choose to immerse in opportunities for research, education, multi-cultural and global experiences in a truly Hawaiian place of learning. The Manoa campus arboretum has more than 6,000 plants representing over 700 species and is internationally accredited by Morton Arboretum's ArbNet program. It is on the top twenty “Most Beautiful Campuses in America” of Thrillist.com and ranks tenth among fifty most beautiful U.S. campuses rated by TheBestColleges.org.

Members of the AAPINA Conference Planning Committee and the Global Health Adhoc Committee extend to you our warmest invitation to join us at this 14th Annual AAPINA Conference in Honolulu, HI - March 24 - 26, 2017. We thank the planning committee and volunteers who, in the spirit of aloha, are working hard at creating an exciting and memorable conference! Thanks to the presenters and exhibitors for their support. Most importantly, thanks to the conference attendees. Without you, this conference would not have been possible.

Our warmest aloha and mahalo,

Dr. Alona D. Angosta, PhD, APRN, FNP, NP-C
President-Elect & Program Committee Chair

Dr. Merle Kataoka-Yahiro, Dr.P.H., M.S., APRN
Conference Chair



ANA NEWS: Seven things to know to become an effective leader

Are you transitioning from direct clinical care practice to managing a business unit? Or do you lead or educate nurse managers? Download at <http://www.1440n.com/ANA/16-207/081016/> a free copy of ANA Leadership Institute's Your Road Map to Success: Seven Things You Should Know to Become an Effective Nurse Manager. Get access to leadership and management tips that can be used to help you and other nurse managers to be effective nurse leaders.

MEMBERS' NEWS

Alona D. Angosta, PhD, APRN, FNP, NP-C

Associate Professor
University of Nevada, School of Nursing
Email: alona.angosta@unlv.edu

Dr. Alona D. Angosta received her tenure and promotion (Associate Professor) at the University of Nevada, Las Vegas in July 2016. She completed a rigorous 4 1/2 year-tenure track process that demonstrated her exemplary and outstanding research, teaching, and service not only to the university and Las Vegas community, but also to the Filipino American community (her research population focus).

Dr. Angosta's tenure track research journey included 16 publications in peer-reviewed journals. Her work has been cited in the literature 25 times. She has presented in over 20 national and international nursing conferences. She has received 2 external grant awards totaling \$177,078.00 and 2 internal grant awards of \$10,000. She successfully completed 4 research studies (2 intervention studies, 3 of which as principal investigator and 1 as co-investigator).

Rose E. Constantino, PhD, JD, RN, FAAN, FACFE

Associate Professor
University of Pittsburgh University
Department of Health and Community Systems, School of Nursing
Email: rco100@pitt.edu

Dr. Constantino is the 2016-2017 recipient of a Fulbright Scholar Award at the University of Jordan, Amman, Jordan, 2016 Sigma Theta Tau International GNLA Mentor and 2016 ANA Jessie M. Scott Award.

Sujayalakshmi Devarayasamudram, PhD

Clinical Associate Professor
North Carolina Central University, Department of Nursing
Email: sdevarayasamudram@nccu.edu

Dr. Devarayasamudram has reported as Assistant professor in tenure track from August 2016; she completed Aspiring Nurse leadership program and got the certificate. She also has done three podium presentations and one group poster presentation at NAINA (National American Indian Nurses Association) conference in Chicago in October, 2016.

CONGRATULATIONS!

