12th Annual Nursing Research Evidence-Based Practice Symposium

Challenging the Status Quo: Nurses Advancing Practice

8:45am Welcome, Introductions:

Mary Hill, DNP, MSN, RN-BC, OCN, CHPN
Vermont Technical College

9:00am – 10:15am

Keynote: Co-Production Learning Health Systems: Empowering & Accelerating Real-World Improvement, Leadership, and Research

Brant Oliver, PhD, MS, MPH, FNP-BC, PMHNP-BC

10:15am – 10:25am

A-1: Improving Patient Understanding of Surgical Site Discharge Instructions

Diana Pernicano, BSN,RN-BC
White Plains Hospital Center

Evidence-Based Practice

10:25am – 10:35am

A-2: Knowing the Score: An Evidence-Based Practice Evaluation of Alcohol Withdrawal Assessment Tools in the Critically-Ill Patient

Rian Jock, MHA, BSN, RN, CCRN, CMSRN, PCCN
University of Vermont Health Network, CVPH

Evidence-Based Practice

10:35am – 10:45am

A-3: The Deployment Experience of Nurses During the COVID-19 Pandemic

Leigh Griffis, DNP, RN, CPN, NEA-BC
Northwell Health/Huntington Hospital

Donna Tanzi, PhD(c), MPS, RN, NPD-BC, NE-BC
Northwell Health-South Shore University

Nursing Research (IRB approved)

10:45am—11:00am **Morning Break**

11:00am – 11:30am

B-1: Express Yourself! Implementing an EB Intervention to Improve Efficacy of Transformational Leadership for Nurse Managers

Jenna Blind, DNP, RN, Alumnus CCRN
NYU Langone Hospital--Long Island

Evidence-Based Practice

11:30am – Noon

B-2: I Need a Lifeline: Pandemic Experiences of Nursing Students and Recent Graduates "I Could Die… My Family? My Patient? My Life…"

Randy Kelley, DNP, RN, CCRN
Anne Watson Bongiorno, PhD, APRN-BC, CNE
SUNY Plattsburgh Department of Nursing

Nursing Research (IRB approved)

Noon –1:00pm **Lunch & Honor the Nurse Slideshow**

1:00pm –1:30pm

C-1: Stress Management and Resiliency Training (SMART) for Nursing Students

Lili Martin, DNP, RN, PCCN
University of Vermont

Evidence-Based Practice

1:30pm –2:00pm

C-2: Falls Within the Emergency Department: An Analysis of Risk Assessment Tools

Gabriella Salzman, BSN, RN
NYU Hospital Long Island

Evidence-Based Practice

2:00pm – 2:10pm

D-1: The Lived Experience of the Licensed Nursing Assistants (LNA) Providing Care in the Hospital Setting During the COVID-19 Pandemic

Marisela Isak, RN
University of Vermont

Nursing Research (IRB approved)

2:10pm – 2:20pm

D-2: How FAST Can We Be: Interdisciplinary Collaboration On Improving Stroke Metrics Using Data and Analytic-Based Methodology

Colleen Bell, RN, BSN, CCRN, SCRN
Sarah Baskind, MSN, FNP-BC
Christine Northrup, RN
University of Vermont Health Network, CVPH

Evidence-Based Practice

2:20pm – 2:50pm

E-1: The Lived Experience of Providing Nursing Care During a Pandemic: A Vermont Perspective (May/June 2020)

Marcia Bosek, DNSc, RN
University of Vermont
Ann Laramee, MS, APRN
University of Vermont Medical Center

Nursing Research (IRB approved)

2:50pm – 3:20pm

E-2: Providing Nursing Care as the Country Continues to Experience a Pandemic (December 2020)

Sarah Hoffman, MSN, RN
University of Vermont

Nursing Research (IRB approved)

October 29, 2021

www.NursingResearchSym.org

A-1: Improving Patient Understanding of Surgical Site Discharge Instructions

Diana Pernicao, BSN, RN-BC; Sandra Bynum, FNP-BC, MSN, RN; Kerri Elsabrout, DNP, RN, FNP-BC, NEA-BC; Margaret Brock, DNP; Bernadette Amicucci, DNS, MBA, FNP-BC, CNE

Purpose: This evidence-based project aimed to increase patient knowledge and preparedness regarding the care of their surgical site at the time of discharge.

Relevance/Significance: By reviewing past patient satisfaction scores an area of improvement was noted on a Medical/Surgical unit in discharge preparedness. Patients reported they did not feel adequately prepared or educated on the signs and symptoms of infection at the time of discharge. After a literature review an evidence-based incisional care instruction handout was created with the objective to increase patient knowledge regarding the care of their surgical incisions. This scholarly project included the implementation of education to nurses about evidence-based patient discharge instructions on incisional care, closure for incisions, and signs and symptoms of surgical site infection.

Strategy and Implementations: The new incisional care instructional program was implemented by nurses who performed discharge for surgical patients. The study occurred during a twelve-week project implementation period. The new incisional care educational tool included strategies on how to prevent infection and care for incisions, care for specific surgical closures, and concerning signs and symptoms to be aware of. The participating nurses were educated on the new educational plan and tools, and then subsequently used these for surgical patients at time of discharge. Patients included in the analysis were inpatient, surgical patients with external surgical incisions with a focus on patients who underwent gynecological, urological, and general surgery procedures.

Evaluation: Patients satisfaction with discharge education was then recorded using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveying techniques with questions regarding preparedness for discharge and signs and symptoms to look for at home. The new education initiative was implemented in September 2019 through Dec. 2019 and included 105 patients. All surgical patients were sent an anonymous follow up survey the month following discharge, which included questions evaluating their perception of preparedness for discharge. The 105 patients in the sample ranged in age from 18 to 93 years old (M = 52.61, SD = 17.03), and 72% were female. A one tail independent samples t-test was used to evaluate the data. A higher proportion of patients reported they received written information regarding surgical care after the intervention timeframe of Sept 2019-Dec 2019 (M = 95.3%, SD = 4.27) compared to before the intervention timeframe of Jan–Aug 2019 (M = 89.9, SD = 4.00, t(7) = 1.87, p = .05). When compared with other Magnet facilities, the implementations site did not have a significant increase in the proportion of patients that responded "yes" to the question "did you receive written instructions regarding surgical care." (95.3% vs. 91.3%, t(2) = 1.61, p = .12) In evaluating these findings, since multiple nurses were providing the discharge education, there is a potential that education was not provided consistently between participating nurses. Additionally, the response rate of patients who returned surveys during this timeframe was 20%. This may have led to some response bias.

Implications for Practice: Although all surgical patients receive some degree of instruction upon discharge, many patients can leave the hospital feeling unprepared and may not recognize the education they received as part of a comprehensive transition home. Utilizing evidence-based patient instructions and consistent nurse to patient discharge education can help increase patient perception of receiving surgical care education, which may lead to improved patient experience, confidence and knowledge for self-care.

A-2: **Knowing the Score: An Evidence-Based Practice Evaluation of Alcohol Withdrawal Assessment Tools in the Critically Ill Patient**

Rian E. Jock MHA, BSN, RN, CCRN, CMSRN, PCCN

Background & Significance:
Treatment of alcohol withdrawal at UVHN-CVPH is guided by protocolized interventions triggered by alcohol withdrawal assessment tool scores. The current approved tool is the *CIWA-Ar* scale. Numerous studies indicate this tool is inappropriate for the critical care population, as these patients are often unable to communicate verbally due to such factors as disorientation, delirium, hallucinations, sedation, and/or endotracheal intubation. The tool has ten items; three tool items can be scored based purely on observation of objective signs of alcohol withdrawal. Seven tool items require patients to describe their subjective symptoms of withdrawal; observation alone is not sufficient. Tool items cannot be skipped. Failure to obtain a tool score results in either a delay of care to contact the patient's provider for additional indications for protocol medications, or medication administration outside defined parameters.

Clinical Question:
"What is the best alcohol withdrawal assessment tool for the critically ill inpatient?"

Evidence:
A comprehensive evaluation of the literature was completed using the databases PubMed, EBSCO Host, Scopus, and the Cochrane library. Search terms included: critical care, critically ill, intensive care unit, ICU, assessment scale, assessment tool, AWS, alcohol withdrawal, and withdrawal severity. Twenty-three articles obtained from this review were relevant to alcohol withdrawal assessment in the critically ill patient. Thirteen articles reported recommendations on use of specific tools were critically evaluated using the *John Hopkins Nursing Evidenced Based-Practice Model*. The evidence synthesis process provided moderate evidence for two established tools for assessment alcohol withdrawal in the critically ill, the *RASS* or Richmond Agitation-Sedation Scale as well as the *MINDS/ mMINDS*, or the (modified) Minnesota Detoxification Scale. Neither tool has been validated for the critical care patient population, however at the time of the literature search no tool, including the *CIWA-Ar* tool, had been validated for use in the critically ill.

Intervention Implementation, Evaluation, & Results:
A multidisciplinary group of organizational stakeholders responsible for critical care practice, engaged in translation of this evidence, by examining the strengths and weaknesses of both the *mMINDS* and *RASS* scales, at UVHN-CVPH. This critical care practice committee tentatively approved adoption of the *mMINDS* tool in the Intensive Care Unit. Currently, additional approvals are being sought for inclusion of the tool in the EHR as well as adoption of protocol revisions and updated CPOE order sets to reflect this practice change. Assessment of select outcome measures including rate ICU intubations, ICU pneumonias, ICU LOS and hospital LOS are planned following implementation of the mMINDS tool and protocol.

Significance/Conclusion:
This EBP project has identified an appropriate alcohol withdrawal assessment tool for the critically ill patient to replace a tool identified as inappropriate for this patient population.

A-3: The Deployment Experience of Nurses During the COVID-19 Pandemic

Leigh Griffis, DNP, RN, CPN, NEA-BC; Donna Tanzi, PhD(c), MPS, RN, NPD-BC, NE-BC;
Kimberly Kanner, MSN, RN, OCN

Purpose & Background:
This study aimed to understand the experiences of nurses who were deployed out of their clinical specialty role during the COVID-19 pandemic. The research questions asked the nurses to describe the experience in their own words. When the Pandemic hit the United States, the rate of infections and resulting hospitalization requirements overwhelmed hospital resources, specifically nursing staff. To care for the vast number of COVID-19 patients, nurses were deployed from their clinical specialty roles to become Medical Surgical and Critical Care Nurses. This deployment resulted in a role change for nurses, many who were also moved to a new physical unit/location to care for the new patient population.

Methods:
This qualitative study with Role Theory as the theoretical framework was designed with purposive sampling of the 150 nurses who were deployed out of their clinical specialty role. 40 nurses participated in the study by completing both the demographics and survey. After providing consent, nurses completed a 24 open-ended question survey about the deployment experience. The narrative data was analyzed with a content analysis method to identify themes. The analysis was done individually by the 3-person study team to increase objectivity and reduce bias. Limitations of this study were this was conducted at a single hospital, was a researcher-developed survey, and the qualitative data was analyzed through human coded content analysis.

Results:
The identified themes allowed for the understanding of the experience to help guide future education, services, and support. Consistent themes identified were fear of contracting the virus and spreading to family, the need for greater support and education on caring for critically ill patients, and the consistent acknowledgment of peer support and teamwork.

Discussion/Conclusion:
The COVID-19 Pandemic required organizations to adapt quickly to meet the needs and volume of the critically ill patients. As the severity of the situation rapidly increased, the demand for immediate planning and execution intensified. In no other recent time have organizations faced such an enormous challenge. The implications for organizations involved: Communication; Leadership; Coordination; Decision Making; and Reflection.

Next Steps:
The next steps include the continued support and education of nurses to care for critically ill patients. Future studies should include the impact of the role strain, role stress, and role overload caused for the nurses deployed.

B-1: Express Yourself! Implementing an Evidence-Based Intervention to Improve Efficacy of Transformational Leadership for Nurse Managers

Jenna Blind, DNP, RN, CPHQ, Alumnus CCRN

Background & Significance: Transformational leadership is the antecedent of a healthy work environment, satisfied employees, and high-quality patient outcomes. Implementing evidence-based interventions to improve upon principles of transformational leadership aligns with the recommendations set forth by the Institute of Medicine's (IOM) Future of Nursing Report (2011). The precursor to developing a leadership workforce that is able to manage change, help others work towards a shared vision, and engage healthcare providers to strive for excellence in care delivery.

Clinical Question: For nursing leaders at a university medical center, does the implementation of an expressive writing intervention increase nurse manager efficacy of transformational leadership skills in 8-10 weeks?

Evidence: Contemporary literature provides substantial empirical evidence to support the utilization of interventions to promote transformational leadership competencies for nurse leaders. Transformational leadership impacts registered nurse and patient satisfaction, quality outcomes, and organizational change. This leadership style aligns organizations with the Future of Nursing report (2010) published by the IOM which calls for "the nursing profession to lead the transformation of interdisciplinary care to support positive changes in the healthcare environment" (p.327). The expressive writing intervention is a critical component to transformational leadership training and there are statistically significant outcomes as a result of implementing this intervention in several healthcare settings.

Intervention Implementation: The nurse managers using an evidence-based expressive writing intervention and to measure an improvement in the application of these exemplary skills in practice. The nurse managers were instructed to utilize an electronic writing template to follow an expressive writing paradigm modeled after The Five Practices of Exemplary Leadership® theoretical framework by Kouzes and Posner (2017). The intervention facilitated participants to "reflect in writing on their deepest thoughts and feelings related to transformational leadership by drawing on experiences during the past workday or a recent workday... reflect on experiences that related to their own leadership success, observing examples of leadership behavior, encouragement by others of their leadership behaviors, and physical feelings and emotions related to their leadership behavior" (p. 500).

Evaluation: Using a convenience sample of nurse manager from an academic medical center, a baseline assessment of transformational leadership efficacy was established via the Leadership Practice Inventory® (LPI®) 360-degree assessment tool. Following 8 weeks of participation in the expressive writing intervention, a post-test was administered to evaluate the effectiveness of the intervention.

Results: As a result of the project's major findings, a positive correlation between participating in the expressive writing intervention and an improvement in transformational leadership efficacy can be inferred. A paired t-test illustrated an improvement in LPI® scores secondary to participation in the expressive writing intervention.

Significance/Conclusion: Results support previous findings in the literature that support a relationship between expressive writing and a higher level of leadership efficacy. By building effective nursing leaders, healthcare organizations can successfully move towards achieving their strategic goals and a shared vision.

B-2: Pandemic Experiences of Nursing Students and Recent Graduates
"I Could Die… My Family? My Patient? My Life…"

Randy Kelley, DNP, RN, CCRN; Anne Watson Bongiorno, PHD APRN-BC, CNE; Geraldine A. Moore, EdD, RN-BC, AE-C; Normadeane Armstrong, PhD, RN, ANP-BC; Jennifer Emilie Mannino, PhD, RN; Elizabeth Cotter, PhD, RN-BC; Pamela Watters, PhD, MSS, MSCS

Background: Pandemic or not, nurses are educated on the "duty to care" and are evaluated on their ability to provide comprehensive care following institutional and regulatory standards (Fournier, 2017). When nurses feel conflicted about whether the care standards have been achieved the result is moral distress (Musto et al., 2015, Whitehead et al., 2014). The COVID-19 pandemic had significant impacts on moral distress in new nurses and nursing students but few studies have examined this phenomenon.

Purpose: To explore the effects of the COVID-19 pandemic on baccalaureate nursing students and recent graduates.

Research Question: What is the experience of nursing among baccalaureate undergraduate nursing students and graduate nurses during the COVID-19 pandemic?

Methods: This qualitative study using inductive content analysis utilized one open-ended question about the participants' view of the image of nursing. IRB approval was obtained at 3 sampling sites (n=291). Data was collected electronically. Sub-concepts, main concepts, and themes were abstracted. Trustworthiness was established following qualitative norms (Kyngas, et al., 2020). A theoretical framework of moral distress was utilized for the analysis.

Results: Concepts abstracted were image of nursing, commitment to nursing, lack of organizational support, fear, and moral distress. Analysis indicated that a prodigious level of moral distress infused all main concepts including level of commitment to the profession and nursing image. A profound sense of abandonment at the systems level pervaded the coding schema. Coding also yielded how lack of personal protection, lack of pandemic nursing guidance, and an inability to navigate ethical constraints in pandemic practice impacted practice.

Strengths and Limitations: A stratified sample size allowed for data saturation. Limitations included the level of analysis available from examining a single open-ended question and limited generalizability of qualitative study.

Conclusions: The COVID-19 pandemic placed student and entry level nurses at risk for moral distress, forcing them to question their ethical practices and commitment to the profession. Creating educational models and workplace support systems is vital to maintain a sustainable nursing workforce. Nursing leadership must respond if we are to avoid catastrophic levels of mental health crisis among nurses across the continuum of care. Workplace policies and educational and ethical care models need to be developed that are mindful of the future well-being of the nursing profession. Next steps include intentional scaffolding of ethical decision-making curricula, pandemic preparedness, self-care programming, and promoting mindfulness. Systems level policy and initiatives to evaluate and ameliorate moral distress are needed.

C-1: Stress Management & Resiliency Training (SMART) for Nursing Students

Lili Martin, DNP, RN, PCCN; Jane Nathan, Ph.D; Marcia Bosek, DNSc, RN;
Laura Foran Lewis, Ph.D, RN

Background & Significance: Nursing student stress, anxiety, and depression is on the rise. Stress, anxiety, and depression can increase the risk for suicide, burnout, and academic attrition. It is imperative that schools of nursing teach nursing students how to manage stress just as they teach students the technical nursing skills. The literature suggests that mindfulness interventions can help nursing students combat the harmful effects of stress, anxiety, and depression; however, such programs are rarely implemented into undergraduate nursing curricula.

Clinical Question: In senior-level B.S. nursing students, what is the effect of the Benson Henry Institute (BHI) Stress Management and Resiliency Training (SMART) program on a reduction in nursing student stress, anxiety, and depression compared with nursing students who do not take the SMART program?

Evidence: A comprehensive literature search in CINAHL utilizing key words: Nursing students, stress, anxiety, mindfulness, burnout, and depression yielded over 300 results, with 33 full-text articles synthesized. Mehta et al. (2016) found that SMART significantly reduced stress in palliative care physicians in an academic medical center. In multiple studies, Nathan et al. (2017) found that SMART increased mindful attention awareness, and decreased stress and anxiety in patients, administrators, medical students, and physicians. The SMART program has not been tested with nursing students.

Intervention Implementation: Senior-level B.S nursing students (n=32) self-selected into either the control or SMART group. The SMART group participated in 8 weekly 1.5 hour SMART sessions over Zoom during the fall, 2020 semester. This project was deemed "not research" through the IRB. Student participation in the SMART program was voluntary and confidential and all survey data was kept confidential. A protocol was established if students developed worsening mental health symptoms.

Evaluation: Electronic pre and posttest surveys were administered to all participants measuring stress, anxiety, and depression with the following scales: Perceived **Stress** Scale (PSS-10) α =.86; **anxiety** section of the Patient-Reported Outcomes Measurement Information System (PROMIS-29) α =.77-.98; **depressive symptoms** on the Patient Health Questionnaire-2 (PHQ-2) α = 0.86.

Results: At the start of the project, regardless of group, participants reported mild to moderate stress, anxiety, and depression levels. Post intervention, SMART participants (n=14) showed statistically significant decreases in stress, anxiety, and depression levels (p<.05). The control group (n=18) experienced a statistically significant increase in stress (p=.01) and a trend towards increased total anxiety scores (p=.11). 100% of SMART participants recommended the training to others, and 78% of the control group would be interested in a stress management training.

Significance/Conclusion: Nursing students viewed the SMART program favorably and reported lower stress and anxiety levels with the use of SMART strategies. Participants will be followed longitudinally into 2022 to assess how participation in the SMART program affects stress, anxiety, and depression over time compared to controls. Future research is needed to determine the feasibility of incorporating the SMART program into the nursing curriculum.

C-2: Falls Within the Emergency Department: An Analysis of Risk Assessment Tools

Gabriella Salzman BSN, RN, Elyse Orski BSN, RN; Mabin Matthew BSN, RN;
Ryan Nunez BSN, RN; Casey Bonner BSN, RN; Katherine Cusack, BSN, RN;
Robert Asselta BSN, RN, CEN, CPEN, TCRN, NPD-BC

Background:
According to the Centers for Medicare and Medicaid Services falls within the hospital are considered a never event. To date there is no verified fall risk assessment tool for use in the Emergency Department.

Purpose:
The purpose of this research study is to find an accurate means of predicting falls within the emergency department by analyzing reported falls against the Morse, KINDER, Emergency Hester Davis & BOMSNAC FRATs.

Methods:
A database search was conducted in November 2020 using Boolean phrases. The authors conducted title, abstract, and full text screening. The population of interest were adults who had fallen during their stay in the emergency department. Fall data was obtained using the NYU Langone Hospital Long Island Patient Safety Information (PSI) database (2018 - 2020). There were initially 58 falls; five were excluded due to insufficient information included in the report.

Methods:
Out of approximately 200,000 visits 53 falls occurred in the ED, which were reported using PSI. Within the PSI incidents, contributing factors were identified and used to create a new fall scale specific for the Emergency Department, the BOMSNAC Fall Risk Assessment Tool (FRAT). Contributing factors from PSI were screened against the risk factor categories in the Morse, EHDS, BOMSNAC and Kinder fall risk assessment tools. Each risk factor category was marked 'YES' or 'NO' as to whether or not that fall risk assessment tool could have predicted that risk factor category. The averages of 'YES' and 'NO' were calculated. These averages were the percent of sensitivity that each fall risk assessment tool (FRAT) had in relation to each contributing factor.

Results:
This review compared the efficacy of the Morse Fall Scale, the EHDS, the Kinder and the BOMSNAC. Ultimately the BOMSNAC was able to predict falls with greater accuracy. The KINDER FRAT demonstrated a 43%, the Morse FRAT 51.1%, the Emergency Hester-Davis 64%, and the BOMSNAC FRAT 88.2% predictability for falls in the ED.

Conclusion:
Our findings indicate the need for an effective, validated Emergency Department specific fall scale. Inpatient fall scales have been utilized in the ED without validation, and thus have inaccurately predicted falls. The BOMSNAC was able to predict falls with greater accuracy than the other FRATs. The BOMSNAC FRAT performed superiorly compared to the other three fall risk assessment tools, however further research is required to verify its use in Emergency Departments.

D-1: **The Lived Experience of the Licensed Nursing Assistants (LNA) Providing Care in the Hospital Setting during the COVID-19 Pandemic**

Carly Solar BS; Marisela Isak RN; Marcia Bosek DNSc, RN

Purpose:
COVID-19 is the first pandemic to impact the United States in a century. The LNA is an integral part of the healthcare team. Throughout the pandemic, the media has highlighted healthcare workers, however, the LNA's contributions to the care provided in hospitals during the pandemic has not been described. The purpose of this study was to describe the lived experience of LNAs providing care in the hospital setting during the pandemic.

Methods:
A qualitative, phenomenological study was implemented utilizing a confidential electronic survey in December 2020. All LNAs employed at an academic medical center in the Northeast United States were invited to participate. Colaizzi's method guided data analysis. Actions were taken to improve the trustworthiness of the findings, including bracketing, creating an audit trail, and carrying out a member check. IRB approval was obtained.

Results:
Sixty LNAs participated. Twenty-one (35.6%) participants had provided direct care to a patient who tested positive for COVID-19. Two themes emerged:

- ❖ *"It was scary at the beginning"* Three sub-themes were identified: (1) More caution/uncertainty, (2) With the right support/resources, I was comfortable, and (3) Teamwork is the watch word**.**
  - ▪ "It was very scary in the beginning but like I said we had been shown how to use equipment like we should in these times and that made it better."
  - ▪ "I was working with COVID positive patients almost daily, but I was surrounded by an amazing team who made it an easier experience."

- ❖ *"Still provide the best care"* with three sub-themes*: (1)* Patient interactions changed, (2) Burnout, and (3) Pride and motivation.
  - ▪ *"*COVID policies detract from the parts of my job I find most important, being able to deliver good care while maintaining a patient's humanity and dignity."
  - ▪ "I was working with COVID positive patients almost daily, but I was surrounded By an amazing team, who made it an easier experience."
  - ▪ "Experiencing much more burnout than before [the pandemic]."

Discussion/Conclusion:
While the hospital did not experience a surge in COVID-19 patients, COVID-19 restrictions changed how the LNA provided care. LNAs want to work to the full extent of their role and value their ability to provide direct patient care. LNAs are committed to providing quality care regardless of circumstances and view their role as essential to the health care team. LNAs recognize knowledge as key to providing safe patient care.

Next Steps:
Further research is needed to understand the impact of burnout on the LNA workforce and the LNAs' unique contributions to patient care throughout the world.

D-2: **How FAST Can We Be: Interdisciplinary Collaboration On Improving Stroke Metrics Using Data and Analytic-Based Methodology**

Colleen G. Bell, Sarah M. Baskind, Christina L. Northrup,
Michael B. McMahon, & Hayley K. Kourofsky

Background & Significance: The stroke committee at UVMHN-Champlain Valley Physicians Hospital consistently aims to implement the newest evidence-based best practices into the care of stroke patients, in order to achieve the best outcomes for this population. Through evaluation of the core stroke measures, door to doctor and door to CT times were specifically targeted for further improvement. Decreasing these time-based metrics leads to shorter door to needle times with the thrombolytic agent Alteplase (tPA), which in turn results in improved outcomes. The stroke team aimed to improve these two core stroke measures by designing and implementing a new stroke triage and assessment protocol using an interdisciplinary team-based approach.

Clinical Question: Can an interdisciplinary team-based approach to stroke care improve door to provider and door to CT times to meet evidence-based best practice guidelines?

Evidence: A literature search was conducted to review the evidence related to a team-based, interdisciplinary approach to stroke protocol development and implementation as well as its impact on stroke metrics. The evidence suggested that standardized protocols that utilize an interdisciplinary team to evaluate, assess, and treat stroke patients can lead to significant improvements in time metrics including decreased door to provider and door to CT times.

Intervention Implementation: A team-based protocol (called a "FAST alert") was created to assess, triage, and manage suspected stroke patients. Input from a diverse interdisciplinary team of clinicians and staff was utilized during protocol development. For two months prior to the implementation date, education about the new process was done throughout the organization. Stroke team members were present at monthly staff and provider meetings to provide data and updates as well as receive feedback about the protocol. Review of each FAST alert was also done to determine areas for revision and improvement.

Evaluation: Chart abstraction, metric review and analysis, staff interviews, and post go-live survey were methods of data gathering utilized.

Results: This is an ongoing project. Since implementation, there has been an increase in the percent of patients meeting a door to doctor time of less than 10 minutes. There has also been an increase in the percent of patients meeting a door to CT time of 25 minutes or less. There has also been a decrease in the average door to doctor and door to CT times.

Significance/Conclusion: Detailed tracking of metrics, feedback and check ins with staff involved, and sharing of data all were linked to subsequent improvement in reduction of door to doctor and door to CT times. Establishing a routine feedback mechanism and visualization of the goals is beneficial.

E-1: The Lived Experience of Providing Nursing Care during a Pandemic: A Vermont Perspective (May/June 2020)

Marcia Bosek, DNSc, RN, Ann Laramee, MS, APRN, Sue Murdock, DNP, RN

Purpose: In response to the escalating incidence of COVID-19, Vermont issued a "Stay Home-Stay Safe" order, which impacted how acute hospital nursing care was provided. How Vermont nurses perceive and adapted their nursing care during the COVID-19 pandemic is an unexplored phenomenon. The purpose was to develop a broader understanding of the nurses' lived experience of providing nursing care during the COVID-19 pandemic.

Methods: A qualitative, phenomenological methodology was implemented. All RNs and APRNs (n= 1992) employed at an academic medical center were invited to participate. Data were collected via a confidential, open ended electronic survey between May 27-June 3, 2020. Colaizzi's method for analyzing qualitative data was implemented. Actions were taken to promote trustworthiness of the findings, including maintaining an audit trail and conducting a member check.

Results: 169 RNs and 4 APRNs completed the survey (8.7%). 53 (31%) participants had provided direct care to a patient testing positive for COVID-19. Three themes and six sub-themes emerged.

Theme #1: *It was a rollercoaster ride* with four sub-themes: At first it was scary, Things were unexpected and surreal, Fear of unknown continues, and I feel grateful.
> "Providing nursing care during the pandemic has been a rollercoaster you can't seem to get off and something I never thought I would experience in my nursing career. This has been a frustrating, exhausting, confusing, and anxiety provoking time."

Theme #2*: I am proud to be a nurse* included one sub-theme: We're not heroes, just doing our job.
> "I honestly was proud to be a nurse and to be able to help the community and those effected by the virus. The experience, however awful, has made me feel proud to work in this field and provide care for our patients impacted by the virus."

Theme #3: *We adapted to provide the best care* included one sub-theme: We would fill in for family.
> "I cared for a dying patient during the last hours. The family was not present….I found the patient's phone and figured out how to play music that was stored on it. I was the only reminder in the room that this was a person with a life."

Discussion/Conclusion: Nurses step up to the challenge and adapted to provide the best care possible. For many, this was their first experience working in a pandemic or crisis. The participants experienced anxiety when directions/protocols were frequently changed and conflicted with pre-pandemic standards. Throughout the pandemic, nurses have been portrayed as heroes, however, the participants did not accept this image since the community did not experience a significant COVID surge. Rather, the nurses emphasized that nurses are always ready and prepared to provide care in all situations. Nurses want to discuss their experiences. Nurses are willing and prepared to provide care during a pandemic, which they likened to being on a rollercoaster ride. Nurses were proud to be a nurse. By understanding the lived experience of nurses providing care during a pandemic, nursing can better prepare for future pandemics.

Next Steps: Future research is needed to understand the long-term consequences of providing care during a pandemic to quality of care and nurse workforce.

E-2: Providing Nursing Care as the Country Continues to Experience a Pandemic (December 2020)

Marcia Bosek, DNSc, RN; Ann Laramee, MS, APRN, Sarah Hoffman, MSN, RN

Problem: Three months into the COVID-19 pandemic (June 2021), nurses likened their experience of providing nursing care to being on a roller coaster ride that was never ending. Despite the challenges of providing care during the pandemic, nurses were proud of being a nurse and being able to help their community. Nine months into the pandemic, the specific aim for this study was to learn about the lived experience of providing nursing care at a time when the nation continues to experience the COVID-19 pandemic and hospitalizations are expected to increase.

Method: A qualitative, phenomenology method was implemented. Data were collected via a confidential, electronic REDCap® survey. Data analysis followed Colaizzi's 7-step method. All nurses (LPNs, RNs and APRNs) employed at a Northeast academic medical center were invited to participate. Actions were taken to promote trustworthiness of the findings.

Results: 166 nurses completed the survey and 63 (37.6%) had taken care of a patient testing positive for COVID-19. Four themes with subthemes emerged:

❖ *It feels like a marathon that won't end*
> "I am now feeling fatigued with having to both organize and delivering care for this pandemic. It is also becoming more exhausting trying to inspire those around me to keep pushing through. The burnout for all people is real."

❖ *Take care of yourself or you cannot take care of anyone else effectively*
> "Self-care is a must… take time to take care of yourself. At the end of your shift, reflect, take some deep breaths and move on. Remember that you are doing your best and that is enough."

❖ *I'm a nurse so I can take care of sick patients, however, it is harder to go to work now*
> "I'm a nurse, I'm supposed to care for people, that's my job. It doesn't matter if the people are extra sick or if there is a pandemic, this is my job. I struggle with that."

❖ *It is challenging not to be angry*
> "It's challenging to not be angry with the general public - thousands of people are continue to be hospitalized every day for COVID, and healthy people are forgetting that their lack of community focus is hurting others….it's burdening nurses. It makes me angry that people have so little regard for others."

Discussion/Conclusion: As the pandemic progressed, the experience of providing nursing care changed from the intensity of riding a roller coaster to the exhausting experience of running a marathon that also seemed to be never ending. Nurses have realized that self-care is not a luxury, but a necessity as they continue to care for patients and fulfill their various personal roles. Nurses remain proud of their role as a nurse, however, the joy/excitement related to going to work has faded especially as nurses fight against being angry with others (patients, visitors and other healthcare providers) who do not follow the science, wear masks and practice social distancing. How nurses provide care has been directly impacted by the pandemic regardless of the patient's COVID status. The perception of running a marathon illustrates the exhaustion nurses are experiencing.

Next Steps: Future research is needed to understand the long-term impact the pandemic will have on the nursing workforce, patient & family centered care, nurse resilience, and what the new normal will be for nursing care in a future COVID vaccinated world. Intervention studies to investigate actions to address and prevent nurse burnout are needed.