tasked to develop a high functioning pediatric diabetes clinic providing the same level of care utilizing resources outside the hospital setting. Challenges included integration of new, complex workflows among other sub-specialty services, coordination of limited interdisciplinary support, and staff development in providing higher levels of care.

Purpose: To transition pediatric diabetes care to outreach locations while maintaining high quality, efficient family-centered care in a multidisciplinary format.

Description of Topic: The overall objective was to transform standard practices into best practices with limited resources without any negative effects in patient outcomes. The first step was to conduct a needs assessment to identify all components required to meet patient outcomes. Needs identified required collaboration among nursing leaders, physicians, educators, pharmacists, social workers, Information Technology personnel, drug/Durable Medical Equipment representatives, Child Life, local school districts, and families.

In collaboration with the aforementioned, we successfully developed a pediatric diabetes clinic through the following achievements: Provided patient access to social work, diabetes educator, and dietician via telemedicine; Created efficient clinic workflows through the development of electronic nursing assessment tools, known as "smart-sets" specific to the diabetes patient; Provided same level of in-person interpreter services through use of video interpreting system; Enhanced and implemented new school medication form for school nurses to more effectively care for diabetes patients; Created staff development tools that provides training and education necessary for care team members managing complex and acute conditions related to pediatric diabetes

Clinical Implications: We were successful and deemed a best practice clinic with many of our new processes adopted by other locations. Our newly created "smart-sets" provide care team members with efficient and comprehensive assessment tools that produce optimal patient outcomes while providing more opportunities for patient education and reinforcement of compliance measures. Additionally, our innovative approach allows us to provide remote or in-person access to services needed to provide comprehensive, holistic pediatric diabetes care.

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014–ENDO Handbook: Endocrine Nurse Detailed Orientation Handbook

Crystal Muth RN, BSN, CPN
Senior Professional Staff Nurse, Outpatient, UPMC Children's Hospital of Pittsburgh, Pittsburgh, PA

Background: Orientation has been an essential part of new nurses training in the inpatient setting for decades. This training helps mold the new nurse's confidence, job satisfaction, and retention. Often this orientation in the outpatient setting falls short in comparison. However the benefit of a structured usually held for inpatient nurses only is also applicable for outpatient clinic nurses. In addition to confidence, job satisfaction and retention, many outpatient clinics are specialized so additional training is necessary. Having a structured orientation will also ensure consistency with training.

Purpose: To provide a structured outpatient clinic orientation manual to ensure the new clinic nurse is fully prepared to function in an endocrine specialty clinic setting. The manual will also serve as a resource for experienced clinic nurses.

Description of Topic: This project is to help improve the orientation process for an outpatient endocrine clinic nurse. Information and educational materials are collected and structured into one orientation manual for the trainee to utilize. It will include a list of department members and their roles, daily tasks including policies and procedures associated with these tasks, documentation of clinic tasks, stimulation testing procedure and protocol, patient and nursing education, as well as task competency lists for the orientee to complete. This orientation manual will remain in the clinic setting so all nursing staff may reference. It will be updated accordingly as tasks and policies change.

Clinical Implications: A structured orientation handbook will provide reference materials, educational materials, and task checklists for the nurse to follow and utilize during their training. Structured orientation programs have been found to improve a nurse's confidence in their new role. When nurses are confident in their roles, stress is reduced and retention and turnover rates are decreased. Having one orientation manual will provide consistency with training, therefore all patient education will be consistent and all clinic tasks will be completed in the same manner.

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015–Adrenal Insufficiency in Children: Teaching Nurses to Teach Caregivers

Courtney Robertson BSN, RN, CPN, DNP-PNP Student
Registered Nurse, Blank Children's Endocrinology Clinic, Des Moines, IA

Background: Adrenal insufficiency (AI) is the impaired synthesis and release of adrenocortical hormones due to various mechanisms (e.g., autoimmunity, genetic, ACTH deficiency, and corticosteroid-induced). AI affects quality of life and is associated with increased morbidity and mortality, especially in younger patients. Children are at highest risk during times of physical stress. Many children do not receive stress doses of medication when needed. Relatively novice endocrine nurses do not feel adequately prepared to educate children, adolescents, and families about AI and its treatment.

Purpose: The purpose is to increase nursing knowledge, skills, and competency in teaching caregivers about disease process and management of adrenal insufficiency day to day and during times of physical stress.

Description of Topic: The poster will describe the action steps used to prepare endocrine nurses to teach caregivers about adrenal insufficiency and its management. The PRECEDE-PROCEED model will provide a framework for education. The project leader will secure organizational support, work with endocrinology providers to standardize stress steroid dosing, identify or modify evidence-based teaching resources, and develop charting templates and smart phrases for documentation. Components of the education plan include an overview of AI, pathophysiology (including congenital adrenal hypoplasia, Addison's disease, hypopituitarism, and corticosteroid-induced adrenal insufficiency), daily medications, and prevention of adrenal crises (use of medical alerts; emergency hydrocortisone; and when to call clinic, go to ED, or call 911). Nurses will be mentored by an experienced pediatric endocrinology nurse.

Clinical Implications: A major role of pediatric nurses is teaching children, adolescents, and families. Ineffective education of caregivers about AI places children at risk for adrenal crises. Nurses need to be able to teach caregivers of newly diagnosed children with AI and properly triage phone calls from caregivers during illness or injury or prior to procedures. They also need to be knowledgeable about school emergency plans. Investing in the training of novice endocrine nurses about AI can empower caregivers to better manage this disease. During times of physical stress, adherence to stress dosing can reduce the need for emergency department visits and hospital admissions.

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