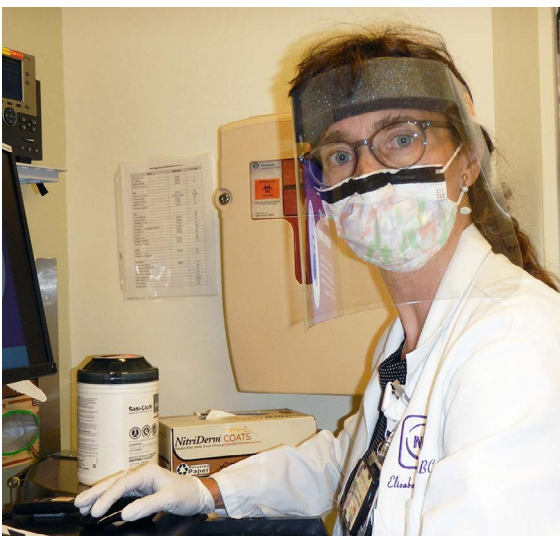


THE ADVOCATE



NPNY 2020:
**STRENGTH
IN
CRISIS**

**UNITED
WE STAND
AGAINST
RACISM**



WORKFORCE
CHALLENGE:
**AN OCCUPATIONAL
HEALTH
PERSPECTIVE**



Photo: Elizabeth Veneskey

NPNY 2020: STRENGTH IN CRISIS

Denis Hawkins, MSN, RN, CCRN, FNP-BC President, Nurse Practitioners of New York

2020 marks the 20th anniversary of the inception of our charter for Nurse Practitioners of New York. It has been a year of crisis and action. The coronavirus pandemic has claimed the lives of more than 180,000 Americans. Proudly, many of our members have bravely served on the front-line to save lives.

In the early days of the pandemic our organization recognized the need for legislative action. Audrey Hoover and Rachael Lerner led our Advocacy Committee's effort. After meeting virtually with legislators to discuss social distancing, PPE, and practice environment, the Governor issued a temporary executive order suspending the burdens of collaborative practice in New York State.

This greatly improved access to care for Covid patients. We are grateful for their continued effort on our journey to full practice authority in New York State. Additionally, Lisa Paplanus and the Program Committee quickly responded to the challenges of social distancing.

Our fall program will now be available as a virtual webex in order to promote social distancing and learning. We are so grateful for this swift action.

“Through listening, learning, and acting we can improve healthcare access and outcomes.”

The murder of George Floyd ignited a call to action on racial inequalities which have festered in America for more than 400 years. NPNY strongly supports the peaceful protests of the Black Lives Matter movement.

This past year we were fortunate to have Juliette Blount present a two-part series “What Is Race & Why Does it Matter in Primary Care?”. This series highlighted the inequities in healthcare for patients of color. In June, healthcare protections for our transgender patients as part of the Affordable Care Act were rolled

back. Through listening, learning, and acting we can improve healthcare access and outcomes. NPNY will continue to be a part of this effort.

Our organizational fortitude and muscle have been tested and flexed as in no other time. We have responded and will continue to strive for improved practice authority for Nurse Practitioners, mitigation and care of Covid-19, and equality in healthcare for black lives. NPNY proudly engages these challenges as we embark on our 21st year!

Wishing continued health and safety to all.

2020-2021 NPNY PROGRAM CALENDAR

In light of the ongoing pandemic, all programs will be virtual and subject to change without advance notice. Advanced registration required through npsy.enpnetwork.com.

Monthly programs offer two continuing education credits (CEs).

- Free for members
- Non members: \$20
- NP students: \$5

Additional fees applicable to Pharmacology and Advocacy Conferences

Thursday, September 17, 2020

Gastrointestinal Disease Management for NPs
Ian Sherman, NP-BC

Saturday, September 26, 2020

Young Onset Colon CA and Transgender Health (4 CE)
8:30AM to 1:45PM
Zana Correa, NP-BC
Nathan Levitt, FNP-BC
*Rescheduled (2 CE) programs from 2019 now combined.

Thursday, October 15, 2020

Update in Management of Advanced Heart Failure
Jennifer Pavone, AGACNP-BC

Saturday, November 7, 2020

Annual Pharmacology Program (6 CE)
Refer to announcement for additional details.

Thursday, November 19, 2020

Atrial Fibrillation Management Update
Aileen Ferrick, NP-BC

Thursday, January 21, 2021

Family Planning and GYN Disease Management
Trisha Joseph, NP-BC

Thursday, February 21, 2021

Legislative Policy Update for NP Practice
Rachael Lerner, MS, WHNP-BC

Wednesday, March 10, 2021

Advocacy Day (8.25 CE)
Rachael Lerner, MS, WHNP-BC

Thursday, March 18, 2021

Wound Management for NPs
Sarah Lebovits, ANP-BC, CWOCN, DAPWCA, IIWCC-NYU
Elizabeth Savage, MSN, APRN, ACNS-BC, CWON, IIWCC-NYU

Thursday, April 15, 2021

Recognition & Treatment of Common Skin Disorders
Fitzgerald Sanchez, MD

Thursday, May 20, 2021

Chest Xray Interpretation for NPs
Kate Tayban, ACNP-BC, GNP-BC

2020 ANNUAL PHARMACOLOGY CONFERENCE

PSYCHOTROPIC, ANTICOAGULANT, AND COVID-19 MANAGEMENT PHARMACOLOGY

Saturday, November 7, 2020
9AM – 4PM (Virtual Conference)
(6 CE)

Fee: NPNY members: \$75,
nonmembers: \$100, students: \$50

Speakers:
Cristian Merchan Pharm.D., BCCCP
Tania Ahuja Pharm. D.
Yanina Dubrovskaya Pharm. D.

Advanced registration required through
npsy.enpnetwork.com.



Photo: Elizabeth Veneskey

UNITED WE STAND AGAINST RACISM

Susie Moscou, FNP, MPH, PhD
Executive Director Nursing Program & Associate Professor
Mercy College

Juliette G. Blount, MSN, ANP
Nurse Practitioner/ Health Equity Speaker

“The function, the very serious function of racism, is distraction. It keeps you from doing your work. It keeps you explaining over and over again your reason for being.”

-Toni Morrison

Eight minutes and forty six seconds was the time it took to end the life of a Black man in America. This act of brutality has been replicated by police for decades resulting in the needless deaths of Black men and women.

Camara Jones, MD, MPH, PhD (past president of the American Public Health Association) defines racism as:

“A system of structuring opportunity and assigning value based on how one looks, that unfairly disadvantages some and unfairly advantages other individuals and communities and saps the strength of the whole society through the waste of human resources.”

It is this structure of racism that produces stark gaps in wealth, health, housing, and employment opportunities. The overrepresentation of racial and ethnic morbidity and mortality seen in the COVID-19 pandemic highlights racial and economic inequities that have been present for centuries.

Racism is the pandemic that we,

as nurse practitioners, must work to eradicate. It is only by ending these structural inequalities that we can affirm that health is not just the absence of disease, but is a state of complete physical, mental, and social well-being.

The Nurse Practitioners of New York stands in solidarity with the anti-racist movements occurring throughout New York City, the nation, and the world. Nurses have long led the struggle against racism and its effect on the communities that we serve. As nurse practitioners, it is our responsibility to ensure that the struggle continues until justice prevails.

“We have a lot more work to do to save lives everywhere, in particular, for vulnerable populations and communities of color.”

-Lauren Underwood, MSN, MPH; US House Representative, 14th District, IL

Please stay tuned for more information about how you can join us as part of this effort.

WORKFORCE CHALLENGE DURING COVID 19: AN OCCUPATIONAL HEALTH PERSPECTIVE

Elizabeth Veneskey MSN, AGPCNP-BC

“WHILE YOU CARE FOR OTHERS, WE TAKE CARE OF YOU.”

This is the motto of Occupational Health Services (OHS) and our desire as OHS Nurse Practitioners. What ensued as the severity of the Covid-19 outbreak unfurled its relentless torture on patients, families, and the employees who take care of them, left us with an overwhelming sense of chaos and helplessness.

I remember vividly when our staff was gathered in January around the office island for a huddle. It seems so very long ago. A new virus, then called 2019 nCoV, present in Wuhan City, China was

Coronavirus had not yet reached the doors of our institution, but we were informed that “just in case” we are preparing to enter phase 2. We could never have predicted how abruptly our roles would change.

In a matter of weeks, four more countries – Korea, Iran, Italy, Japan – were added to the quarantine list followed by California and Washington states. A blast email went out that all employees had to register through OHS any current or upcoming travel plans.

Upon completion of their travel, employees were then mandated to call OHS to be cleared to re-

“A frenzy of calls bombarded and overwhelmed the phone lines.”

starting to make headlines and there was one confirmed case in Washington state directly linked to China. Screening and 14-day self-isolation of all employees returning from China was initiated.

Throughout January, Covid-19 tests were scarce and only done by the Center for Disease Control (CDC) for persons under investigation (PUI). Questionnaires were created to standardize screening and protocol for use by both OHS staff and the temporary supplemental medical and administrative staff.

We were relieved at the time that the novel

turn to work. Keep in mind, this included any layovers or flights that connected through these locations. We pulled out maps to remind ourselves of global geography.

A Covid call center was promptly launched and tweaked rapidly by the Information Technology (IT) department. A frenzy of calls bombarded and overwhelmed the phone lines. Irrate, confused, determined, and frightened supervisors, surgeons, nurses, secretaries, research techs, janitors, and every level of employee, struggled to wrap their heads around the disruption of long-awaited vacations and conferences alike.



Photo: Elizabeth Veneskey

Directives from the CDC, sound bites, daily Governor's briefings, and institutional directives were all making people's heads spin. Fear and aggression crept into the tone of employees and unit managers. Mask shortages and lack of knowledge helped drive the early protocol to not wear masks if no sickness was present.

Testing was strictly limited to people experiencing symptoms and who were clearly part of super-spreading events. How to define what constituted a true Covid 19 exposure and to what extent of follow up contact tracing, testing, prophylactic treatment or charting to be completed on each known case, was discussed daily.

Employees showed up at OHS in tears and afraid of both contracting and spreading the virus to colleagues and family. On some units, managers refused to allow employees to wear masks because "it scares the patients/makes them feel uncomfortable."

Other supervisors would call numerous times, refusing to allow employees to return to work despite having travelled from an innocuous region or already completing the required quarantine after testing

Covid 19 positive. They shouted through the phone at us, "We're all going to die and YOU will be to blame!"

Covid positive employees who followed all protocols reported to OHS that they felt ostracized and bullied by both managers and co-workers. Mental health and counseling referrals were offered to help employees cope with emotional distress.

Requests for exemption from caring for Covid patients poured in. Conditions and pregnancies that employees had previously not divulged were submitted for review, causing much needed RNs, MDs, PCTs, and other direct patient-care employees to flee the growing numbers of units being converted to treat patients who tested positive for Covid-19.

Simultaneously, fervent attempts were being made to reassign those employees displaced due to canceled elective surgeries and FGP sites closing. Who has the choice or is mandated to work from home or remotely? Who has the responsibility of being sure there is ample work assigned and is monitoring productivity? What requirements need to be waived to expedite Crisis Hires? What immunizations can be waived due to remote/virtual working? At what point do these various exemptions expire?

A lot was lost in translation as policies changed and collided with the DOH. Each day updates and Webex meetings scrambled to stay ahead of the latest DOH announcements, which employees were projecting back to the OHS NPs verbatim - phone in one hand, tv remote control in the other - berating us for not caring about them or their families.

Employees called seeking clarity and guidance when Covid-19 struck family members or when they themselves were infected. People expressed guilt and a sense of duty to keep their loved ones safe. Some workers would go home and shower

and sleep in the garage to avoid potential risk to inhabitants. Others would deny any symptoms and plead that they did not want to miss days for fear of losing their jobs. And yet, as is human nature, there were others calling and threatening to sue the institution and demanding that OHS fix their predicament.

A question started to be asked more frequently: Who is going to pay for me to be out of work?" In "normal" times Occupational Health Services has not been viewed as the "sexiest" or most sought-after department or position and messages left by us have, at times, simply been ignored.

Now, however, OHS was assigned the task to help each employee tease out all of the new and confounding information bombarding them daily, including conflicts that arise when their Covid-19 exposure took

ments. N95 fit testing continues to be completed on a variety of masks to match those being used in different facilities and units.

Covid-19 testing is now easily accessible, and OHS has been ordering PCR nasal swab tests for all existing and onboarding employees. Requests to avoid Covid-19 PCR testing began to come in due to previously unreported nasal conditions and surgeries.

Here we are months later. We had hoped to catch our breath, move forward with lessons learned, and face our changed roles with confidence. Somehow, we seem to be coming back around full circle. As of today, any employee who has returned to New York from from 35 states and all international travel must either quarantine for 14 days or be Covid-19 PCR tested within 24 hours of arrival and wait for the result prior to entering the unit.

"IT has played a huge role in getting much needed information updated and communicated through the health portal to all employees."

place at another institution or within their personal/social environment. Locking out our own employees and colleagues inpatient, virtual visits took hold in the name of mutual safety and efficiency.

IT has played a huge role in getting much needed information updated and communicated through the health portal to all employees. Coordination is essential between Infectious Disease and Human Resources, and guidance is needed to determine who might be eligible for workers' compensation.

Meanwhile, we continue to attempt to seamlessly merge cultures and system upgrades between acquired facilities and implement changes anticipated for years. And, yes, there are hundreds of residents and fellows who needed to be medically cleared by July 1st deadline. New York and our health care institution are working on overdrive to ramp up services.

Both employees and patients need reassurance that they are returning to safe healthcare environ-

If Covid PCR positive, and never tested positive previously, the employee must stay home for 10 days. It is truly disconcerting that at the end of each day, as messengers of vital information, we still do not feel the satisfaction of being able to say to our colleagues, "Hey, we are here for you. Let me give you the answers you so desperately seek. It's going to be okay." We all hope that day will come soon.

PROFESSIONAL RESOURCES RELATING TO COVID 19

Dear NPNY Community,

NPNY would like to thank everyone for their role in delivering health care during the COVID-19 pandemic. We commend each of you for your efforts. NPNY recommends the following COVID resources for their members.

We want everyone to take care of themselves and know that you are NOT alone. Please check the NPNY website for updates about upcoming events in the future. Listed below are available educational and informational resources.

Healthcare worker Resources

Occupational Safety and Health Administration:
www.osha.gov

World Health Organization:
www.who.int

NYC Department of Health:
www.jamanetwork.com/journals/jama/pages/coronavirus-alert

NYS Department of Health:
www.health.ny.gov

Johns Hopkins Corona Virus coverage:
www.coronavirus.jhu.edu/map

UCSF Grand Rounds:
medicine.ucsf.edu/covid-19-news-coverage

Medical Journals

British Medical Journal:
www.bmj.com/coronavirus

NEJM COVID 19 Coverage:
www.jwatch.org/na51020/2020/03/20/covid-19-nejm-journal-watch-coverage

Mental Health Resources

Octave Therapy
www.findoctave.com/therapy

Citron Hennessy Therapy
www.privatetherapy.com

Child Mind Institute
www.childmind.org

Ackerman Institute for the Family
www.ackerman.org/training/workshops

Albert Ellis Institute
www.albertellis.org/professional-rebt-cbt-workshops

Self-Care
Headspace App

Childcare for Essential Workers
NYC DOE

AANP COVID-19 Policy Resources

AANP is closely tracking policy announcements related to COVID-19 and has put together a resource page compiling policy updates. Information has been coming in quickly, and AANP will update this page as additional information is released. AANP encourages you to visit this page frequently and continue to check the Government Affairs Update for new information.

AANP would like to draw your attention to an announcement of Medicare and Medicaid waivers that was issued pursuant to the President's National Emergency Declaration. Please reach out to the AANP Government Affairs office with any questions.

Resource organizations listed here do not constitute or imply an endorsement by NPNY.

Sincerely,

Susie Moscou, FNP, MPH, PhD

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