

Navigating & Innovating During the COVID Pandemic

Authors: Odalys Bancroft RN,BSN, CNOR Susana Flores-Villamil PhD, RN Evel Michel DNP, APRN, FNP-BC

Purpose:

The purpose of this presentation is to share the journey of innovation & evolution experienced by the Corporate Clinical Learning & Development Team in a large South Florida academic public health system, supporting organizational demands during the COVID Pandemic.

Background/Significance:

In early March 2020, a Declaration of Emergency was enacted by the State of Florida for COVID-19 pandemic. With the rapid rise in COVID-19 cases, the enormous strain placed on frontline staff & the shifting of organizational priorities, the Corporate Clinical Learning team navigated the early COVID-19 journey, pioneering new approaches in learning design & operations.

The team pivoted with new approaches in assessment, planning, & implementation of cross-training of re-deployed staff, clinical new hire & annual learning, & clinical internships. During a time of uncertainty, support was also provided for new beginnings such as new unit openings, & opening a new acute care hospital in the City of Doral.

COVID Surg Training	
PPE Observers	87
NP Swab Collection	478
Surg Training Skills Labs	>450
Corrections Health Services COVID Support Training	38
Surg Training Patient Attendant	42
PPE COVID Donning and Doffing	2127

JHS March 2020 to August 2021	
Clinical New Hires Total	2868
RN- New Graduate Apprentice	21
RN Med Surg Internship	117
RN Critical Care Internship	128
RN ED Internship	16
CPI Training	1326
AHA Lab Skills Training	2895

Methodology/Data Analysis:

Strategies included implementation & education of CDC COVID protocols & developing targeted tools that would facilitate rapid rollout ensuring staff & patient safety. Data was collected from Clinical Learning & Development with Human Resources from March 2020 thru August 2021 for: new hires, re-deployed staff, internships, new staffing roles, & annual instructor-led education.

Finding/Implications:

Growing & learning together as a department allowed the team to be engaged in incorporating & adopting new skills, technology, & learning methods. The visibility and outreach allowed the team to be a supportive layer for leadership & front-line staff. By creating new staffing roles, developing flexibility in current staff, all while meeting the needs of the South Florida community, the team embodied the organizations C.A.R.E. (Compassion, Accountability, Respect, & Expertise) values.

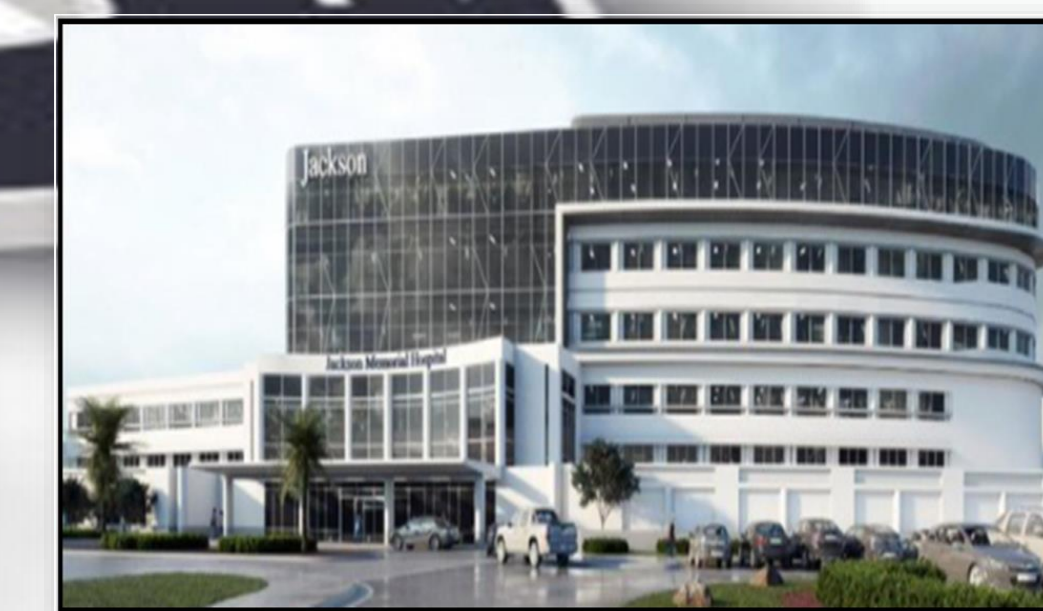


Discussion:

Future investigation needed in monitoring effectiveness & sustainability of innovative learning strategies, internships, new staffing roles, & clinical learning staff engagement post pandemic.

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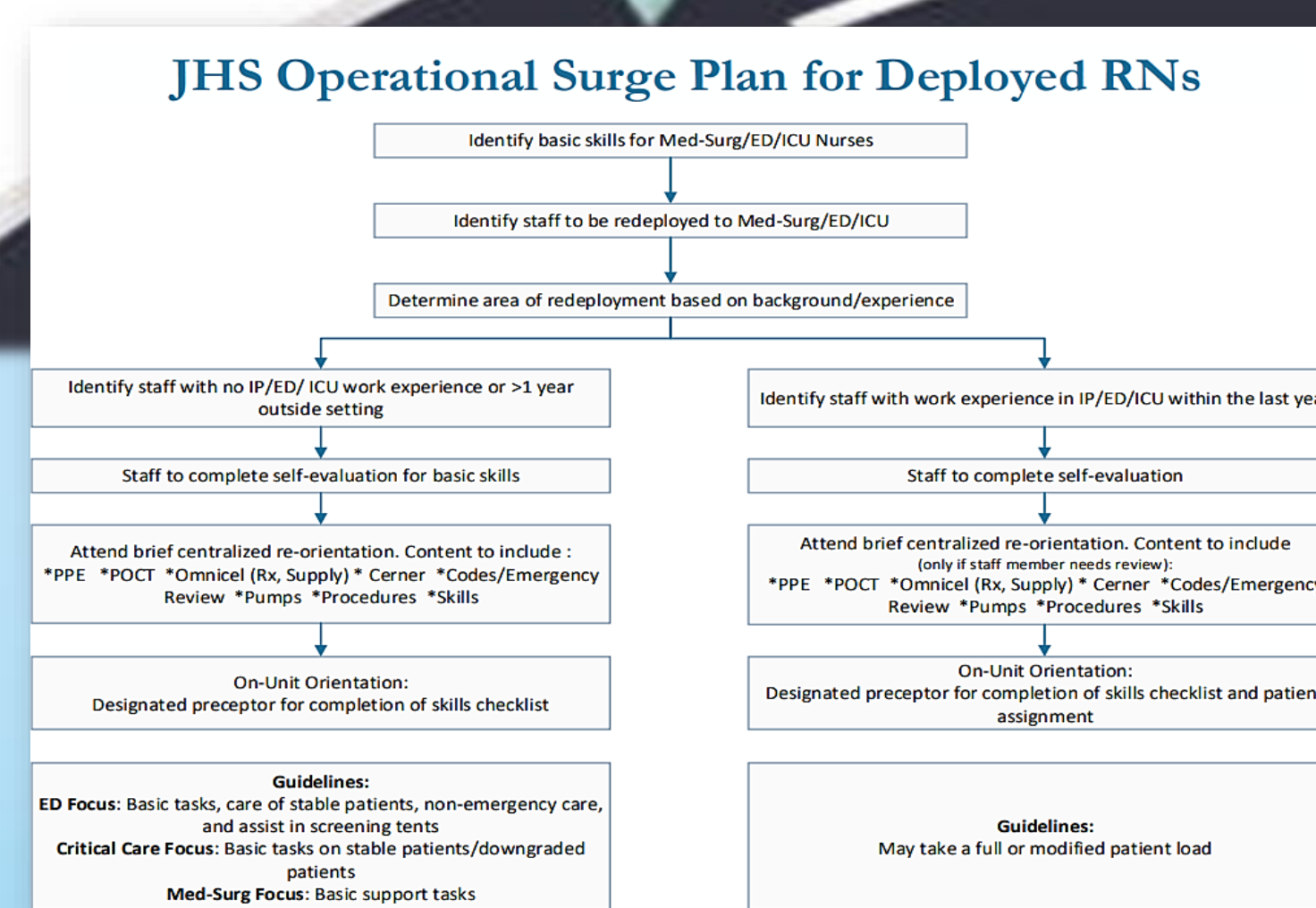


- PPE Safety Observer
- Patient Attendants
- Central Supply Runner
- Vital Signs
- Hourly Rounding
- Central Line Dressing Changes
- Prone Team
- NP Swabbers
- Patient Experience
- CARE Cart/Room
- Kit Assembly

COVID Re-deployment Support Roles



Access QR Code to Listen to Narrative Expanding on Each Point in Our Journey



Resiliency: The Role of The Leader

Background: Nurse leader resiliency is a subject at the forefront of healthcare. In August of 2021 2.9% of the American workforce quit their job (Baldwin, 2021). This is also reflective of the turn over in nursing. Nurse leaders are left to deal with turnover in addition to the every day nursing challenges. This was the reason for the focus on leader resiliency. Nurse leader resiliency competencies should enhance the ability to survive and thrive in this complex healthcare environment (Cline, 2015). The role of the nurse executive is to create a framework that supports nurse leaders focus on resiliency. Strategies such as building social connections, capitalizing on organizational strengths, and fostering mindfulness environment are essential to building a leadership resiliency program (Wei etl., 2019). In an academic medical center leaders were often encouraged to focus on resiliency, however in the midst of priorities self care was forgotten. The nurse executive of the organization created a model which elevated resiliency as an organizational priority.

Implications:

Using organizational values, Nurse Executives can lead resiliency programs which support the organizational mission and vision. Through the engagement of the nurse leaders in creating a program, the executive can be assured that the program will have value to the team. Building resilient teams leads to better outcomes. Creating a program that builds on organizational language allows the program to connect to the common language of the organization.

Method:

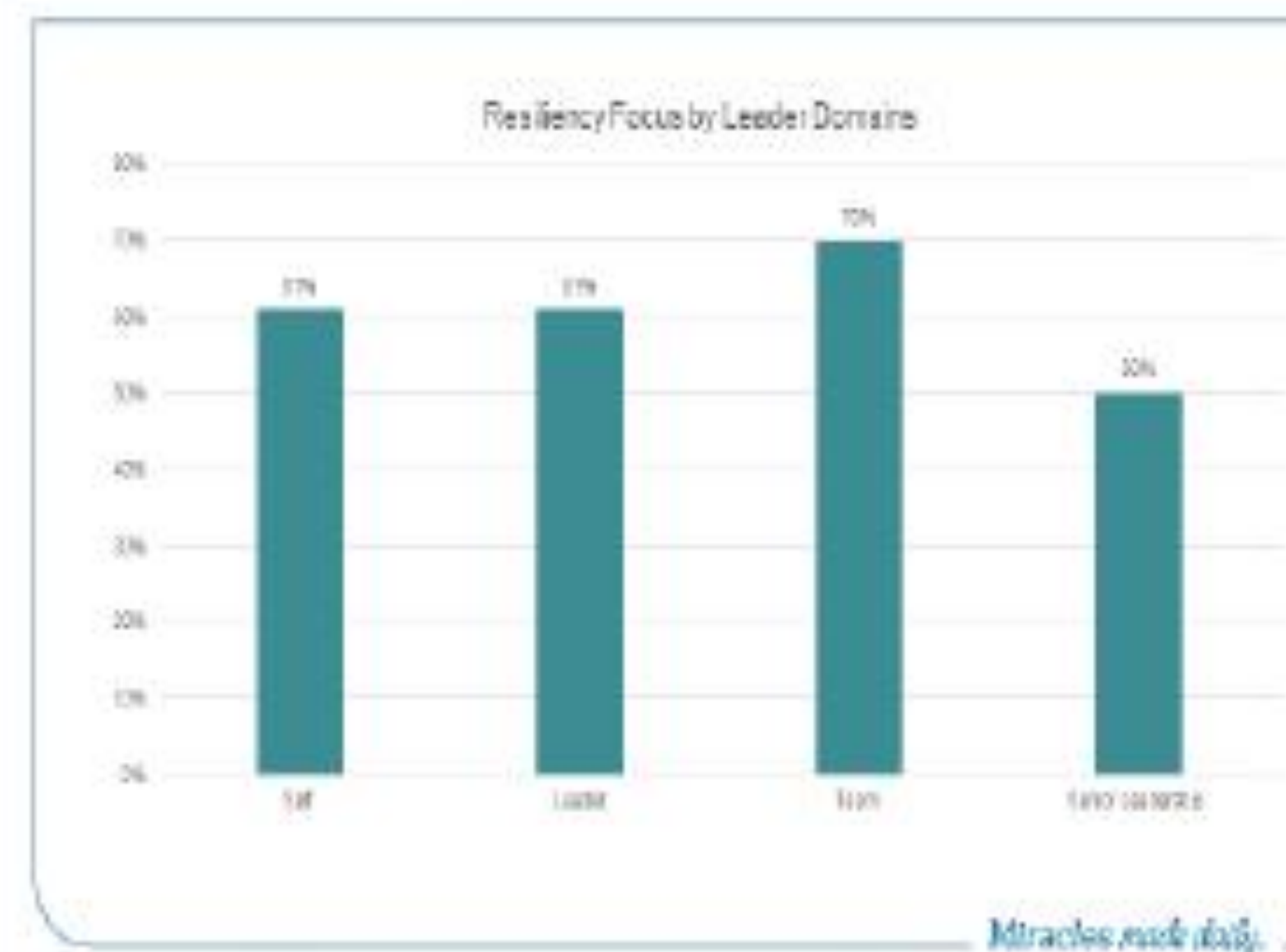
In an academic medical center nurse leaders are often pulled in many different directions. The organization recognized the need for nurse leader resiliency focus and therefore created an organizational structure which places resiliency as an organizational priority. The CNO met with nurse leaders to ask them what an effective resiliency program should look like. The ADP workplace resiliency study was used to assess resiliency factors related to self, team leader, team, and senior leaders. Our program includes the following components:

- Quarterly social events
- Increasing autonomy for the nurse leader
- Reflective sessions
- Evaluation of program



Results:

Purpose: The purpose of this project was to create a sustainable resiliency framework built on the organizational values which would engage nurse leaders, use organizational core values, and create a cyclic program which would allow the leaders to thrive in the midst of adversity.



Future State: Leader peer review sessions, integration of organizational leadership development

- C • Care is core (calendar priority)
- A • Autonomy
- R • Reflective Sessions
- E • Evaluate & Evolve

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References: Wei H, Roberts P, Strickler J, Corbett RW. Nurse leaders' strategies to foster nurse resilience. *J Nurs Manag.* 2019;27:681–687. h, Cline, S. (2015). Nurse leader resilience. *Nursing Administration Quarterly*, 39(2), 117–122. <https://doi.org/10.1097/naq.0000000000000087>, Baldwin, S. (2021, October 20). *The great resignation: Why Millions of workers are quitting.* CNBC. Retrieved October 22, 2021, from <https://www.cnbc.com/2021/10/19/the-great-resignation-why-people-are-quitting-their-jobs.html>, Hayes, M., Chumney, F., & Buckingham, M. (2020). *Workplace Resilience Study . ADP Research Institute .*

Tracking, Managing, Mitigating: Using Technology to Alleviate COVID-19 Impact on Staffing in an Emergency Department

Author: Carol Biggs, MBA-HA, DHSc, RN; Monica Ramage, MSN, RN; Tala Teymour

PURPOSE

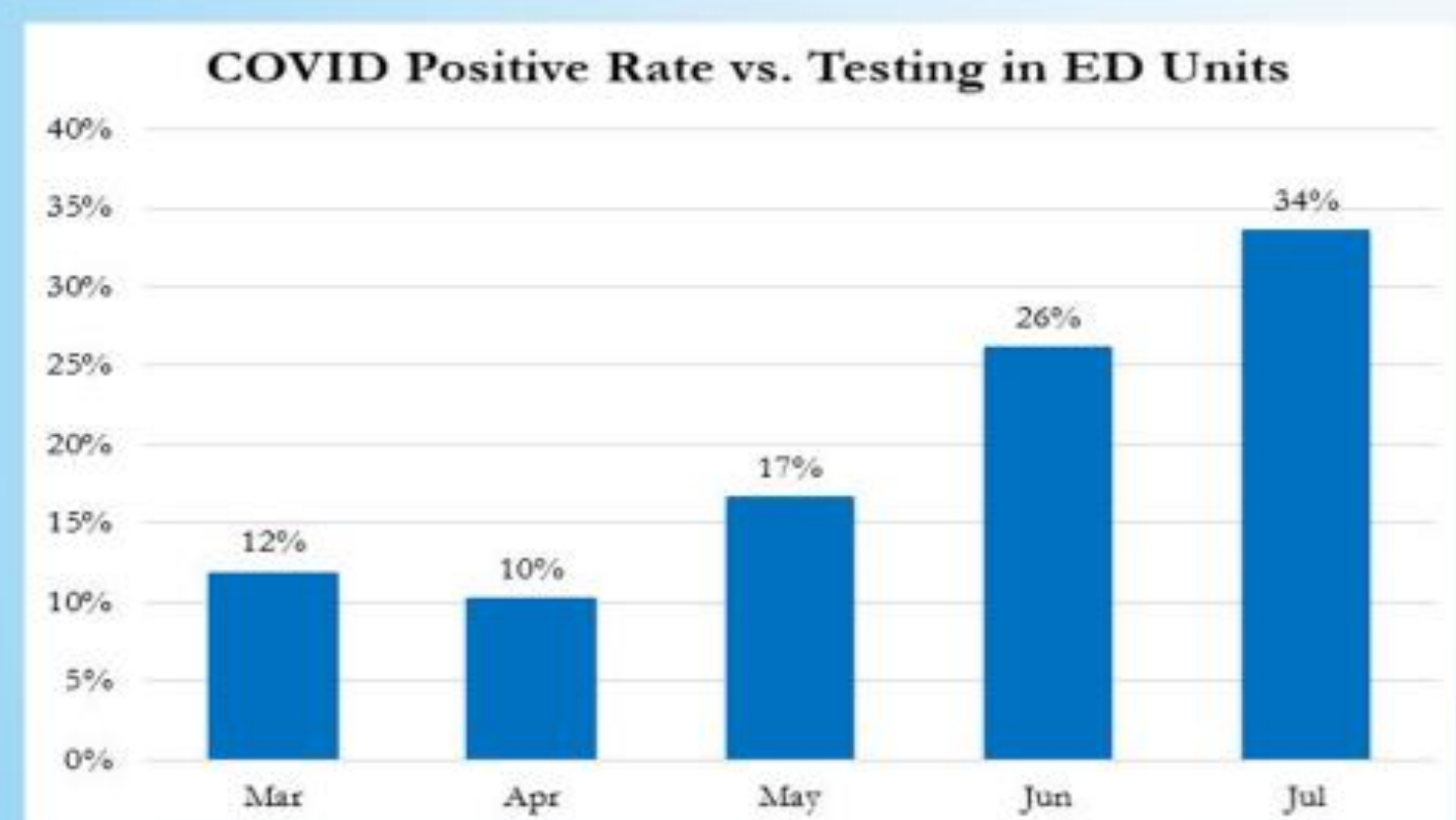
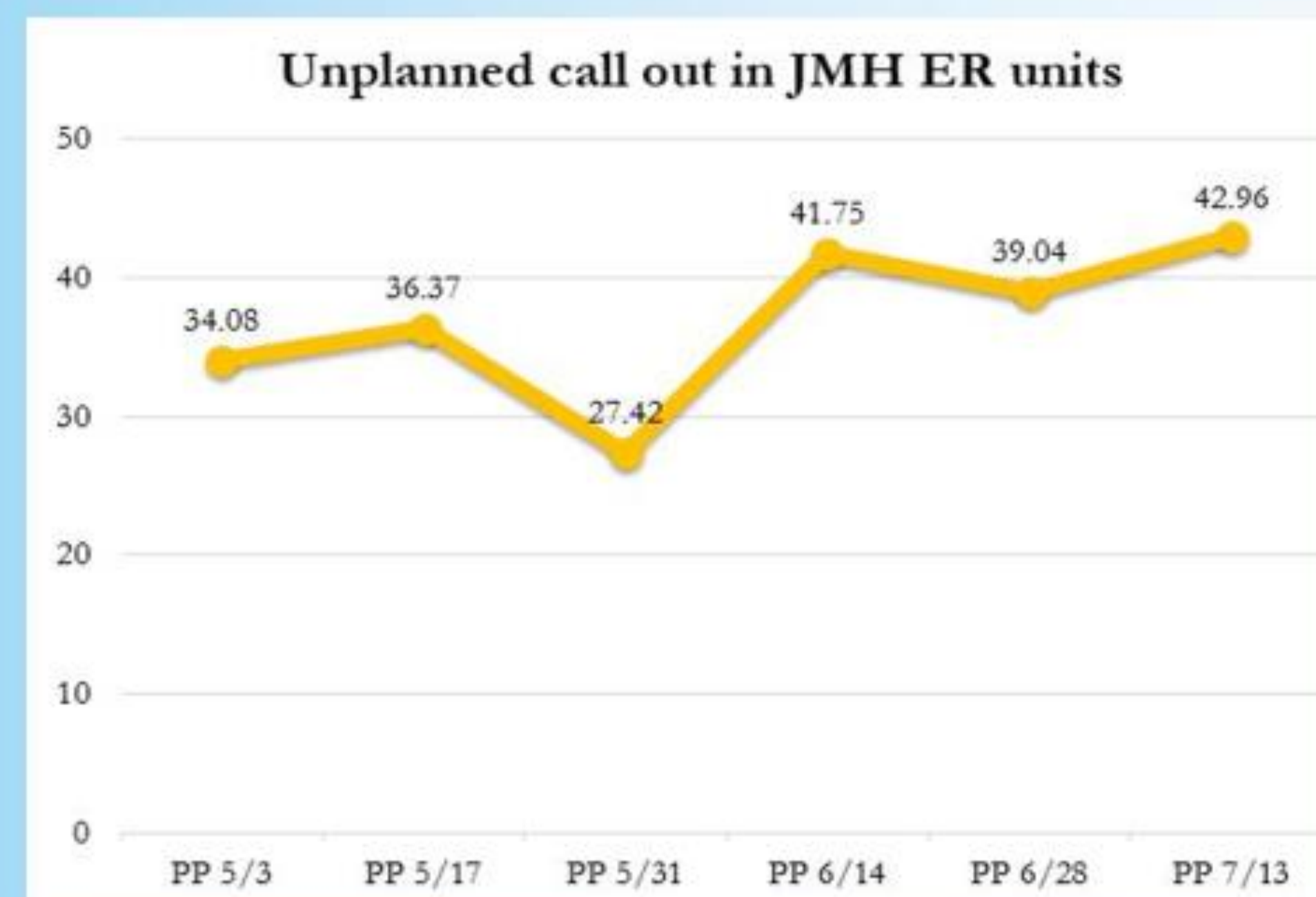
This poster describes the development of a surveillance tool to proactively track, manage and mitigate COVID-19 impact on health care staff.

BACKGROUND

During the height of the COVID pandemic, in June 2020, a significant increase in unplanned callouts (FTE) was observed in the adult Emergency Department (34% to 43%).

The COVID positive rate in the workplace also experienced an increase trend since March 2020, from 12% to 34%.

This was alarming for leaders and made it difficult to staff. Discussions were initiated to determine how best to create a response to control or reduce the number of unplanned callouts due to the spread of COVID-19 infection.



METHODOLOGY

Stakeholders from the ED, Clinical Executive Leadership, Human Resources and Information Technology collaborated and developed an application for employees to self-screen for COVID-19 symptoms prior to reporting to work.

A pilot study was launched in the Emergency Department (ED) to test the application over several months.

Staff completed a self-assessment, reporting relevant signs, symptoms and/or any related exposure.

Using standard algorithms, the application immediately determined employees' report to work status. The entire process was completed in less than 30 seconds.

DISCUSSION

Virtual self-screening for COVID-19 symptoms prior to reporting for work may provide several benefits:

- Decrease the spread of COVID-19
- Provide leaders the data to make staff scheduling adjustments
- Increase staff engagement and confidence in feeling safer at work.

REFERENCES

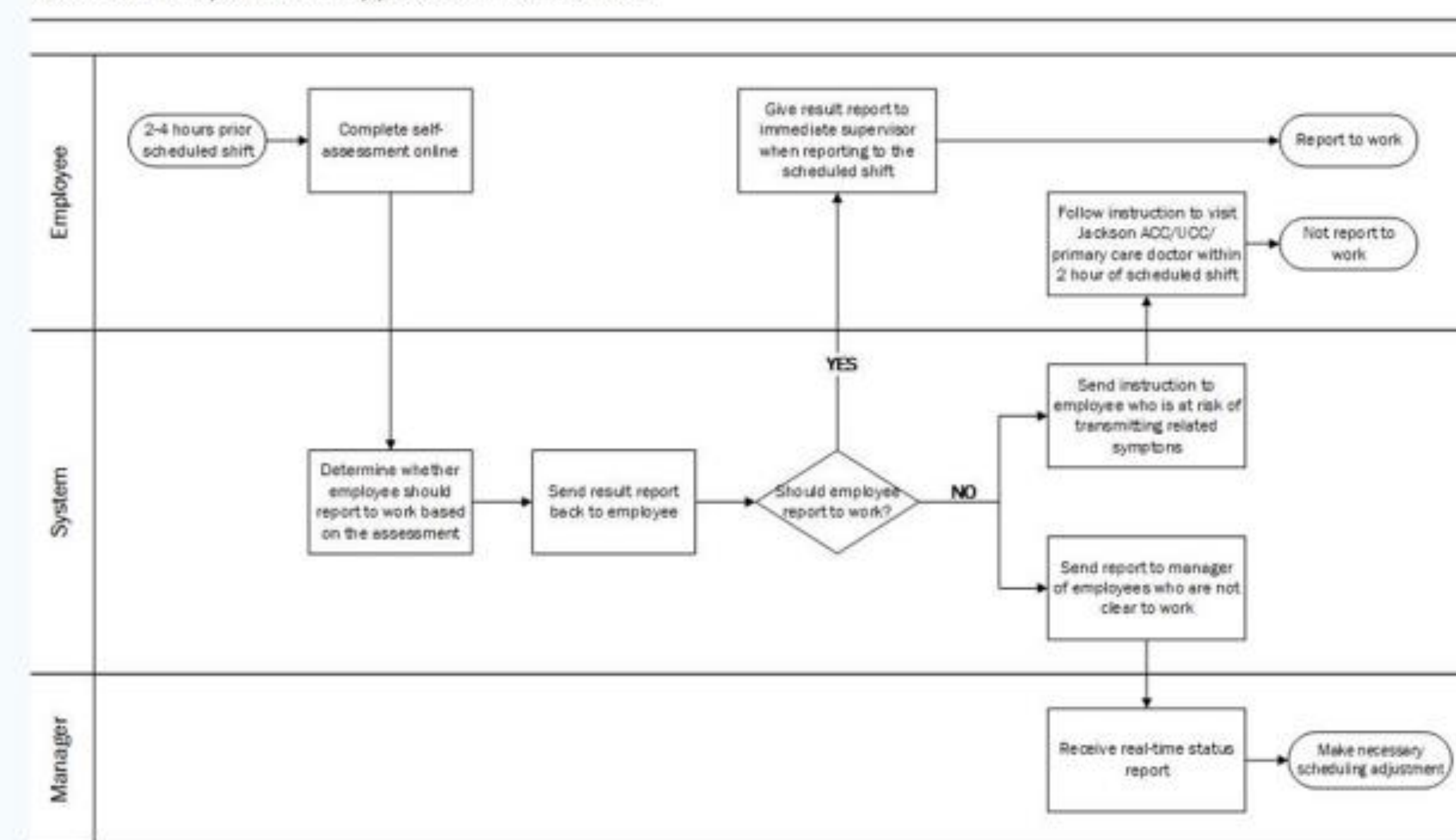
Fawaz, M., Anshasi, H. & Samaha, A. (2020). Nurses at the Front Line of COVID-19: Roles, Responsibilities, Risks, and Rights. Am J Trop Med Hyg. 103(4): 1341-1342. doi: 10.4269/ajtmh.20-0650

FINDINGS/IMPLICATIONS

Positive cases in the ED decreased by 21%. Unplanned callouts decreased by 8.7% and staff reported feeling safer and more confident working, with reduced concerns of exposure.

The self-screening tool was subsequently implemented throughout the entire health system for all staff.

COVID-19 Daily Check-In Application Process Flow



Daily Employee Wellness Reporting

1. Have you been exposed to a confirmed or suspected positive COVID-19 Person within the last 14 days?

2. Are you experiencing any of the following symptoms?

3. How do you feel about your health today?

4. How do you feel about your ability to perform your work today?

Daily Check-In Confirmation

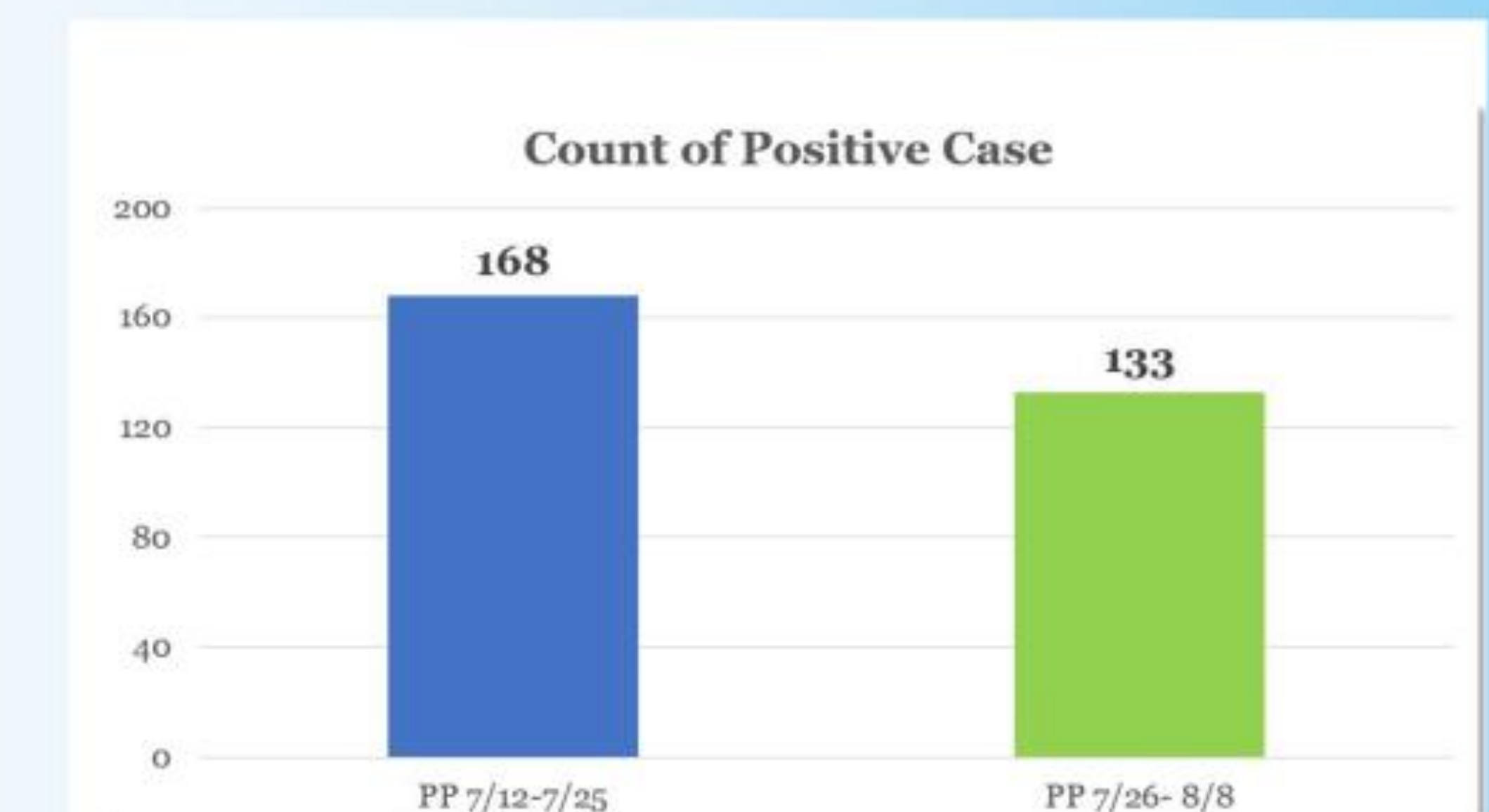
Daily Check-In/Report to Work Decision

Date: 08/11/2021

Employee:

BadgeID:

Report to Work: YES



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It's all "About Me": A simple intervention for revitalizing rapport and the caregiver-patient relationship

Christine Moran MSW, BSN, RN and Marie I Joseph MSN, RN

BACKGROUND

Nursing staff on an inpatient behavioral health unit that is part of a large public academic medical center voiced difficulty developing rapport with an increasingly acute older adult population whose members were experiencing significant memory and other cognitive impairments. . . PPE requirements, visitor restriction, and staffing shortages faced during the COVID-19 pandemic have further challenged the nurse's ability to develop a therapeutic relationship with his or her patients.

There is ample evidence in the literature demonstrating that the caregiver-patient relationship is at the core of the caring and healing environment, and that the caregiver's understanding of each unique individual is essential to building this therapeutic relationship (Koloroutis, 2004). Furthermore, a study conducted by Zimmerman et al (2019) found that the majority of a sample of hospitalized patients believed that physicians and nurses could provide better care to them if the clinicians knew more personal information about them

PURPOSE

Nurses and other professionals routinely gather medical and psychosocial history from the patients and other collateral sources as part of the inpatient admission process, however information regarding the individual on a more personal level is not captured. Patients are often unable to provide reliable information at the time of intake due to physical or mental state.

The purpose of this project was to develop and implement a simple intervention to improve the care-giver patient relationship and perception of care.

METHOD

An interprofessional team designed an "About Me" folded placard with prompts for capturing personal information such as preferred name, favorite pastime, and important relationships. Information was gathered by team members from the patient and significant others. The completed tool was placed on the patient's bedside table for use in daily caregiver-patient interactions.

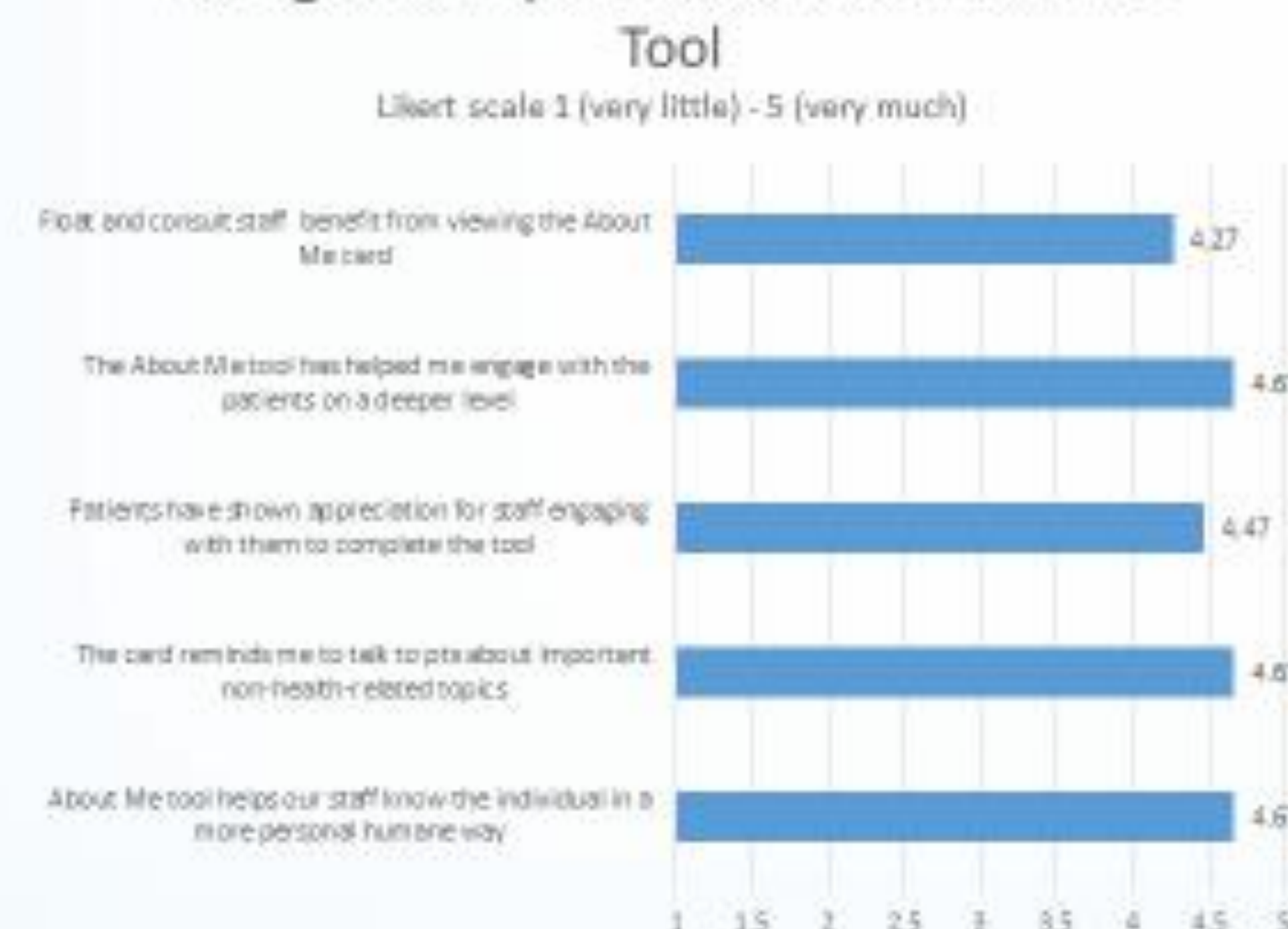


RESULTS

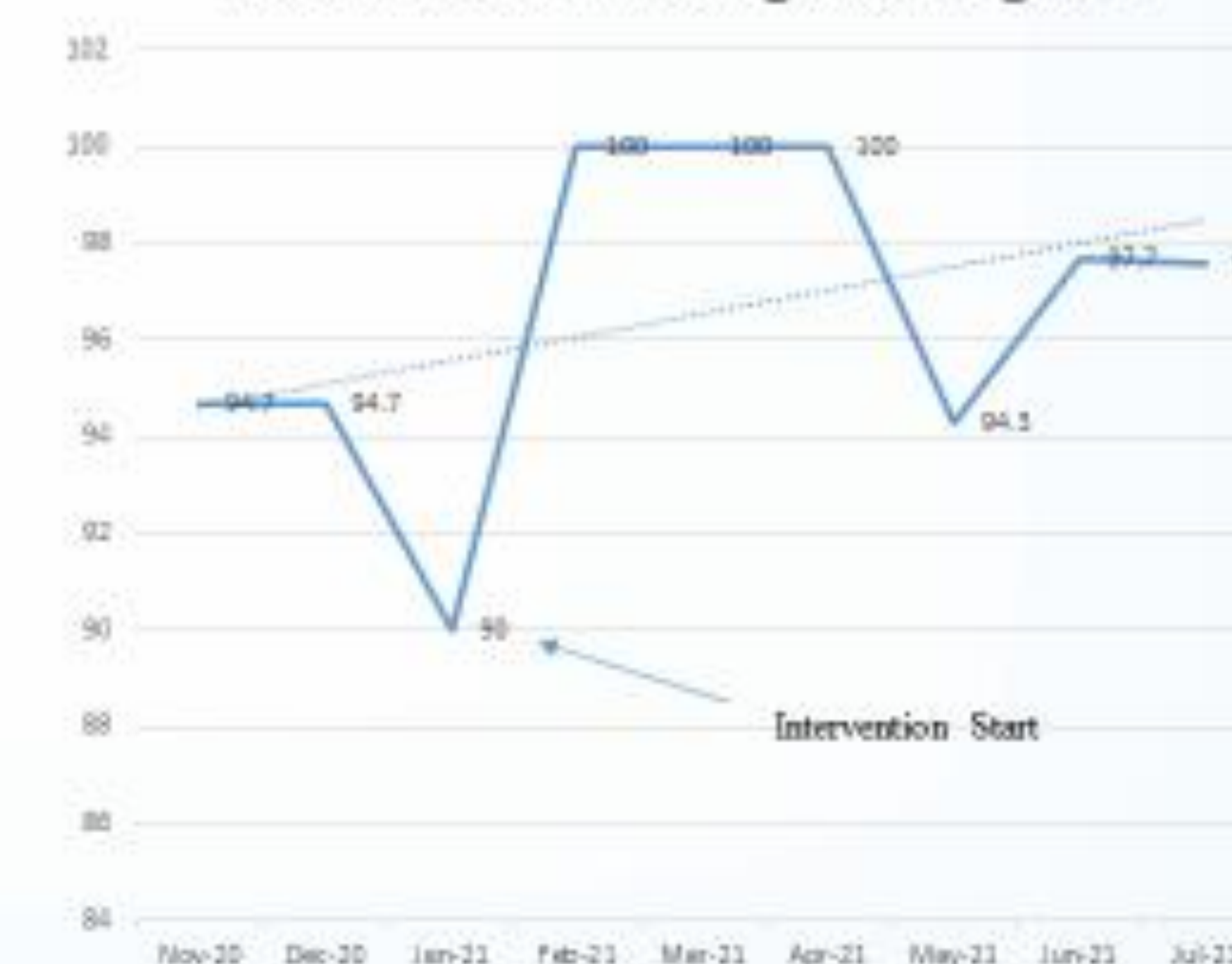
A brief survey was completed by nursing staff two months post-implementation to gauge experience with the intervention. Pre-and post-intervention scores for "overall rating of care given", collected from the electronic patient discharge survey were compared to gauge change in patient experience.

Implementation of the "About Me" intervention resulted in improvement in patient experience scores that was sustained for 3 months post-intervention. Staff responding to the caregiver experience survey gave high ratings to the intervention in terms of improving ability to engage with patients on a deeper level. The "About Me" tool was successfully implemented on the inpatient detoxification unit following the initial pilot.

Caregivers' Experience of the About Me



Patients' Overall rating of care given



IMPLICATIONS FOR PRACTICE

The "About Me" tool may be even more useful for enhancing the caregiver-patient relationship in the inpatient medical environment, where caregiving tends to be task-focused by nature. When caring for patients during the pandemic, hidden behind layers of PPE, finding a way to engage with patients on a personal level is essential. In many cases this aspect of nursing has lost priority, and an intervention such as "About Me" is a relatively easy way to start to bring back the humanistic side of nursing.

"About Me" Prompts can be adapted based on the particular population or individual served. As an alternative to the placard, the information can be presented and accessed on a white board or electronically (in "smart" hospital rooms).



References

- Koloroutis, M. (Ed.) (2004). *Relationship-Based Care: A Model for Transforming Practice*. Minneapolis, MN: Creative Health Care Management, Inc.
- Zimmerman, D.L., Min, D., Daus-Collins, A., DeBlieux, P. (2019). Treating patients as people: what do hospital patients want clinicians to know about them as a person? *Journal of Patient Experience*, 7 (2), 270-274.

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2020 Vision: Providing a Clear Path for Successfully Leading During a Pandemic and Beyond

Christine Moran LMSW, RN NEA-BC

Tiffany McMillan BSN, RN

Background

VUCA is a framework originally utilized by the Department of Defense to conceptualize the Volatility, Uncertainty, Complexity, and Ambiguity of the situation facing the military following the cold war; it has also been used to describe the immediate post-9/11 world and the 2008 financial crisis (Kraaijenbrink, 2018). The COVID-19 pandemic exemplifies the Volatility, Uncertainty, Complexity, and Ambiguity that is becoming ubiquitous in the modern world.

Purpose

Successfully leading in a VUCA environment requires specific tactics. The purpose of this project was to develop an easy-to-remember skills guideline to use when leading during the pandemic or any other VUCA time. Hospital-acquired COVID infections, non-COVID quality and safety metrics, patient experience scores, and innovations were tracked in a 171-bed public behavioral health hospital.

References

- Grant, A (2021). Think again: The power of knowing what you don't know. New York, NY: Viking
- Kraaijenbrink, J. (2018). What does VUCA really mean? Forbes, December 19.

Method

The CLEAR PATH model was developed for leading through the pandemic. CLEAR PATH is an acronym for:

- **Communicate** to reduce uncertainty. In a VUCA situation, effective communication is simple, aligned with core values, repetitive, transparent, and delivered calmly and by varied modalities. Closing the loop is important.
- **Listen** to mitigate fear and gain insight. During times like this, being an understanding and empathic leader reduces anxiety and promotes performance. Issues that need to be addressed will be uncovered.
- use **Expertise** to manage complexity. Expert guidance from infection prevention, supply chain, lab, vetted sources such as CDC and WHO, and colleagues from other hospitals or parts of the country are integral to success.
- rapidly **Adapt** to volatile circumstances. Prepare for multiple scenarios, make small tests of change, and don't forget to create space to think and rethink as new information comes forth (Grant, 2021).
- **Role-model** to reduce ambiguity and uncertainty. Rounding frequently, wearing appropriate PPE at all times, and getting vaccinated set the right example.
- **Prioritize** to manage complexity. During COVID-19 surges, the pandemic takes priority. Staff wellness is another high priority item. Launching new programs and non-pandemic-related renovations are likely delayed. Constant re-evaluation and re-prioritization is necessary.
- delineate **Accountabilities** to reduce ambiguity. Ownership of PPE supply management and contact tracing and reporting must be clear.
- **Teamwork** is of utmost importance in a VUCA situation. Partnering with environmental, lab, supply chain, and infection prevention is key.
- **Honor** our healthcare heroes, not just with special events but on a daily basis through recognizing their efforts and safeguarding their well-being.

Results

During the first 18 months of the pandemic there were five brief unit quarantines and five incidents of hospital-acquired COVID-19 infections (all from a single outbreak with the Delta variant). With very few exceptions, non-COVID-related quality and safety outcomes were sustained or improved over the course of the pandemic. Percent top box patient experience survey scores improved by approximately 10% during this time frame. In terms of innovations, a designated COVID Behavioral Health Unit was developed. Telepsychiatry was implemented in the outpatient department and affiliated acute care hospital EDs. A 21-bed co-occurring substance use disorder/mental illness inpatient unit was created to address a three-fold increase in substance use disorders.

Implications for Practice

The CLEAR PATH model can be applied to leading in any workplace and in any situation that is volatile, uncertain, complex and ambiguous.

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FACTORS INFLUENCING PRECEPTORS' ATTITUDES, PERCEPTIONS, AND BEHAVIORS REGARDING THE CLINICAL COMPETENCIES OF GRADUATE NURSES

Anthea Burton Elwin, PhD, RN
Center for Nursing Excellence, Jackson Health System

ABSTRACT

A Qualitative Grounded Theory Study

(a) to develop a theory that explicates the clinical nurse preceptor's perceived role in facilitating clinical competencies in graduate nurses

(b) to explore the factors influencing nurse preceptors' attitudes, perceptions, and behavior regarding the clinical competencies of graduate nurses.

Data collected through individual semi-structured interviews of preceptors and confirmed by a focus group of certified, trained preceptors.

Three conceptual categories emerged: (a) *understanding*, (b) *informing*, (c) *representing* leading to theory of *Becoming: A Wonder of Existence*.

Preceptors are vital to improving patient safety by assisting new graduate nurses develop the right clinical skills.

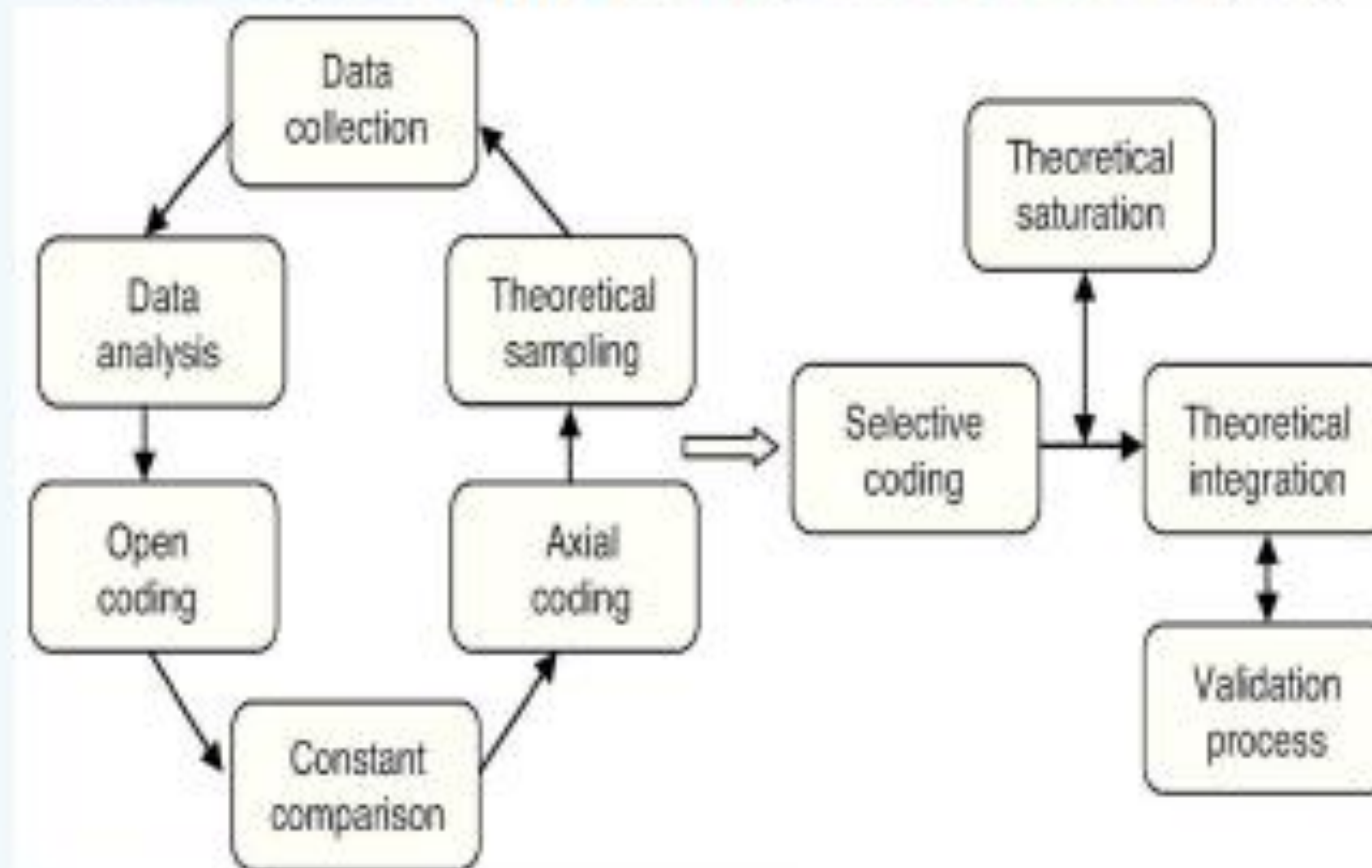
Key Words: Graduate Nurse, Competency, Preceptor

METHODOLOGY

Systematic Grounded Theory

Provide the opportunity to generate rich data regarding the experiences of nursing preceptors who help onboard new graduate nurses enter the workforce

Schematic representation of Grounded Theory based on Corbin & Strauss (2008)

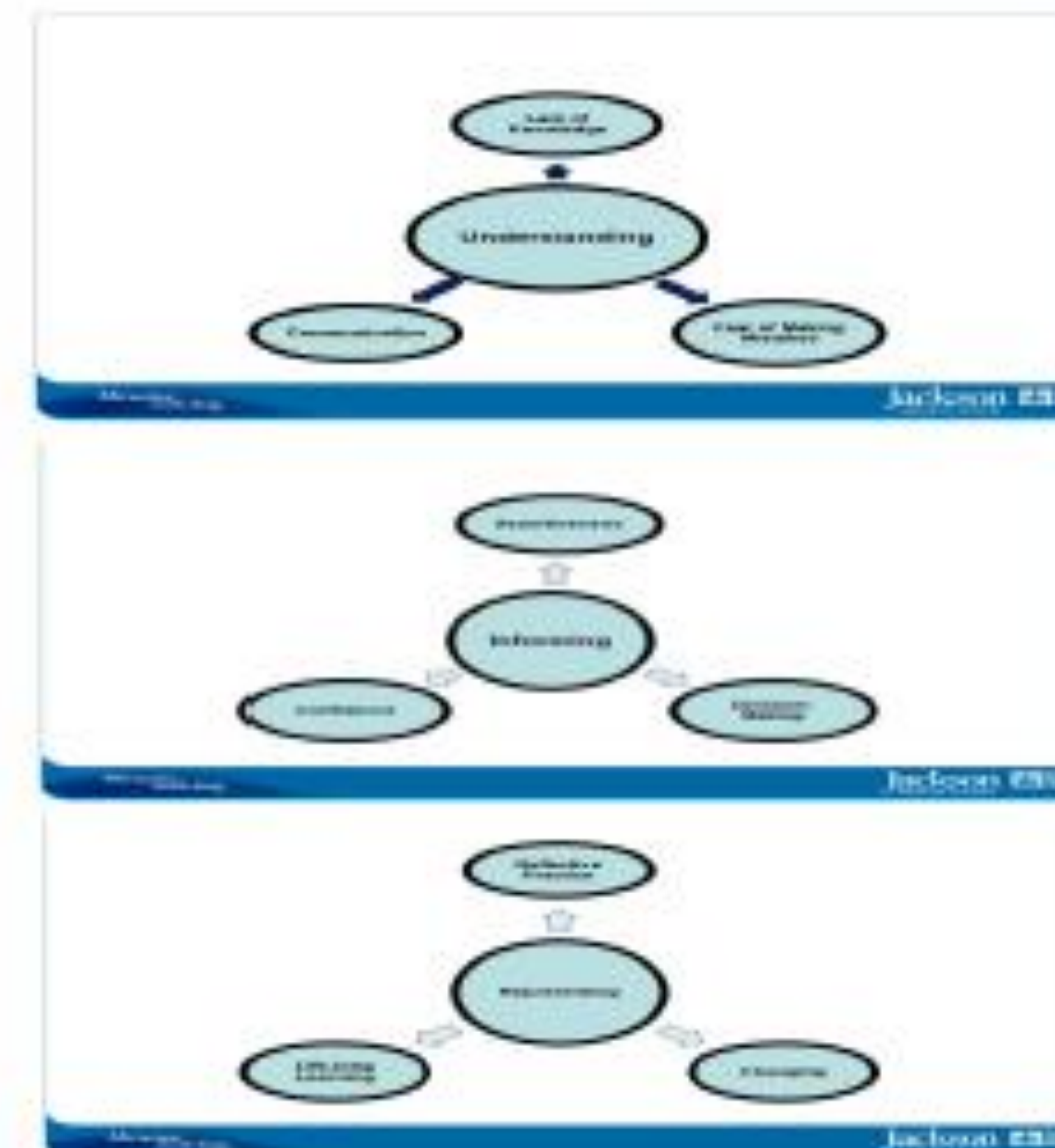


Access & Recruitment / Sample & Setting

- Purposive**
 - Participation was based on the predetermined inclusion and exclusion criteria
- Snowball**
 - Preceptors identified other preceptors who they knew would contribute rich information
- The Theoretical Sampling**
 - Data collection based on concepts derived from data. This circular process continued until the research reached the point of saturation
- Sample Size**
 - Individual: 12 participants
 - Focus Group: 7 participants

RESULTS

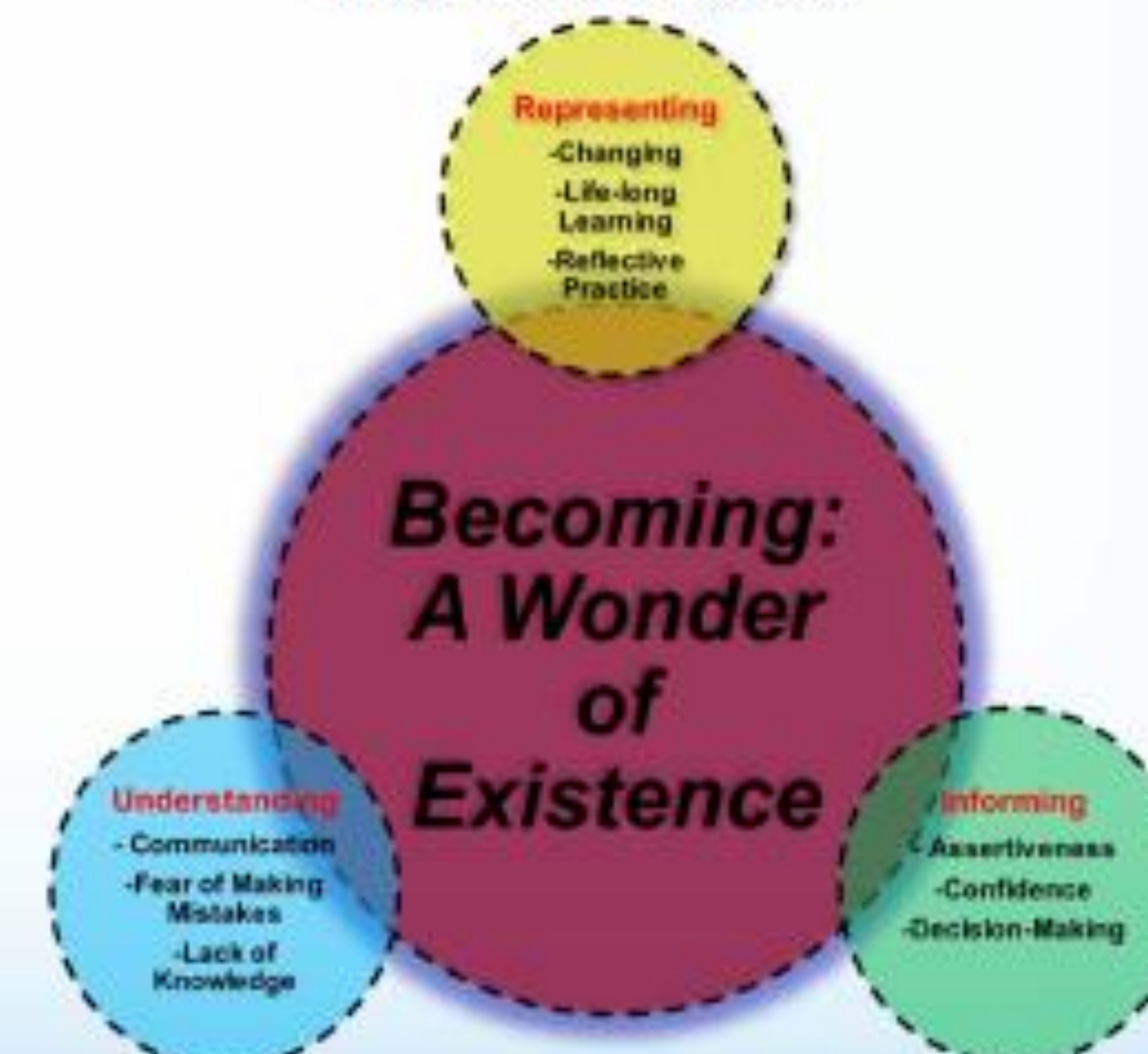
Categories & Sub-categories



Evolution of Theory

The basic social process, *Becoming: A Wonder of Existence*, is the summation of characteristics of the factors influencing preceptors' attitudes, perceptions and behaviors regarding the clinical competencies of new graduate nurses.

Basic Social Process



CONCLUSION

Discussion

- This study confirmed earlier studies that there is confusion about expectations from academia and practice about new graduate nurses' practice competencies when entering the workforce (Wolff, Regan, Pesut & Black, 2010).
- The participants of this study confirmed that new graduate nurses lacked practical skills despite having significant knowledge of the nursing process.
- Preceptors must work to prepare new graduate nurses for the demands of caring for higher acuity patients.
- There is an opportunity for the practice setting to implement uniform transition to practice programs to help the new graduate nurse build confidence and competence.

Significance of the Study

Nursing	Education	Practice	Research	Public Policy
Increase knowledge about critical factors influencing nursing preceptors' perceptions toward achieving success in newly graduated nurses' practice competencies	Determine areas of curricular strengths and weaknesses in the preparation of competent nurses	Improvement in client recovery, Decrease burnout, Increased retention	Explore the success of competency-based education in nursing	Mandate residency programs for all new nurses
			Explore how precepting creates learning and how it facilitates competency	Education for nurses be rendered by reputable organizations. One educational level of entry into the profession.

INTRODUCTION

Background

The new graduate nurse faces many challenges

- difficulty managing an increased patient workload
- time management
- lack of experience with clinical skills
- difficulty communicating with members of the team

Healthcare Providers are under tremendous pressure

- to ensure quality patient outcomes
- delivered by safe and competent nurses

Study Purpose

An interpretivist grounded theory study to understand the critical factors that influence the attitudes, perceptions, and behaviors of nursing preceptors regarding the practice competencies of newly graduated nurses.

ACKNOWLEDGEMENTS

Wolff, A., Regan, S., Pesut, B., & Black, J. (2010). Ready for what: An explanation of the meaning of new graduate nurses' readiness to practice. *International Journal of Nursing Education Scholarship*, 7(1), 1-17.

Corbin, J. M. & Strauss, A. L. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.

Contact Information: Anthea Burton Elwin, PhD, RN

Anthea.Elwin@jacksonmiami.org

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