



Departments of Nursing

24th Annual Nursing Virtual Research Conference

Proceedings Booklet

June 17th, 2021
8:15 am – 12:00 pm

Center for Innovations in the Advancement of Care



TABLE OF CONTENTS

Greetings and Housekeeping	2
Keynote Presentation	3
Roundtables	4-5
Oral Presentations (Sessions 1 & 2)	6-15
List of Sponsors	16
List of Presenting Institutions	17
Special Thanks	18
Abstract Review Committee	19
Center for Innovations in the Advancement of Care	20

Virtual Poster Session https://nyulangone-my.sharepoint.com/:f/g/person/ivan_balasi_nyulangone_org/Ei-87sQvmntAvMncUwwZcCcBGwHZpF2qWW9LxB_CvDPfPA

21-39

Virtual Posters and can be viewed from Wednesday, June 16 (8 AM EST) until Monday, June 21 (5:00 PM EST).

GREETINGS AND HOUSEKEEPING

Debra Albert, DNP, MBA, RN, NEA--BC
Chief Nursing Officer & Senior Vice President for Patient Care Services
Lerner Director of Health Promotion

Eileen M. Sullivan-Marx, PhD, RN, FAAN
Dean & Erline Perkins McGriff Professor
NYU Rory Meyers College of Nursing

Peri Rosenfeld, PhD, FAAN
Director, Outcomes Research & Program Evaluation
Director, Center for Innovations in the Advancement of Care (CIAC)

Announcement of the Sigma Theta Tau (Upsilon Chapter) Poster Awards

KEYNOTE PRESENTATION

Creating the 21st Century Nursing Workforce needed by Society: Building on our Strengths to Address Evolving Challenges

Peter Buerhaus, PhD, RN, FAAN, FAANP(h)

Professor of Nursing

Director, Center for Interdisciplinary Health Workforce Studies

College of Nursing, Montana State University

Dr. Buerhaus will discuss 10 strengths within the nursing workforce, followed by a description of 10 challenges facing nurses, CNOs, and advanced practice nurses over the near future. He will show new data on RN and APN workforce supply growth through 2030, focusing on how Millennial RNs are contributing to the nursing workforce, and assess whether the rapid growth of APNs threatens the adequacy of the workforce providing basic nursing care. He will also discuss implications of demographic and economic trends affecting nurses and provide recommendations for nursing leaders, policy makers, and nursing educators on how to overcome challenges that will build through 2030.



ROUNDTABLES

Nurse Informaticists

Lucille Fenelon, MSN, MHA, BSN, RN-BC,
NYU Langone Health

Dawn Feldthouse, MSN, RB-BC
NYU Langone Health

Moderator: Taryn Garber, MS, TTS

Getting Published

Karen Roush, PhD, RN
Pace Lienhard School of Nursing, Wright Cottage

Moderator: Julie Villanella BS, RN-BC

Academic-Practice Partnership in Maternity Care

Audrey Lyndon, PhD, RNC, FAAN
NYU Rory Meyers College of Nursing

Kathleen DeMarco, MSN, NE-BC, CPHQ, RN
NYU Langone Health

Moderator: Eileen Magri, PhD, RN NEA-BC

Exempt/Expedited unit of the NYU Grossman School of Medicine Institutional Review Board

Jasmine Liu, MS, CIP
NYU Grossman School of Medicine

Moderator: Barbara Delmore, PhD, RN, CWCN, MAPWCA, IIWCC-NYU, FAAN

Going with the Flow: Challenging events that impact participant recruitment

Gladys Vallespir Ellett, MA, RN, IBCLC, LCCE
NYU Langone Health

Moderator: Jennifer Withall, PhD, RN, ACNS, ONC

Implementation Science

Maria R Khan, PhD, MPH
NYU Grossman School of Medicine

Erin Rogers, DrPH, MPH
NYU Grossman School of Medicine

Moderator: Jasmine Chau, MPH

Beyond Surveys: Data Types and Quality Improvement in REDCap

Fred LaPolla, MLS
NYU Langone Health

Moderator: Lita Anglin, MSIS

Nurse Adaptability: Implementing Clinical Trials during a Pandemic

Brian Raimondo, BS, CMSRN
NYU Langone Health

Patricia Hughes, MA, NPD-BC, OCN
NYU Langone Health

Sarah Mendez, EdD, RN, AOCNS
NYU Langone Health

Moderator: Brian Raimondo, BS, CMSRN

Diversity and Inclusion

Ranekka Dean, PhD, RN CIC FAPIC
NYU Langone Health - Winthrop

Kirstie Toussaint, DBA(c) RN, NEA-BC
NYU Langone Health – Winthrop

Moderator: Pat Lavin, DNP, MS, BSN, RN, NEA-BC

Oral Presentation Session – 1
Contemporary Issues in Nursing &
Healthcare

Moderator: Peri Rosenfeld, PhD, FAAN

Abstracts

Q & A to follow after all speakers have finished their presentations.

Changing Stigmatic Perceptions related to Mental Illness and Substance Abuse among Public Library Staff: A Nursing-Library Community Initiative

Denise Driscoll, RN-BC, CARN, PMHCNS-BC, NPP; Lilly Mathew, PhD, RN*

Background: Today, 44 million Americans are living with mental illness. Suicide has become the 4th leading cause of death among adults and 3rd leading cause of death among adolescents and children, according to the National Alliance on Mental Illness (NAMI). There are more than 9,000 public library systems across the United States. Each year there are 1.5 billion visits to American libraries, which exceeds the number of physician office visits by over 50%. The public library often serves as a haven for individuals, including those with mental illness. Therefore, partnerships between public libraries and health systems are essential for building healthy communities. In 2019, a project with New York Library Association (NYLA) Community Change Agents, selected five teams across New York State to identify issues within their communities and develop an action plan to create sustainable change. Through an assessment process called community conversations, librarians identified a need to understand how to serve patrons with stigmatized health conditions, particularly mental illness and substance abuse better.

Purpose: Evidence indicates that one of the best ways to learn how to assist people with mental illness and substance abuse is to learn more about the illnesses to fight bias and stigma. The primary goal of the nursing-library community initiative was to identify biases of the library staff and evaluate any changes in stigmatic perceptions post educational intervention.

Methodology: The intervention included partnering with three mental health and substance abuse agencies to provide education to the library staff. Changes in stigmatic perceptions was compared by conducting pre and post surveys that measured 17 common mental health stigmatic perceptions. A total of n=37 library staff participated in the educational sessions.

Results: In comparing pre and post-survey responses, data analysis indicated statistically significant changes in two stigmatic perceptions post educational intervention, namely: “embarrassed to disclose mental illness” and “commonality of substance abuse” (P-value $\leq .05$). Open-ended comments identified that staff learned about empathy, trauma, de-escalating crisis, and the importance of the human connection.

Conclusion: Essential resources provided to the library staff improves their understanding and empathy-related to the unique and vulnerable populations with mental illness and substance abuse within the library setting. Furthermore, the project built a foundation for a sustainable change creating inclusion and social support while decreasing stigmatizing perceptions related to mental illness and substance abuse among public library staff.

**Presenting author (Mather Hospital Northwell Health)*

Assessing Evidence-Based Practice Knowledge: An Innovative Approach by a Nursing Research Council

Diane Maydick-Youngberg, EdD,* ACNS-BC, CWOCN; Laura Gabbe, MS, LAc; Grace Simmons, MSN, RN-BC, CPAN; Epifania Quimson, MS, RN, NEA-BC

Background: Prior studies of nurses' use of Evidence-Based Practice (EBP) suggest that institutions should conduct a methodological assessment prior to developing a plan to improve institutional use of EBP. As part of our institution's initiative to improve EPB and nursing research, we conducted a nurse-led IRB approved study of nurses' knowledge, skills and attitudes for EBP.

Purpose: We describe the results and the experience of conducting the first nurse-led research study at our inner-city community teaching hospital.

Methodology: This single site cross-sectional descriptive study used anonymous electronic surveys emailed to a convenience sample of 850 clinical staff nurses. The survey included the validated Evidence-based Practice Questionnaire (EBPQ) and demographic questions. Recruitment strategies deployed included: emailed survey invitations with anonymous links, survey promotion advocates, mobile tablets, survey icons on unit-based educational tablets, outreach to Nurse Managers and Nurse Educators, piggybacking on nursing events, identifying low response rate areas and financial gift incentives. Data were analyzed using IBM SPSS Statistics v25 software.

Results: Surveys were returned from 489 nurses for a response rate of 57.5%. Our initial response rate from the emailed anonymous links was 11%. Additional recruitment strategies increased the response rate to 57.5%. Average scores (Likert Scale of 1-7) on the EBPQ subscales were: attitude (M = 5.72, SD 1.01), knowledge (M = 4.97, SD 0.97) and practice (M = 4.79, SD 1.46); the overall mean total score (M = 5.05, SD 0.94). The five lowest scoring survey items were critical appraisal of literature (M = 4.26, SD 1.7), converting information needs into a question (M = 4.39, SD 1.4), time for new evidence (M = 4.60, SD 1.7), IT skills (M = 4.63, SD 1.3), and research skills (M = 4.67, SD 1.3). A total of 280 respondents entered the randomized gift card drawing (57% of respondents; 33% of total survey invitations).

Conclusion: Our EBPQ scores were similar to, and in some cases higher than, those found by other researchers. Future research to determine the implications of these findings is recommended. Multiple strategies were necessary to optimize response rates - we recommend launching them simultaneously for future projects. Other institutions may benefit from our nurse engagement strategies such as cultivating survey promotion advocates, mobile tablets and piggybacking on nursing events. The number who entered the randomized gift card drawing suggests that financial incentives may be less important to non-participants than other factors.

*Presenting author (NYU Langone Health – Brooklyn)

Using Information Science to Better Care for the Homeless: An Ontological Approach

Gavin Arneson,* Simon Jones, PhD; Simon de Lusignan, PhD; Harshana Liyanage, PhD

Background: The prevalence of homelessness is increasing across high-income countries, and homeless populations experience worse health outcomes. However, inconsistencies in how homelessness is defined in health visits, coupled with a lack of a consistent definition of homelessness, has led to incomplete, inconsistent, and inaccurate data collection that has limited homeless health research and investment. An ontological approach is a widely used, systematic method that utilizes information science to apply a consistent, transparent, and accessible definition to medical conditions like diabetes in medical data, but it has not before been used to identify and describe homelessness in clinical settings.

Purpose: The purpose of this study is to 1) link an internationally accepted, consistent, and transparent definition of homelessness and housing insecurity to clinical recordkeeping and 2) create a data collection tool (an ontology) to serve as a framework for researchers, clinicians, and data scientists to develop and accurately answer research questions about this population.

Methodology: After conducting a systematic literature review, the research team identified the European Typology of Homelessness (ETHOS) as a widely accepted and internationally transferrable definition of homelessness. The research team then used a formalized, three-step ontological approach to systematically integrate public medical codes in the United Kingdom into the ETHOS hierarchy while expanding it to include codes having to do specifically with healthcare. The ontology was subsequently published to a Stanford web host online ontology repository, where its contents can be accessed and modified by the public domain.

Results: The ETHOS framework outlines 4 categories of homelessness and housing insecurity: houseless, roofless, housing insecure, and housing inadequate. 259 medical codes were identified that mapped within this definition; 18 codes indicated rooflessness, 22 indicated houselessness, 66 codes housing insecurity, and 42 codes housing inadequacy. Other codes were not specific within the hierarchy despite indicating housing insecurity or the provision of medical care for homeless individuals, so they were included in the expanded ontology under either a Nonspecific or Interventions category. 46 codes represented interventions for homeless individuals, and 65 codes represented homelessness or housing insecurity without regard to the degree or the type of medical care.

Conclusion: The online ontology serves as a vehicle for other researchers and clinicians to record data, identify research concepts, and develop research questions, which has important implications for population health, public policy planning, and health resource allocation for this population.

*Presenting author (Rory Myers CON, New York University)

What Does Gender Affirmation Mean to You: An Exploratory Study

Caroline Dorsen, PhD,* FNP-BC; Kevin Moore, MS, RN; Nathan Levitt, MS, FNP-BC, RN; Peri Rosenfeld, PhD, FAAN

Background: Transgender and gender non-binary persons have significantly lower quality of life and higher rates of mental health issues than their cisgender (non-transgender) peers. Gender affirmation- an individualized, multifactorial process that may include medical, social and legal components- has been shown to have an extraordinary impact on improving mental health indicators and quality of life. However, despite this promising research, the concept of what it means to be affirmed in one's gender has not been fully explored, nor has the impact of gender affirmation on other essential, non-psychological/quality of life health indicators (such as alcohol use, drug use, tobacco use, and sexual risk behaviors) been determined.

Purpose: As part of a larger qualitative study on the impact of gender affirmation on the health and well-being of transgender and non-binary persons, the purpose of this presentation is to describe the findings regarding how transgender and non-binary persons 1) conceptualize and define the term "gender affirmation" and 2) describe how gender affirmation can be actualized in clinical practice.

Methodology: After approval from NYU Langone IRB, this exploratory, qualitative study used individual, semi-structured interviews with a convenience sample of 21 transgender men, transgender women and non-binary persons. The study employed a narrative inquiry methodology and was informed by the Gender Affirmation Framework (Sevelius, 2012). Descriptive content analysis was performed with the assistance of Dedoose© software to discover themes and to inform a larger R01 mixed method study currently under review at the NIH.

Results: Participants in this study represent a diverse sample of transgender and gender non-conforming people. Salient themes emerged regarding the multiple levels of affirmation (including internal, external and societal) needed to achieve the overall goal of living an optimal life described as "being seen, heard and even celebrated" as transgender and non-binary persons. For some, medical and legal interventions were seen as life-sustaining facilitators towards achieving this goal. For others, they were seen as optional or not indicated.

Conclusion: It is critical that nurses be able to provide affirming and inclusive care for a growing number of transgender and non-binary patients. Results of this study highlight simple ways that nurses and other healthcare providers can affirm patients, including by not assuming gender identity and instead identifying your pronouns and asking patients theirs.

*Presenting author (Rutgers, State University of New Jersey)

**Oral Presentation – Session 2
Innovations in Clinical Practices**

**Moderator: Barbara Delmore, PhD, RN,
CWCN, MAPWCA, IIWCC-NYU, FAAN**

Abstracts

Q & A to follow after speakers have all finished their presentations.

Assessing Attitudes of Primary Care Providers on Referral to Cardiac Rehabilitation

Adenike Okeowo, DNP,* CHPCNP, FNP-C; Gale Spencer, PhD, RN

Background: Cardiovascular disease continues to remain the most detrimental and leading cause of mortality in the United States. After an individual suffers from a cardiac event, cardiac rehabilitation (CR) is often required to restore them to an optimal level of health. The services that CR provides are highly effective. They involve partnerships with interdisciplinary teams including nurses, pharmacists, dietitians, psychologists, and exercise physiologists.

Purpose: CR provides both health and psychosocial benefits. Additionally, it provides cost savings to patients and health facilities, decreases unplanned readmissions, and decreases delays in return to work. In 2014, utilization of CR among adults has ranged from a low of 14% to a high of 35%. The present literature shows that providers are willing to refer to CR; however, they lack the knowledge and resources. Traditionally, cardiac patients are referred to this service by a cardiologist following their hospital admission. However, primary care providers are seeing patients more readily post discharge allowing an opportunity to refer.

Methodology: A quasi-experimental pretest-posttest design was used. In collaboration with a local hospital system, a non-probability convenience sample was used recruiting 23 primary care and internal medicine providers. Participants were given a demographic survey and the Physician Attitudes toward Cardiac Rehabilitation and Referral (PACRR) scale. An educational program was implemented to assess changes in attitudes towards referral to CR. The Diffusion of Innovations Theory was used to assess stages of adopting change.

Results: Using a paired sample t-test, results revealed a significant change in the attitudes of the primary care and internal medicine providers post education ($p=0.003$). Scores from pretest to posttest increased in a positive direction demonstrating that education regarding CR is likely to create a positive change in practice. A statistically significant relationship was also found using Pearson's chi-square between title and stages of adopting change ($p=0.000$). Results revealed that a provider's title had an impact on how likely they were willing to adopt change.

Conclusion: Based on the outcomes of this study, it is recommended that educational programs be implemented for healthcare providers regarding CR in primary care and internal medicine settings in addition to cardiac settings to offset low referral rates. This action is essential in offering patients high quality care by providing secondary prevention for many patients who are at risk for a subsequent cardiac event. Additional studies should investigate how future referral rates to CR are affected after the educational program.

*Presenting author (Mount Sinai Hospital)

Paclitaxel: Putting Patient Safety First

Sarah Mendez, EdD,* RN, AOCNS; Ann Sweeney-Moore, MSN, RN, OCN; Klara Culmone, MSN, RN, OCN; Rosmary Ramos, BSN, RN, OCN

Background: Paclitaxel is a medication that causes hypersensitivity reactions reported in 10-40% of infusions, making patient safety during administration a challenge. While paclitaxel has been in use for decades, the literature fails to address the safest approaches for administration leading to some practices developing their own method of administering the medication as evidenced by observation of various practices. Some have developed a titration schedule while others infuse it with a set rate and remain with the patient for the first 30mLs.

Purpose: To assess best practice for the administration of paclitaxel, this study examined the effects of a titration with the nurse remaining in the room versus infusing with a set rate while remaining with the patient for the initial 30mLs.

Methodology: A registered nurse (RN) initiated an IRB approved retrospective chart review at a NCI Designated Comprehensive Cancer Center on a sample of newly exposed paclitaxel patients in calendar year 2018. Five hundred and twenty-six (526) individuals were identified through electronic health records in collaboration with the pharmacy department. Data was extracted that included variables such as pre-medication use, titration, and hypersensitivity reactions.

Results: There were 71 incidences of a hypersensitivity reaction affecting 60 patients, totaling 11% of the population. Fifty (50) of these hypersensitivity incidences occurred without having used a titration approach; while 21 incidences did use a titration approach. Thirty-five (35) incidences occurred upon the initial administration of the medication, 14 occurred on the second administration and 11 occurred on the 3rd administration. The most common frequency of paclitaxel administration was weekly dosing at 69% of the entire population.

*Presenting author (NYU Langone Health – Perlmutter Cancer Center)

The Impact of BMI on Brain Volume and Cognitive Function among Patients with Multiple Sclerosis

Aliza Ben-Zacharia, PhD, DNP, ANP-BC, FAAN
Mount Sinai Hospital

Background: Multiple sclerosis (MS) is a neurological autoimmune, inflammatory degenerative disease leading to physical, emotional and cognitive disability. Cognitive impairment and brain volume loss are serious complications of MS. For example, cognitive dysfunction is the main cause for unemployment in young adults with MS. Targeting modifiable risk factors, such as high body mass index (BMI), may improve cognitive function and brain volume, and are of utmost importance in the care of patients with MS. Yet there is a paucity of published evidence designed to examine the association between BMI and cognitive function and/or brain volume in this population.

Purpose: Investigate the association between BMI, brain volume and cognitive function in adult patients with relapsing-remitting MS and explore the impact of baseline BMI or on-study BMI changes on cognitive function changes as measured by the Paced Auditory Serial Addition Test (PASAT) and brain volume changes as measured by magnetic resonance imaging techniques longitudinally over three years.

Methodology: A secondary data analysis of the National Institute of Health sponsored CombiRx study 2005-2012, was conducted.

Results: This study included 768 patients with RRMS. The mean baseline age of the participants was 38.2 (SD = 9.3) years ranging from 18 to 60 years old. Seventy-three percent (73%) were female and 88.8% were Caucasians. The mean BMI was 28.8kg/m². Patients with MS with high BMI (>24.99kg/m²) had higher white matter brain volume by 12 ml but had lower gray matter brain volume by 6 ml as compared to normal BMI. These results were statistically significant but not clinically meaningful. Sex acted as a mediator between BMI and white matter volume and age acted as a moderator between BMI and gray matter brain volume.

Conclusion: The results of this study displayed significant effects of high BMI on white and gray matter brain volume but not clinically meaningful effects. Therefore, education and weight management strategies might mitigate the effects of BMI on MS. Further research is warranted to address the effects of BMI and other environmental factors on brain volume and cognitive function in patients with RRMS.

Women With Type 2 Diabetes Mellitus: Diabetes Self-care, Diabetes Time Management, and Diabetes Distress

Lisa Summers-Gibson, PhD, RN, NEA-BC, CDE
Seton Hall University

Background: This descriptive correlational study examined the relationships between and among diabetes self-care, diabetes time management, and diabetes distress in women with type 2 (T2DM).

Purpose: A gap of knowledge exists between these variables and this study, guided by Orem's self-care theory, aimed to identify these relationships and predictors of diabetes self-care.

Methodology: The sample (N = 188) was comprised of predominantly White (81.4%) women recruited from multiple office locations, community hospitals, and diabetes support groups predominantly from the Mid-Atlantic Region (64.04%). Participants voluntarily participated by responding to flyers posted in data collection locations or by electronic survey disseminated by diabetes support group newsletters. Participants completed three established survey instruments to measure the main study variables: the Diabetes Self-Management Questionnaire (DSMQ), the Diabetes Time Management Questionnaire (DTMQ), and the Diabetes Distress Scale (DSS). Survey responses were analyzed using several descriptive, bivariate, and multivariate analyses.

Results: Study results showed a strong inverse bivariate relationship between diabetes self-care and diabetes time management and a medium inverse relationship between diabetes self-care and diabetes distress. Additionally, diabetes time management and diabetes distress showed a moderate positive relationship. A multivariate model demonstrated that time management and diabetes distress explained 37.7% of the variance in diabetes self-care, $F(2, 185) = 55.86, p < 0.001$. Diabetes time management was the strongest, statistically significant, unique contributor to explaining self-care ($\beta = -0.56, p < 0.001$). The ANCOVA procedure showed that time management demonstrated a large effect size (0.300) and diabetes distress demonstrated a small effect size (0.016).

Conclusion: The findings of this study add a new body of knowledge about internal conditioning factors related to diabetes self-care. This is the first known study to measure the influence of diabetes time management on diabetes self-care and to examine the relationships between and among diabetes time management and diabetes distress. Diabetes time management, an under-studied variable in individuals with T2DM, has the potential to be a contributor to improve patient outcomes.

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- NYU Grossman School of Medicine, Dept. of Psychiatry
- NYULH Department of Nursing and Division of Pediatrics and Palliative Care
- NYU Langone Orthopedic Hospital
- Penn Medicine Princeton Health
- Robert Wood Johnson University Hospital

SPECIAL THANKS

NYU Langone Health – Professionals

- Christopher Glazier
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- Ivan Balsano
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- Samantha Gerbolini

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NYU Langone Health – Orthopedics Hospital

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- Barbara Delmore, PhD, RN, CWCN, MAPWCA, IIWCC-NYU, FAAN
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Mission Statement

To support a community of NYU Langone Health nurses in the Departments of Nursing in studying and addressing patient care issues throughout healthcare by:

- Strengthening and expanding the research capacity amongst doctorally prepared nurses.
- Cultivating talent to complement and boost the research enterprise.
- Infusing NYU Langone Health with the culture of innovation, inquiry, and scientific exploration to meet patient needs.

VIRTUAL POSTER SESSION ABSTRACTS

VIRTUAL POSTER ABSTRACT SESSION

The Utilization of Orthopedic Advance Practice Provider in Meeting the Challenges of the COVID-19 Pandemic

Nancy Arbuah*, DNP, ANP-BC, ONC, Michelle Meneses, DNP, MS, RN, AGPCNP-BC

Background: The COVID-19 pandemic is a national health crisis, particularly effecting the residents of New York City. NYU Langone Health has managed a substantial number of COVID cases since March 2020. To support the needs of the institution during the COVID pandemic, NYU Langone Orthopedic Hospital converted into an inpatient medicine unit managed by Advanced Practice Providers (APP) supervised by Geriatric hospitalists to decant the overflow of COVID/Medicine patients.

Purpose: The purpose is to highlight the utilization of the orthopedic APP in the collaboration with the geriatric hospitalist in the safe management of the COVID/Medicine patient population. Additionally, to accentuate how the lessons learned from the COVID Surge 1 were applied when re-establishing an overflow medicine unit at NYU Langone Orthopedic Hospital in Jan 2021 for the second COVID surge.

Methodology: Surge 1 March - Early June 2020: Interprofessional collaboration was crucial to meet the needs of the COVID patients by utilizing a team approach to patient care and medical decision-making. Three Medicine teams were composted with each with an APPs Nurse practitioners (NP), Physician Assistants (PA), Orthopedic Surgeons and a supervising Hospitalist Attending that provided 24/7 coverage to the unit. Additionally, a psychiatric NP assisted with the complex patient population specifically management of delirium. The team consistently utilized up to date evidence-based protocols on COVID-19 management. An NP lead beside PICC team was established to decrease contact, transportation and offload radiology. Between Surge 1 and Surge 2: Focus groups and planning sessions were completed to review APP roles during coverage and plan for potential surge 2. NPs presented success and areas of opportunity at NYU LOH COVID Grand Rounds.

Surge 2 Medicine Unit Jan 2021 - Present: A Medicine team was re-created based off prior experience encompassing a Hospitalist, two APPs, and a Geriatric fellow. Baseline admission/transfer criterion was developed and safe patient transfers are done through provider to provider handoff

Results: Surge 1: Created new beds for over 400 COVID patients from within the institution successfully offloading the surge of COVID patients. APPs in collaboration with the Geri Hospitalist safely managed and discharged > 400 COVID patients.

Surge 2: Successfully accept transfers from NYU Langone, NYU Winthrop and NYU Brooklyn to decant their medicine units and maintain isolation precautions for patients prior to discharge to nursing homes. APPs/Hospitalist collaboration is utilized to safely manage a 22-bed medicine unit.

Conclusion/ Implications for Practice: In pandemics, workflows need to consistently evolve. APPs can be safely utilized to meet the needs of the health care systems.

*NYU Langone Health Orthopedic Hospital
nancy.arbuah@nyulangone.org

Development and Protocol for a Nurse-Led Telephonic Palliative Care Program

Laraine Ann Chiu, MSN, RN*, Abraham Brody, PhD, RN, FAAN, Jennifer Curtis, CHPN, RN, Inez Brandon, RN, MSN, CHPN, CNL, OCN

Background: The COVID-19 pandemic increased the demand for palliative care due to its positive impact on quality of life, symptom burden, delivery of goal concordant care and decreased resource utilization. The COVID-19 pandemic prompted clinicians across hospice and palliative care settings to move toward alternative models of care, including nurse-led telephonic palliative care.

Purpose: As part of a larger comparative effectiveness randomized controlled trial, the purpose of this study is to assess process and outcome measures of a nurse-led telephonic palliative care program for subjects with serious, life-threatening illnesses.

Methodology: The nurse-led telephonic palliative care program at NYU Langone Health provides care to subjects with a disease-specific prognosis of 1-2 years across 9 states and 18 sites. The program is delivered by registered nurses certified in hospice and palliative nursing. Interdisciplinary meetings are held under the supervision of a Hospice and Palliative Medicine physician. Eligible subjects are identified in the ED, recruited and randomized to either the telephonic nursing intervention or outpatient palliative care clinic. Eligibility criteria are English- or Spanish-speaking patients 50 years or older with advanced cancer or end-stage organ failure (NYHA Class III/IV HF; ESRD; or GOLD Stage III, IV, or oxygen-dependent COPD), excluding dementia. Subjects receive weekly calls from telephonic nurses for 6 months. Three tasks are prioritized: 1) identify a surrogate decision maker; 2) conduct and document an advance care planning conversation; 3) address caregiver burden if CSI>7. Additional problems are identified through initial assessments and subsequent calls.

Results: Of the first 100 subjects who completed the telephonic intervention, 78 (78%) were actively engaged during the 6-month intervention. Nine were lost to follow-up and 13 withdrew. Eighteen subjects (18%) died during the intervention and, of those, 13 (72%) enrolled in hospice services prior to death. The average caseload per nurse per week was 18 (range: 5-26). An average of 10 calls (range: 0-41) were made per patient over the 6-month intervention.

Conclusion/Implications for Practice: This innovative program overcomes challenges, through ease of delivering palliative care directly to patients and preventing those who are seriously ill and highly susceptible to COVID-19 from having to receive in-person care. Preliminary results show that seriously ill subjects and their caregivers are willing to engage with telephonic nurses and participate in advanced care planning discussions as well as transitions to hospice. A majority remained engaged throughout the 6-month intervention, and nearly two-thirds who died utilized hospice prior to death.

*NYU Langone Health – Tisch/Kimmel
lac459@nyu.edu

Psychiatric and Integrative Health Nursing Response to COVID-19: Psychological First Aid and Bedside Support for Frontline Staff and Patients in Crisis

Hunter Katherine Eastburn*, MS, RN, PMHNP-BC, Josephine Gramarosso, MS, RN, HNB-BC, HWNC-BC, PMHNP-BC

Background: During the COVID-19 surge of Spring 2020, NYULMC staff faced deployment to unfamiliar specialty areas, exposure to unprecedented disease severity and mortality, and increased personal stressors. The urgent need to bolster frontline staff resilience was clear. Psychiatric RNs are fluent in crisis intervention and employ a skill set grounded in the base of Maslow's hierarchy of needs: safety, sustenance, rest, and social connection. HCC10 RNs covering the hospital-wide Behavioral Emergency Response Team (BERT) were redeployed as bedside facilitators for the Psychiatric telehealth (TeleCL) MD service, and thus a team of Psychiatric Consult Liaison Nurses (PCLN) was created. PCLNs observed an immediate need for Psychological First Aid (PFA) for both colleagues and patients facing a sustained, lethal crisis. Psychological First Aid combines evidence-based practices from the fields of trauma and disaster response, emergency psychiatry, developmental psychology and military research.

Purpose: To deliver a rapid, adaptive response to the urgent need for hands-on psychological support for frontline staff and patients during the COVID-19 surge; assess the impact of and ongoing need for this response; and expand training in peer support techniques using the PFA framework.

Methodology: Using a PDSA approach, we created a PFA Practice Manual drawing upon Mindfulness Based Stress Reduction, Cognitive and Dialectical Behavior Therapies, and the collective experience of inpatient psychiatric and Integrative Health RNs. PFA helps frontline staff to mobilize healthy defenses through crisis intervention, safety/ refuge from triggering events, ultra-brief somatic therapies, stress management, self-care coaching, solution-oriented counseling and grief support. PCLNs rounded on medical units and proactively monitored hotspots where staff required increased support. Interventions were delivered as teaching by doing with the goal that individuals internalize and repeat what works for them, and in turn serve as resources for other staff. From March 31 to May 15, 2020 a log of all PFA encounters was tallied.

Results: 887 encounters were logged, revealing that frontline staff came to recognize PCLN's as a resource, both for personal refuge and help at the bedside. In May 2020, Integrative Health launched the Self-Care Resource Nurse role at NYU Brooklyn and Tisch, with over 500 encounters through August 2020. A multi-campus Peer Support Work Group came together in September 2020 and created the WE CARE Peer Support Training FOCUS module.

Conclusion/ Implications for Practice: Specialized peer supporters offer what frontline responders need in the moment, enhancing both staff resilience and patient care. There is a need for this role and further study is warranted.

*NYU Grossman School of Medicine, Dept. of Psychiatry
hk.eastburn@nyulangone.org

Using Evidence-informed Strategies to Provide Effective Quality Care to Critically Ill Patients during the COVID-19 Surge at a Designated Hotspot Medical Center

Patricia Eckardt*, PhD, RN, FAAN, Karen Fitzgerald, MS RN AGCNS-BC CCRN, Katie Slanec, RN, BSN

Background: During the COVID-19 pandemic the surge of critically ill patients resulted in our medical center operating at 100% capacity with an average daily percentage > 50 % COVID-19 suspected or diagnosed patients. The majority of these patients were on high-intensity oxygen therapy and mechanical ventilation requiring critical care nursing. However, there was an acute shortage of critical care nurses available during the surge.

Purpose: The aim of the quality improvement project was to develop an approach to nursing care delivery that delivered critical care nursing expertise to our COVID-19 patient population during a shortage of critical care nursing workforce. This presentation will describe the evidence-informed process employed by an interdisciplinary team to provide quality critical nursing care to these patients within the constraints of available critical care nurses during the pandemic surge.

Methodology: The Promoting Action on Research Implementation in Health Services (PARIHS) framework was used to guide the implementation of a team nursing model to address this issue. An iterative approach of assessment and responsive actions to strengths and weaknesses identified in the three elements (evidence, context, and facilitation) of the framework provided real-time adaptation to the implementation process. Additionally, as the proposed solution was innovative, a design Failure Mode Effects Analysis (FMEA) was conducted to quantify and rank risk and likelihood of failure of implementation components.

Results: The PARIHS framework provided structure to a rapid implementation of an innovative solution to the shortage of critical care nurses during the surge. The FMEA strengthened the implementation by identifying areas that needed alternate solutions or further leveraging. The staffing model of team nursing provided critical care nursing to all critically ill patients admitted to our institution throughout the COVID-19 surge. Additionally, nurses perceived the care they delivered as effective and felt empowered with the implementation process.

Conclusion/Implications for Practice: This approach to care delivery may be vital for our organization moving forward, as the course of the COVID-19 pandemic, and other possible related international infectious disease pandemics, is still not clear. Additionally, the team nursing approach may provide safe and quality nursing care delivery during events requiring other specialty nursing skills, such as clinical research nurses during a pandemic or forensic nurses in response to mass casualties incurred during terroristic attacks.

*Good Samaritan Hospital Medical Center
Patricia.Eckardt@chsli.org

Maximizing Technology to Streamline Operations During a Global Pandemic

Catherine Halwick*, MS, RN, CPHQ, Kristine Goldstein, MA, RN, CIC, Kathleen O'Keefe, MSN, ACP, CPHQ, Christopher Cordella, MSN, AGPCNP-BC, CNOR

Background: The COVID 19 pandemic provided unique opportunities to closely examine our internal processes for effective, real-time tracking of admitted, discharged and transferred (ADT) patients and their isolation status. Prior to the pandemic, our two infection prevention registered nurses manually identified and tracked the isolation status for the small number of infectious patients. As the pandemic raged on, we quickly determined that we needed a real-time, automated process to track COVID-19 positive patients and all patients under investigation (PUIs) to mitigate the in-hospital transmission of COVID 19, efficiently allocate resources in real-time, and streamline regulatory data collection.

Purpose: We sought to create a real-time patient information dashboard to efficiently identify and track patients infected with COVID-19, other infectious conditions and PUI. The design of the dashboard would promote effective and efficient infection prevention procedures for all our patients, decrease the risk of staff infection and meet regulatory requirements.

Methodology: In March of 2020 , COVID-19 patient data were manually collected on a daily basis, approximately every 8 hours, by the Emergency Management Team (EMT) between 7:00 am and 7:00 pm. Data were collected on all patients admitted; diagnoses and isolation status one patient at a time. The ability to reallocate resources was dependent upon the accuracy of data retrieved by multiple people (both clinical and operational staff), from multiple areas of the hospital. Using electronic medical record (EMR) methodology we created an automated custom report to a dynamic, fluid dashboard for real-time updates on our admissions, discharges and transfers.

Results: The EMT noted increased access to accurate real-time data in less time when the dashboard went live in April 2020. In addition to COVID-19 status, the dashboard included other important information such as oxygen delivery method and dialysis that the EMT could use to distribute resources to patient care areas and support services. The dashboard provided vital information to the EMT in real-time, which in turn informed the operations of the hospital during an unprecedented and protracted surge of extremely ill patients. This high level overview of patient care and equipment needs made resource allocation quicker and easier.

Conclusion/ Implications for Practice: This quality improvement project highlights how EMR methodology can maximize the flow of information to improve patient and staff safety, streamlining operations during a global pandemic and beyond.

*Northern Westchester Hospital
chalwick@northwell.edu

The Outcomes Associated with a Pressure Injury Prevention Prone Positioning Protocol on Pressure Injuries in SARS-CoV-2 Infected Acute Respiratory Distress Syndrome Patients: A Multi-Center Observational Study

Kari A, Mastro*, PhD, RN, NEA-BC, Connie Johnson, MSN, RN, WCC, LLE, OMS, DWC, Karyn Book, MSN, RN

Background: During the SARS-CoV-2 outbreak, patients presented with Acute Respiratory Distress Syndrome (ARDS) and standard methods used for the treatment of ARDS were put into place. One treatment method used was placing patients in a prone position to improve oxygenation and reduce mortality risk. In multiple systematic reviews, meta-analysis, and retrospective reviews exploring the effects of prone positioning on oxygenation in acute respiratory distress syndrome patients it was established that placing a patient in a prolonged prone position was associated with higher rates of new pressure injuries specifically on the face, cheekbones, thorax and over bony prominences. Studies also report challenges in preventing pressure injuries for patients placed in the prone position and no study explored the effects of a certified wound and skin care nurse in reducing pressure injuries for SARS-CoV-2 ARDS patients.

Purpose: Evaluate the effectiveness of a multiprofessional pronation team that included a certified wound and skin care nurse in preventing pressure injuries while assuring skin integrity in patients placed in the prone positioning who are infected with SARS-CoV-2 and who developed ARDS.

Methodology: This multicenter observational cohort study used retrospective data from the electronic health record to evaluate the effectiveness of a standard pressure injury prevention protocol which included a nurse who is specially trained and certified in the prevention of pressure injuries as a key member of a multidisciplinary team in reducing pressure injuries in patients infected with the SARS-CoV-2 virus and with ARDS who require prone positioning.

The intervention group included patients diagnosed with ARDS, infected with the SARS-CoV-2 virus and had a multidisciplinary prone positioning team that included a certified wound and skin care nurse specialist. The comparison group included patients diagnosed with ARDS, infected with the SAR-CoV-2 virus had a multidisciplinary prone positioning team that did not include a certified wound and skin care nurse specialist.

Results: Multivariable logistic regression mixed effect modeling found patients in the intervention group had 97% lower Adjusted Odds Ratio of developing a pressure injury compared to comparison group (AOR: 0.03; 95% CI: 0.01-0.14; $p < .001$).

Conclusion/implication for Practice: A certified wound and skin care nurse as the lead on a multiprofessional prone positioning team significantly reduced the odds of patients with SARS-CoV-2 in developing pressure injuries.

*Penn Medicine Princeton Health
Kari.mastro@icloud.com

Coping and Adaptation Among Nurses During the Coronavirus (COVID-19) Pandemic: A Mixed-Methods Study

Judith Moran-Peters*, DNSc, RN, NE-BC, BC, Lilli Mathew, PhD, RN, Sarah Eckardt, MS, BA

Background: The COVID-19 pandemic has had a wide range of negative effects on the health and well-being of nurses working in acute care hospitals. However, very little is known about how nurses coped and adapted during the pandemic. Lack of knowledge limits the ability of authentic nurse leaders to develop healthy work environments that bolster coping and adaptation, mitigate harm, and promote health and wellness among nurses during future crisis situations.

Purpose: To identify coping and adaptation among nurses during the COVID-19 pandemic.

Methodology: An a priori power analysis was conducted that determined that the sample require consist of 108 RNs (EF=0.50, p=0.05). In total, 134 RNs participated in the study which was conducted in a community teaching hospital on Long Island, New York. A non-experimental, Mixed-Methods research design identified what most concerned and impressed nurses during the COVID-19 surge period (March 8-May 9, 2020). The Roy Adaptation Model (Roy, 2009) served as the theoretical framework for the study. Relationships between nurses' demographic characteristics and scores on the Coping and Adaptation Processing Scale (CAPS)-Short Form (Roy, 2015) were determined. Nurses described adaptations in nursing practice that they made to help them cope with stressful changes in the hospital environment imposed by COVID-19.

Results: Study findings supported and expanded the Roy Adaptation Model within the context of Nursing during the COVID-19 pandemic. Nurses' scores on the CAPS tool were in the high range. A statistically significant relationship was found between nurses' age, years of experience and the CAPS Scores. Nurses were most concerned about the unknown, becoming ill with COVID, and running out of supplies. They were most impressed by the support and teamwork they experienced. Adaptations to nursing practice were made in streamlining documentation in the EMR and wearing PPE. Optional comments made by nurses identified "Pride in Being a Nurse." as a major theme.

Conclusion/ Implications for Practice: Findings suggest that nurses' personal maturity and professional experience had a positive effect on their ability to cope and adapt during the COVID-19 crisis. Implications for Practice: Research using experimental designs are needed to test and identify interventions effective in bolstering coping and adaptation, preventing harm and safeguarding the health and well-being of nurses, especially during crisis (or extremely difficult) situations.

*Mather Hospital-Northwell Health
jmoran1@northwell.edu

Preparing Non-ICU Nurses for Critical Care: The Benefits of Focused Cross-Training

Donna Pink*, BSN, MA, RN-BC, CARN, Yasmin Henry, MSN, RN-BC

Background: March 11, 2020 marked the declaration of Covid-19 a pandemic by the World Health Organization (WHO). New York confirmed its first case on March 1, 2020 and quickly became the epicenter. Our 338-bed community hospital transformed into a “Covid trauma center”. The global COVID-19 Pandemic created a vital need for critical care nurses citywide. At the beginning of the surge, our facility had a massive influx of patients requiring critical care and only one adult intensive care unit (ICU). We opened three additional ICUs to manage the critically ill patients, but did not have adequately prepared staff in house during the initial wave. The highest priority was providing safe, appropriate, and efficient care to our patient population.

Purpose: To develop a focused cross-training program that provides timely and effective education of select non-ICU nurses to acquire critical care skills necessary to assist in providing care to higher acuity level patients.

Methodology: Educators and nurse managers Identified eligible nurses from several clinical areas. A variety of critical care courses were reviewed and specific skills extrapolated to develop the curriculum. Using the Plan-Do-Study-Act (PDSA) model, we quickly implemented the training sessions. Each session was 12 hours: Eight hours didactic and four hours clinical.

Results: 26 nurses from both shifts, supported by preceptors and educators were trained over a two-week period. The training was well received by our nurses. They were able to provide the necessary assistance in the critical care setting over a four-week period until supplemental agency staff were on boarded.

Conclusion/ Implications for Practice: The challenge of finding a solution to care for a surge of critically ill patients is met when a thorough assessment of staff and their skills are part of a curriculum to care for a higher-level acuity patient. Focused training sessions are an effective way to prepare non-ICU nurses to perform critical care tasks as part of a short-term staffing solution.

*Health and Hospitals/Metropolitan
pinkd@nychhc.org

An evaluation of the effectiveness of a unique patient experience response program that provided virtual, visual and emotional connectivity to patients and families during the COVID-19 crisis.

Donna Powers*, DNP, RN, MPA, CSSBB, Diane Burshtein, MHA

Background: In April 2020 the NYS Department of Health issued guidelines regarding suspension of hospital visitation during the initial phase of the COVID-19 pandemic to safeguard health of staff and patients and to prevent the spread the virus. Recognizing that patients would need a high level of emotional support as they faced this frightening journey without their families, two hospitals from a health system in the national epicenter provided different avenues to bridge gaps in connectedness and communication.

Purpose: Robust Process Improvement (RPI) methodology was used to implement the "Connect" program which provided virtual visual and emotional connectivity by utilizing repurposed staff that could serve as patient experience ambassadors. This program reduced the burden on clinical staff while preventing furlough and granting continuity of full-time employment status for workers at risk during the pandemic.

Methodology: A descriptive correlational study was conducted that measured self - reported satisfaction of the program and connection provided during the period of restricted hospital visitation. A convenience sample of subjects recruited for the study included patients and family members who used virtual platforms to communicate with their family members. Variables were measured using a Likert - type scale ranging from 4 = excellent to 1 = poor. Relationships between the variables were examined.

Results: The results of this study revealed that participants of the virtual platform were satisfied that the program improved connectedness with loved ones; provided an adequate alternative to limited hospital visitation; provided emotional support and provided peace and closure in end of life situations. The respondents were satisfied with the patient experience ambassador assigned to them and would recommend the program. The overall rating was "good" (Mean = 3.26 SD 0.1039 Range 3.12 - 3.37) indicating a moderate to high degree of satisfaction. There were statistically significant differences in responses for connectedness, adequate alternative and rating in end of life visits versus others. There were no significant differences by hospital.

Conclusion/ Implications for Practice: The patient experience ambassadors and virtual communication platforms were successful in providing emotional support and bridging the gap in communication. With end-of-life visits accounting for 31% of the overall responses, the disruption of usual experiences of grief and the difference noted in end of life situations, the program will aim to improve the experience for this group of patients and their families. Based on the results of this study, a transition plan was embedded into current operational processes.

*Catholic Health
Donna.Powers@chsli.org

Skin Injury Prevention Bundle for the Manual Prone Mechanically Ventilated ICU Patient

Gabrielle Riswold*, BSN, RN, CCRN, CMC, Anne Urquhart, MS, APRN, AGCNS-BC, CCRN, CMC

Background: Prone positioning for acute respiratory distress syndrome (ARDS) leads to improved gas exchange, but also puts the patient at increased risk for skin injuries. TH15 Medical ICU had an increase in skin injuries for mechanically ventilated patients requiring manual prone therapy during Q4FY2020-Q1FY2021 (17 skin injuries per 13 patients = 1.3 injuries per person).

Purpose: Educate at least 85% of TH15 MICU nursing (RN) staff on the manual prone procedure standard using the skin injury prevention (SIP) bundle and hands on simulation by the end of the first month (December 2020) of Q2FY2021. Also, to reduce the unit incidents of skin injuries associated with prone positioning for mechanically ventilated patients by 50% in Q2FY2021.

Methodology: This quality improvement (QI) project used the DMAIC (Define, Measure, Analyze, Improve and Control) framework with a pre- and post-intervention design.

Education of nursing staff was completed during the first month (December 2020) of Q2FY2021.

Interventions included a SIP bundle tip sheet for manual proned patients and a hands-on simulation using a NYSIM mannequin. The simulation reviewed frequency of offloading of devices, placement of prophylactic foam, and positioning techniques to prevent skin injuries and brachial plexus injuries, as well as, how to manually prone a patient.

Results: A total of 86.4% of TH15 nurses received the education training in December 2020. Overall, 47 patient's required manual prone therapy while intubated from Q4FY2020-Q2FY2021. Of those 47 patients, only 5 patients were COVID negative. The average duration of being proned was 3.96 days, with a manual prone therapy schedule of 14.93 hours prone and 5.53 hours supine. Prior to our intervention (Q4FY2020-Q1FY2021), the rate of skin injury was 1.3 injuries per patient (17 skin injuries per 13 patients). After our intervention (Q2FY2021), the rate of skin injury was 0.76 injuries per patient (26 skin injuries per 34 patients), which is a 46% decrease in skin injuries. The most common site involved was the cheeks with a total of 16 injuries related to tape trauma.

Conclusion/ Implications for Practice: The real time staff education was successful at decreasing injuries related to manual proning however, the collected data concluded that endotracheal tube taping is an area that requires additional education and training.

*NYU Langone Health – Tisch/Kimmel
Gabrielle.Riswold@nyulangone.org

“I will be forever changed from this experience”: RNs Speak of their Covid19 Experiences

Peri Rosenfeld*, PhD, FAAN, Kathleen DeMarco, MSN, RN, Nancy Rodenhausen, MS, RN, Christopher Glazier

Background: As the Covid19 pandemic roared through NYC, RNs tackled a mysterious unknown enemy. Literature review of studies from previous disasters and epidemics focused primarily on identifying mental health issues (e.g. anxiety and depression) and effective communications strategies to apprise nurses of rapid changes in clinical and operational processes. We need to hear more of the voices of RNs themselves.

Purpose: With no prior experience with a pandemic of this enormity, nurse leadership sought a way to collect information from RNs that could provide them a possible emotional outlet, as well as to illuminate “lessons learned” for future planning.

Methodology: In March 2020 one VP of Nursing at this Integrated Health System suggested that we create a virtual bulletin board where RNs across the enterprise could express themselves and share their experiences and memories of caring for patients and supporting patient care on the frontlines. The result was a dedicated website available through the institution’s intranet titled “Covid19RNStories.”

Results: The website was launched in March 2020. Emails from the CNO were sent to the entire nursing workforce inviting them to tell their stories. By August 2020 almost 100 postings were made to the site. Text posts comprised the largest portion of submission (61%), followed by photos (32%), the remainder were poems and audio-visual posting. Review of the postings revealed four recurring themes: (1) Pride and Thanksgiving; (2) Facing Uncertainty and the Unknown; (3) Grief & Mourning/Bearing Witness/Respecting Last Wishes, and (4) Coping with Emotions. This poster will exhibit representative quotes and photos that reflect these themes.

Conclusion: RNs expressed a wide range of emotions, including sadness and fear, and there were expressions of gratitude to nursing leaders, auxiliary staff, colleagues and the general public who provided much-needed support and sympathy. For many, the experience of caring for Covid19 patients has changed them forever and forced them to reconsider their priorities. Nonetheless, to a large degree, caring for patients during the Covid19 pandemic renewed their passion and devotion to nursing and patient care.

Implications for Practice: Though Covid19 made the unimaginable real, leadership can learn from the stories of their RNs including (1) the need for ongoing support of RNs with kindness, frequent communications and visits to the units and (2) recognizing the difficulties of work-life balance such as fear of bringing the disease home and (3) rewarding RN their stamina, ingenuity and hard work.

*NYU Langone Health – Tisch/Kimmel
Peri.Rosenfeld@nyulangone.org

Nurse Residents' Experiences Caring for Covid-19 Patients in the First Surge

Roxanne Sabatini*, PhD, MSN, NPD-BC, Lauren Stroh, MSN, RN, CHPN, Wendy Silverstein, DNP, RN, NPD-BC, CNML, CPHQ, Jolly Thomas, MSN, CCRN, NPD-BC

Background: Nurses experienced fear, uncertainty, and exhaustion during the initial pandemic surge of COVID-19 of 2020 (Allen et al., 2020; Cabarkapa, Nadjidai, Murgier, & Ng, 2020; Labrague & De Los Santos, 2020). Newly licensed nurses face unique challenges as they transition to independent practice, described as reality shock (Wilder-Urban & Barnes, 2020; Benner, 2004; Kramer, 1974). Little was known at the time about how novice nurses experienced caring for Covid-19 patients during the initial pandemic surge of 2020. The authors developed an institutional review board approved research protocol to investigate the perceptions of newly licensed nurses working on Covid-19 units during the initial pandemic surge. Purpose: The aim of the study was to explore the perceptions, feelings, and thoughts of newly licensed nurse residents during early spring of 2020 in a North Eastern hospital of the United States.

Purpose: The aim of the study was to explore the perceptions, feelings, and thoughts of newly licensed nurse residents during early spring of 2020 in a North Eastern hospital of the United States.

Methodology: A descriptive qualitative study utilized semi-structured interviews with small focus groups of consented nurse residents who worked on Covid-19 units in the early spring of 2020. Interview questions were created to elicit Covid-19 experiences, challenges, resiliency strategies, and advice for future nurse residents. Focus group recordings were manually transcribed, and study findings were coded and analyzed using Atlasti.8 software. Investigator engagement, participant member checks, and co-investigator code and theme confirmation helped to ensure trustworthiness of the study.

Results: Twenty-one nurse residents hired to a variety of nursing specialties participated in baseline focus groups and follow-up member checks. Findings were categorized into three main themes of stimuli, coping, and adaptation, based on the Roy's Adaptation Model (Callis, 2020). Additional subthemes helped to describe how novice nurses at the front lines perceived their situation as they met the challenges of Covid-19 care while transitioning in their role as a nurse. Participants struggled adjusting to bundled care, feared exposure risk to their families, while developing time-management and prioritization skills in a stressful and unpredictable environment. Nurse residents felt their nursing values, comradery of other nurses and healthcare team, and community support helped them during this unprecedented time.

Conclusion/Implications for Practice: Findings from this study can guide organizations to support the unique needs of current and future nurse residents responding to a pandemic surge. Participants recommended the importance of providing a safe, supportive forum for newly licensed nurses to share their unique shared experiences with each other to debrief and begin processing these events and reflect on its impact on their transition to practice.

*Morristown Medical Center
Roxanne.Sabatini@atlanticealth.org

Doing More with Less: Comparing In-person and Telemedicine Wound Care Consultation

Elizabeth Savage*, MSN, RN, ACNS-BC, CWON, Oksana Nekoz, MSN, RN, AGCNS-BC, CWOCN, Diana Kmita, BSN, RN, CRRN, CWOCN, Sarah Lebovits, MSN, RN, ANP-BC, CWOCN, IIWCC-NYU

Background: At the height of the Covid-19 pandemic, wound consult volume increased due to "Covid skin" and a rising critically ill population, exposure risk was high, personal protective equipment was intermittently short and clinicians were challenged to see all of the consults.

Purpose: To validate the assessment, treatment recommendations and plan of care for telemedicine appointments were the same for wound care consults in-person (partnered with the Wound Surgery Team Ambulatory Practice). Secondary purpose was to investigate time spent comparing in-person consult to telemedicine consults including travel and documentation time.

Methodology: First determined "Competency" with comprehensive wound assessment (Using Chart Review format) through a "Competency Assessment" form (validated by Nursing Professional Practice) led by Wound & Ostomy Program & Wound Surgery Team leadership. Next, we took a cohort of patients and sent one clinician to see the patient in-person and the other completed a telemedicine assessment using chart review and clinical photography. Both clinicians wrote a note. The assessment, recommendations and plan of care were compared for accuracy using REDCap (Research Electronic Data Capture). The total time for consult completion was compared between the two groups for a total of 50 patients (25 inpatient and 25 outpatient).

Results: In-person and telemedicine assessment were in agreement 100% of the time. Topical treatment recommendations were in agreement 97%. Telemedicine consults took an average of 23 less minutes than in-person consultations (including travel time and documentation time).

Conclusion/ Implications for Practice: Both inpatient and outpatient telemedicine wound care consults resulted in the same assessment, topical treatment recommendations and plan of care. Telemedicine use in wound care consults expands access to limited specialists without sacrificing the quality of recommendations. There was significant time savings as well: telemedicine appointments took an average of 23 less minutes than in-person. This time savings equates to financial incentive to utilize telemedicine more to meet a broader amount of patients when resources are limited.

*NYU Langone Health – Tisch/Kimmel
Elizabeth.Savage@nyulangone.org

You Really Had to Be There to Understand: Stories Give Form to a Complex Reality

Ethel Ulrich*, DNP, ANP-BC, Margaret Whelen, Ed.D, FNP-BC, Elizabeth Cotter, PhD, RN-BC

Background: The Covid-19 pandemic has changed the landscape of healthcare. Historically, nurses have been an integral part of caring for patients afflicted by prior pandemics. DNP prepared APRNs have been educated to have an impact on patient, population, and systems outcomes, as well as health policy. There is a gap in the literature concerning DNP prepared nurses and their experiences during the COVID-19 pandemic.

Purpose: The purpose of this study was to gather an authentic understanding of the DNP prepared APRN's experience (stories) caring for patients during the COVID-19 pandemic in a complex adaptive health system, and to identify aspects of DNP education that prepared or did not prepare them for such a crisis.

Methodology: This was a qualitative research study, utilizing narrative inquiry, with a paradigmatic narrative analysis approach. A purposive sample design was utilized. DNP prepared APRNs practicing in the NYC area were recruited to participate. The first and second authors conducted the interviews with eight participants. All interviews were audio recorded, recordings were transcribed and then each participant's narrative story was crafted by the authors. During the interviews, a protocol and script was utilized. All participants reviewed their individual crafted story to verify accuracy, and then thematic analysis was conducted. This research utilized the consolidated criteria for reporting qualitative research (COREQ) checklist.

Results: Thematic analysis revealed four major themes: Do the Right Thing, Stepping Up, From Here to Reality, and Coping in the Era of a Pandemic. Twelve subthemes were also identified. Participants indicated that their DNP education prepared them well for the healthcare crisis and they emphasized important aspects of their education.

Limitations: Two identified limitations of the study were that this was a homogeneous group of participants who were newly prepared post-master's DNs and educated in the same program.

Conclusion/ Implications for Practice: This narrative analysis provides important insight into the experience of DNP prepared APRNs working during the COVID-19 crisis and elucidates the duty of nursing leaders and educators to appropriately plan, safeguard, and guide students and nurses at all levels. Additionally, the importance of epidemiology, public health, disaster planning, tele practice, and wellness in all nursing educational programs is paramount.

*Molloy College
eulrich@molloy.edu

The Lived Experience of Perioperative and Ambulatory Registered Nurses Displaced to Acute Care Settings During the COVID-19 Pandemic at an Urban Specialty Hospital: A Phenomenological Study

Jennifer Withall*, PhD, RN ACNS, ONC, Ellen Rich, PhD, RN, FAANP, Patricia Lavin, DNP, MS, RN, NEA-BC

Background: On March 7th, 2020, New York State (NYS) Governor, Andrew Cuomo, declared a state of emergency for New York in advance of an impending surge of COVID-19 cases and hospital admissions (governor.ny.gov). The NYS Department of Health mandated cancellation of elective surgeries and directed an increase in hospital bed capacity and necessary staffing by fifty percent (dmna.ny.gov). The study site pivoted from an acute care specialty orthopedic hospital into a surge space for our health system. The existing units were not able to fully accommodate this increased demand, and two additional units were opened. This excess staffing requirement was fulfilled by the deployment of perioperative and ambulatory registered nurses to the inpatient medical surge units.

Purpose: The purpose of this phenomenological study was to describe perioperative and ambulatory registered nurses' experiences caring for medical patients on acute care units in an orthopedic specialty hospital that was converted to accommodate the surge of COVID-19 positive patients at an academic medical center in New York City.

Methodology: This is a qualitative, phenomenological study of consenting perioperative and ambulatory registered nurses who were displaced from their usual roles in a specialty orthopedic hospital to provide medical care for COVID-19 patients during the months of March and April of 2020. Since this was an unprecedented occurrence that has not been previously studied, a qualitative approach is appropriate. The nurses were purposively sampled to obtain representatives from the various role areas prior to the displacement. In-depth interviews were conducted to yield rich descriptions of the nurses' experiences. The interviews were audio recorded for transcription with participants using aliases to assure confidentiality. Each interview was sequentially reviewed and analyzed. Once data saturation was achieved per investigator consensus, no further participants were interviewed. Selected participants will be contacted following the completion of data analysis to review identified themes and evaluate whether the investigators have accurately captured the nature of their experiences.

Results: Preliminary results include the following themes: fighting alongside others, the battlefield of the care environment, facing mortality, and triumphing through self-actualization. Final results will be available by the conference.

Conclusion/ Implications for Practice: This study seeks to give voice to the experiences of perioperative and ambulatory staff registered nurses who were deployed to a different practice area, caring for a different patient population under the specter of a global respiratory pandemic. This will be a unique contribution to the nursing literature and which may assist nurses who face similar challenges in the future.

*NYU Langone Orthopedic Hospital
Jennifer.Withall@nyulangone.org

Nursing Family Liaison during COVID-19

Maritza Zambrano*, RN, BSN, CNOR, SNC, Rosemarie Yurcak, PN, BSN, CNOR, SNC

Background: Infectious disease outbreak COVID-19 pandemic resulted in a restricted hospital visitation policies in accordance with directives issued by the NYS Dept. of Health or other licensing agency with jurisdiction. Non-visitation created isolation for patients and anxiety for both patients and their families. Literature supports “Open and flexible hospital visitation policies have improved many aspects of patient care in hospitals, including improved outcomes and patient satisfaction with care.”

Purpose:

1. To develop a group of RN’s that would maintain communication between patients and their families during hospital restrictions.
2. Creating a NYULH standard serving as a guideline in communicating with patients and their families during hospital visitation restriction.

Methodology: The Family Nursing Liaisons group was comprised of 4 RNs (at the beginning of pandemic) deployed from various ambulatory sites making calls to families allowing ICU staff more time for patient care.

1. Internally collaborated with medical staff on ICU unit for any communication requests in person and by utilizing secure chat. We also attended huddle for any medical updates for all patients on that floor/unit. Externally, the concierge would receive outside calls and give us the message. Two iPads were placed on each COVID unit. A central email for communication requests was also created so that internally Patient Experience could advise us of requests as well.
2. We created a .Fam smartphrase that was utilized in EPIC.
3. A tip sheet was created and presented to all nurse managers on each COVID -19 floor as a reference and attached to each Ipad.
4. As an educational tool a Focus training video was developed along with a tool tab that includes EPIC documentation for all nurses.
5. Collaborated with emergency management, created SOP

Results:

1. Created a NYULH Standard of Operation for Family Communication during Visitor Restriction for future use. 50 Family Nurses Liaisons were trained, covering 12 floors, making calls & FaceTime's daily on each floor.
2. Overall between 3/25-6/5 the .fam phrase was used >20K times
3. 17 Nurse Managers were trained using tip sheet. The FOCUS education tool we created became a FOCUS module, NURS-Family_Nursing_Liaisons
4. With the help of emergency management we developed the SOP and FOCUS training.

Conclusion/Implications for Practice: Family Nursing Liaisons program during COVID-19 was created and established. The liaisons role was defined and proved useful as managers on floors requested to be trained. Educational tools (FOCUS training, job action sheet mgrs & RN's, tip sheet), tools (smartphrase .fam & central email for requests) and the NYULH standard of operations were developed for future use should the circumstances arise.

*NYU Langone Health – Tisch/Kimmel
Maritza.Zambrano@nyulangone.org

A Frontline Perspective: Qualitative Study from Novice to Expert Nurses during the Corona Virus Pandemic

Kathleen Zavotsky*, PhD, RN, CCRN, ACNS-BC, FAEN, FCNS, Kyala Pascaul, BSN, RN, ONC, CJCP

Background: The novel Coronavirus was first detected end of 2019 in Wuhan, China. The first US case in Washington State January 2020. On March 12th, 2020 - first COVID-19 case was detected at an academic medical center in central New Jersey, which has a nursing workforce of 2000. This qualitative study explored the nurses, from novice to expert, experience in an academic medical center.

Purpose: The purpose of this qualitative study was to explore the nurses lived experience when caring for COVID-19 patients from novice to expert, working in an academic medical center.

Methodology: This qualitative study consisted of 4 focus groups (novice, competent, proficient and expert) following IRB approval. All registered nurses employed at the academic medical center were invited to participate via email. Following consent the subjects were separated into experience categories (novice to expert). The only inclusion criteria was that they needed to be a nurse who worked on a COVID-19 unit and they cared for patients. No demographic data was collected. Each 90 minute focus group was recorded and each subject was issued a number at the focus group as to assure anonymity.

Results: The themes identified according to specialty by the research teams were: Novice: Anxiety/Fear/Scared; Competent: Anxiety/Fear/Scared; Proficient: Anxiety/Fear/Mistrust/Scared/Disappointed/Inequality in role functioning; Expert: Anxiety/Fear/Mistrust/Scared/Emotional/Sadness/Anger. Following Benner's model the themes were also identified within the domains of competency: in the Helping Role: no control, barriers to helping: Pressure on nurses to establish and maintain a healing relationship: Clustering care, Face time with families, emotional support, helping each other-different units; Teaching-Coaching Function: no time ; Diagnostic and Patient-Monitoring Function: from a distance; Effective Management of Rapidly Changing Situations: constant; Administering and Monitoring Therapeutic Interventions: new treatment and variable response; Monitoring and Ensuring the Quality of Health Care Practices: challenge; Organizational Work Role competencies: Disappointed

Conclusion/ Implications for Practice: There were differences in the perceptions of nursing care provided that varied with levels of experience. Regardless of the level of experience the anxiety and fear was a reality, as the level of experience rose the level of reported anger was seen to rise. There is tremendous opportunity for hospitals and nursing leadership to ensure that staff receive timely, accurate information and are provided resources with which will enable them to cope during the times of a prolonged pandemic.

*Robert Wood Johnson University Hospital
Kathleen.Zavotsky@RWJBH.org

Courage in the Time of COVID: Results of the ‘Exploring Coping Strategies used by Registered Nurses working in an academic medical center during the COVID-19 Pandemic’ Study

Kathleen Zavotsky*, PhD, RN, FAEN, Donna Prete, MSN, RN, Nicole Rolston, MSN, RN, Lanlen Soriano, BSN, RN

Background: The novel Coronavirus was first detected end of 2019 in Wuhan, China. The first US case in Washington State January 2020. On March 12th, 2020 - first COVID-19 case was detected at an academic medical center in central New Jersey, which has a nursing workforce of 2000. This study evaluates nurses in an academic medical center’s coping strategies during the COVID-19 pandemic.

Purpose: The purpose of this exploratory descriptive survey designed study will explore the concepts of coping and post-traumatic stress disorder (PTSD) in nurses working in an academic medical center.

Methodology: This study was conducted as a voluntary, anonymous study following IRB approval. All registered nurses employed at the academic medical center were invited to participate via email. The electronic survey was anonymous that included the following surveys: Demographic tool (Specialty, Shift, Education, Ethnicity, Level of Experience, Certification Status, Age), The COPE Inventory Tool (A multi-dimensional coping inventory to assess the different ways in which people respond to stress) and The Impact of Events Scale-Revised (IES-R)(A self-measure that assesses subjective distress caused by traumatic events).

Results: The results of the study were analyzed using SPSS and used inferential and differential statistics. N=332. Demographics: Clinical nurses: 86%, Expert level: 86%, Full time: 63%, Day shift: 56%; Married: 70%, BSN: 77%, Certified: 67%, Mean Age: 45. The IES score was range 0-87, mean: 25.81 (SD=19.4). The COPE Inventory consisted of 16 constructs that varied from 0-16. The highest reported coping mechanisms reported were: positive interpretation and growth, use of instrumental social support, active coping, religious coping, and acceptance. Correlations were completed and the following were found to be predictive of high levels of PTSD (Positive interpretation and Growth: $t=-3.24$, $p<.001$; Mental Disengagement: $t=3.98$, $p<.000$, Denial: $t=4.60$, $p<.000$, $t=1.02$, $p=.056$). Limitations include single measurement in time, uncertainty of the future of the pandemic.

Conclusion/Implications for Practice: The staff caring for COVID patients utilize both positive and negative coping mechanisms. The results suggest that when positive coping mechanisms are utilized the reported experience of PTSD is lower. It is critical during a pandemic that positive coping mechanisms to help mitigate the effects associated with PTSD and help to maintain a healthy workforce. This study will need to be replicated after the second surge.

*Robert Wood Johnson University Hospital
Kathleen.Zavotsky@RWJBH.org

*Hope to see you next year as we
celebrate the 25th year of our
Annual Nursing
Research Conference*