Creating Healthy Work Environments VIRTUAL 2021

"Making the Best of a Bad Situation": Nursing Best Practices During the COVID-19 Pandemic

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Purpose: To describe an innovative process used by clinical nurses that identified resources that helped them provide high quality care leading to improved patient outcomes, both during the COVID-19 Pandemic, and afterwards.

Methods: Clinical nurses utilized a Bell-Shaped Curve to illustrate resources that worked best, and those that did not, during the COVID-19 pandemic surge, which occurred March 8-May 9. 2020 in the Metropolitan New York Area. Evaluation was based on "real-time" analysis of patient outcomes determined during team "brief" and "debrief" communication huddles, held at specific times throughout the day. Feedback was shared using ZOOM in a virtual setting. Every clinical unit was included in communication sessions held in a Command Center within the hospital. The Center was manned by department heads and administrators. Influential leaders made nurses' requests a reality in a rapid sequence of events, which was needed to keep pace with the constant cascade of change occurring in the hospital environment.

Results: On the positive side of the bell-shaped curve nurses identified the following: 1) Continuous, accurate information from hospital leadership, mostly related to Infection Control Guidelines and Personal Protective Equipment (PPE); 2) Prone-ing Team, consisting of 4 Physical Therapy and Surgical Services staff members, available on a 24/7 basis, to help position/reposition critically ill patients; 3) Anesthesiologists in-house 24/7 for rapid intubation of patients and Intubation Carts on every clinical unit; 4) I-Pads for every patient to facilitate contact with family members and loved ones; 5) Healthy meals for staff delivered to clinical units throughout the day (free of charge); 6) Holistic practices, such as: Aromatherapy, Massage, Reiki, and Mindfulness provided to staff in safe-zones at the hospital; 7) Music Therapy on patients' T.V.s, free of charge, and overhead songs when a patient was successfully extubated.... "Every Breath I Take"; and upon discharge home... "Don't Stop Believing". On the negative side of the bellshaped curve nurses identified the following: 1) Nurses deployed from non-Critical Care Units to COVID-19 surge units needed structured orientation and on-going emotional support; 2) Assignments needed to be in writing and specific to avoid confusion, practice variation, and missed nursing care; 3) Identification of limited, but essential components of nursing documentation in the electronic medical record in light of increased nurse:patient ratios: 4) Mechanism for leadership to dispel rumors and fears among staff (emotional support services).

Conclusion: The structures, processes and resources identified by clinical nurses, so adequately illustrated on a Bell-Shaped Curve, have been strengthened by Administration to create a Healthier Work Environment and an organizational culture of "readiness" in anticipation of an unpredictable future.

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Keywords:

Bell-Shaped Curve, COVID-19 Pandemic and Healthy Work Environment

Abstract Summary:

Discover how clinical nurses advocated for resources to help them provide high quality nursing care during the unprecedented cascade of change imposed by COVID-19. Using a bell-shaped curve to illustrate effectiveness, nurses embraced best practices that lead to positive outcomes, and eliminated ineffective practices; thereby establishing a Healthy Work Environment.

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Author Summary: Dr. Moran possesses over 40 years of professional Nursing experience in a wide range of clinical, leadership and teaching positions. She has been Principal Investigator of over 10 IRB-approved Nursing Research Studies and conducted over 50 EBP projects. Dr. Moran has published in peer-review journals. In addition, Dr. Moran has disseminated her work in Podium and Poster presentations at regional, national and international conferences, such as: the national Magnet Conference and Sigma Theta Tau Conferences.