

**National Nursing Research Roundtable
March 3-4, 2022**



From Context to Care: Understanding the Convergence of Social Factors and Emergency Department Care

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The National Nursing Research Roundtable (NNRR) serves the public's health through strong research-based nursing practice. To this end, the purpose of the meeting is to bring together individuals representing nursing organizations — spanning science, education, and practice — to discuss and disseminate research findings relevant to nursing science and practice to improve client outcomes. For practice to benefit from research, findings must be disseminated to, and used by, practitioners and educators. During this two-day meeting NNRR participants will:

- Learn how emergency departments can appropriately identify and address social needs ('social prescribing')
- Understand the role of social problems and risk in creating demand for emergency healthcare services
- Identify factors that influence the success of transitions from emergency department care to community-based care
- Provide a unique opportunity to share and exchange information among the leaders of nursing organizations with a strong research focus

Thursday, March 3, 2022

4:00 PM Networking Session

5:00 PM Welcoming Remarks

Shannon N. Zenk, PhD, MPH, RN
Director, National Institute of Nursing Research

Tania D. Strout, PhD, RN, MS
Chairperson, ENA Emergency Nursing Research Advisory Council
Director of Research and Professor
Department of Emergency Medicine, Maine Medical Center
Tufts University School of Medicine

5:30 PM Keynote and Q&A

**The Structural Sickness of Inequity in our Emergency Care System:
Understanding the Larger Context and Challenges**

Renee Y. Hsia, MD, MSc

Professor, Emergency Medicine, School of Medicine, Institute of Health Policy Studies, UCSF

7:00 PM Adjourn

Friday, March 4, 2022

11:00 AM Opening Session

Tania D. Strout, PhD, RN, MS

11:05 AM NINR Updates and Q&A

Shannon N. Zenk, PhD, MPH, RN

11:30 AM Overview of Emergency Department Visits

11:35 AM Carol DeFrances, PhD

Acting Director, Division of Health Care Statistics
National Center for Health Statistics, Centers for Disease Control and Prevention

11:50 AM *Addressing Specific Social Needs to Provide Contextualized, Person-Focused Care in the Emergency Department*

11:55 AM Implementing a Social Determinants Screening and Referral Infrastructure During Routine Emergency Department Visits

Andrea Wallace, PhD, RN, FAAN

Associate Professor and Associate Dean for
Research, University of Utah College of Nursing

12:10 PM Do Patients Want Help Addressing Social Risks?

Emilia De Marchis, MD

Assistant Professor, Family Community Medicine, UCSF

12:25 PM Improving Health Through Safe and Affordable Housing

Craig Pollack, MD, MHS

Katey Ayers Endowed Professor of Health Policy and Management, Nursing, Epidemiology, and Medicine, Co-Director, General Internal Medicine Fellowship Program, Johns Hopkins Bloomberg School of Public Health
Johns Hopkins School of Nursing

12:40 PM Break

- 1:00 PM** ***Social Determinants of Health and Emergency Department Utilization***
- 1:05 PM** **Measuring Patients' Social Risk Factors During Emergency Department Visits: Considerations and Applications**
- Joshua R. Vest, PhD, MPH**
Professor, Director for the Center for Health Policy, Indiana University- Purdue University Indianapolis
- 1:20 PM** **The Influence of Social Determinants of Health on Emergency Department Visits in a Medicaid Sample**
- Melissa McCarthy, ScD, MS**
Professor of Health Policy and of Emergency Medicine
Milken School of Public Health, George Washington University
- 1:35 PM** **Social Determinants and Emergency Department Utilization: Findings from the Veterans Health Administration**
- Ann Elizabeth Montgomery, PhD**
Associate Professor, Health Behavior, School of Public Health, The University of Alabama at Birmingham
Investigator, Birmingham, AL Veterans Affairs Health Care System
- 1:50 PM** ***Holistic Care Planning: Nexus of Emergency Department and Community Resources in Transitional Care***
- 1:55 PM** **Direct Referral Pathways from EDs to Social Services: Challenges and Opportunities**
- Lauren A. Taylor, PhD**
Assistant Professor, Department of Population Health at NYU Grossman School of Medicine
- 2:10 PM** **Care Transitions in the Emergency Department: Assessing Social Needs and Involving Caregivers**
- Alycia Aileen Bristol, PhD, RN, AGCNS-BC**
Assistant Professor, College of Nursing, University of Utah

2:25 PM **Missed Opportunities and New Strategies: Addressing Social Determinants of Health in the Emergency Department**

Margaret Samuels-Kalow MD, MPhil, MSHP

Associate Professor of Emergency Medicine, Harvard Medical School; Attending physician emergency medicine and pediatric emergency medicine, Massachusetts General Hospital (MGH) Department of Emergency Medicine

2:40 PM **Break**

3:00 PM **Panel Discussion with Presenters/Participants**

Moderator

Billy Rosa, PhD, MBE, NP-BC, FAANP, FAAN

Chief Research Fellow, Department of Psychiatry and Behavioral Sciences, Memorial Sloan Kettering (MSK) Cancer Center, New York

3:45 PM **Endnote**

Phyllis Sharps, PhD, MSN, RN, FAAN

Professor Emerita and the Elsie M. Lawler Endowed Chair, Associate Dean for Community Programs and Initiatives, Johns Hopkins School of Nursing

4:05 PM **Closing**

Yvonne Bryan, PhD

Senior Advisor to the Director, National Institute of Nursing Research

4:10 PM **Final Comments**

Tania D. Strout, PhD, RN, MS

4:15 PM **Final Comments**

Shannon N. Zenk, PhD, MPH, RN

4:25 PM **Adjourn**

Speakers and Abstracts



Shannon N. Zenk, PhD, MPH, RN, FAAN is Director of the National Institute of Nursing Research (NINR). She joined NINR in September 2020, following a 14-year career as a faculty member at the University of Illinois Chicago (UIC) College of Nursing and Institute for Health Research and Policy. Her background is in nursing and public health. Dr. Zenk's own research focuses on community environments as a social determinant of health and health inequities. She and her team conducted pioneering research on food deserts in the United States. Dr. Zenk is an elected member of the National Academy of Medicine and was inducted into the International Nurse Researcher Hall of Fame in 2019.



Tania D. Strout, PhD, RN, MS – Director of Research, Professor of Emergency Medicine Department of Emergency Medicine, Maine Medical Center Tufts University School of Medicine. Dr. Tania Strout received her baccalaureate degree in Nursing from the University of Southern Maine, an MS in Health Policy and Management from the Muskie School of Public Service at the University of Southern Maine, and her Ph.D. from Boston College. She completed her research fellowship at Boston College and is currently the Director of Research for the Department of Emergency Medicine at Maine Medical Center. She is a Professor of Emergency Medicine at the Tufts University School of Medicine and has served there as

Chair of the University's Academic Research Awards Committee and Committee on Oversight. She currently is a member of the Clinical Appointment and Promotion Committee. At MMC, she is a member of the Institutional Review Board; Scientific Review Committee; Provider Health & Resilience Committee; Diversity, Equity & Inclusion Committee; MMC Pride! Committee; Maine Health Lambrew Research Retreat Planning Committee; the Institutional and Departmental Academic Promotions Peer Support Workgroups and she currently co-chairs the Maine Medical Center Academic Affairs Diversity Equity and Inclusion Council. She is a Master Educator in the Maine Medical Center Institute for Teaching Excellence– MITE.

Dr. Strout is a member of the Emergency Nurses Association and currently is chairperson for the ENA Emergency Nursing Research Advisory Council. She is also a member of the Society for Academic Emergency Medicine and there is a member of the Academy for Women in Academic Emergency Medicine, the Academy for Diversity and Inclusion in Emergency Medicine, and the Research Directors Interest Group. Her primary research interests include health-related measurement, psychometrics, and scale development. Her work has included the study of measurement in emergency department triage systems, youth bullying, acute pain in adults and children, and in acute agitation. Access to care, hospital flow, palliative medicine in the ED setting, interpersonal violence, health professions education, clinician tolerance of uncertainty, initiation of buprenorphine for the treatment of opioid use disorder in the ED and the role of nurses in caring for patients with OUD are other research areas.



Renee Y. Hsia, MD, MSc is a Professor and Associate Chair of Health Services Research of the Department of Emergency Medicine. She is also a core faculty member of the UCSF Philip R. Lee Institute for Health Policy Studies (IHPS), as well as a member of the UCSF Center for Healthcare Value and the UCSF Global Health Economics Consortium. She is certified by the American Board of Emergency Medicine. Dr. Hsia speaks Mandarin, Cantonese, Spanish, and French, and provides emergency care to patients with a variety of backgrounds as an attending physician in the emergency department at the Zuckerberg San Francisco General Hospital & Trauma Center, the only county hospital and trauma center for San Francisco,

California.

Dr. Hsia's broad research interests are in healthservices issues related to increasing access to emergency care and regionalization of care. She has been funded by several private foundation grants, including the Robert Wood Johnson Foundation, as well as the National Institutes of Health (National Heart, Lung, and Blood Institute), and the Agency for Healthcare Research and Quality, to study population access to emergency departments and trauma centers in the U.S; the distribution of emergency care across income areas; factors associated with closure of emergency services (both emergency departments and trauma centers); and how these closures affect patient outcomes, specifically focusing on patients with acute myocardial infarction, stroke, asthma/COPD, sepsis, and trauma. Her research program also focuses on healthcare costs and financing issues with regard to emergency care. She is also the site PI for several multi-site studies validating trauma triage criteria for different age groups as well as their ability to predict high-risk patients. She has published on these issues in a broad range of journals, including the New England Journal of Medicine, the Journal of the American Medical Association, and Health Affairs. Her research has been widely publicized in print media, including the New York Times, the Associated Press, Reuters, USA Today, as well as national network news and radio. Dr. Hsia hopes that this work will help to inform the public and policymakers on issues related to the equitable provision of critical services to patients across the country and globally.

Presentation Abstract

Often people see the emergency care system in the United States as an example of unobstructed access: after all, anyone can call 911. Even at arrival to the hospital, there is a federal law – the Emergency Medical Treatment and Labor Act (EMTALA) – which requires all hospitals with emergency departments to evaluate and medically stabilize patients, regardless of their ability to pay. Insidiously, however, an unseen driver of the disparities we see in our healthcare system is the structural inequity in the way emergency care has been designed. The goal of this talk is to set the stage for this roundtable so that all participants can understand the larger context and challenges of what the patients we care for face when we see them in the ED. This presentation will provide examples and empirical research showing the inequitable distribution of healthcare services and unequal benefits derived from scientific advancement.

While the typical response of the “haves” to the unfortunate experience of the “have-nots” may be one of indifference, this talk will also show how the dysfunctional allocation of emergency care resources can be harmful to all, underscoring the need for a wider lens to both understand and address the fundamental problems facing the emergency care system.



Carol DeFrances, PhD, is currently the Acting Director of the Division of Health Care Statistics (DHCS) at CDC's National Center for Health Statistics (NCHS). The Division conducts the National Health Care Surveys, a family of nationally representative surveys of health care providers ranging from ambulatory and inpatient to outpatient and long-term care settings. She is leading efforts to modernize the National Health Care Surveys to electronic data collection utilizing electronic health record data. Prior to becoming Acting Director, Dr. DeFrances served as the DHCS Deputy Director, and the DHCS Chief of the Ambulatory and Hospital Care Statistic Branch. Before coming to NCHS, she was a statistician at the Bureau of Justice Statistics, U.S. Department of Justice. Dr. DeFrances received her PhD in Public

Administration from the American University and her Master's in Public Administration from the University of Pittsburgh.

Presentation Abstract

Hospital emergency departments provide care to millions of patients each year and play a critical role in the American healthcare system. This presentation provides an overview of U.S. emergency department visits using data from the National Hospital Ambulatory Medical Care Survey, an annual nationally representative survey of nonfederal, general, and short-stay hospitals, conducted by CDC's National Center for Health Statistics (NCHS). Pre-COVID-19 data (2016-2019), both on trends in ED visits by age and differences in ED visits by indicators of social determinants of health (including: patient race/ethnicity, primary expected source of payment, metropolitan statistics area (MSA), and homelessness), are examined. In addition, NCHS' efforts to enhance collection of ED data through both data linkage of the National Hospital Care Survey (NHCS) to external data sources, including the National Death Index, the Centers for Medicare and Medicaid Services datasets, and the Department of Housing and Urban Development datasets, and the use of unstructured data extracted from clinical notes collected in NHCS are also discussed.



Andrea Wallace PhD, RN, FAAN is an Associate Professor and Associate Dean for Research at the University of Utah College of Nursing. She received her clinical doctorate (ND) as well as her PhD from the University of Colorado Denver College of Nursing, where she received NINR pre-doctoral funding to examine disparities in health service access for children with severe asthma. Dr. Wallace participated in an NIH and AHRQ funded post-doctoral fellowship in Health Care Costs, Quality, and Outcomes at the University of North Carolina at Chapel Hill where she also delivered direct care to patients as an APRN- Clinical Nurse Specialist. Before pursuing her

career in nursing, Dr. Wallace received her BA in Psychology and Biology with honors in Behavioral Neuroscience from the University of Colorado Boulder.

A primary objective of Dr. Wallace's research is to design high quality chronic health care service interventions aimed at narrowing gaps in clinical outcomes, with an emphasis on understanding how these interventions can be feasibly administered during routine service delivery (e.g., without research resources). She has participated in the development, conduct, and publication of research studies focusing on the quality of chronic disease care (asthma, diabetes, depression, chronic back

pain) in community, primary care, and acute care settings and, with a multidisciplinary team, has developed a widely disseminated a low literacy diabetes intervention. She has successfully partnered with clinicians to develop means of feasibly *and* effectively incorporating a self-management intervention in community (vs academic) primary care practice settings serving vulnerable patient populations, as well as with clinicians in the VA Medical System to better understand the discharge experiences of rural veterans. Most recently, Dr. Wallace 's AHRQ- and NIH-funded research program has focused on how to best account for patients' social determinants of health during inpatient and ED discharge planning, as well as part of COVID-19 testing. As a consequence of her methodological interest in how to best implement research findings in clinical settings, Dr. Wallace was appointed to the NIH workgroup on implementation methodology. She regularly serves on scientific review panels for the NIH, AHRQ, and PCORI.

Dr. Wallace has experience teaching in both undergraduate and graduate nursing programs. Her courses have focused on evidence-based practice, quality improvement, and population health management, as well as advanced quantitative methodologies. She has experience mentoring student projects and presenting to a variety of education programs in nursing, public health, and medicine. She regularly serves on dissertation committees, and as primary mentor to post-graduate trainees.

Presentation Abstract

Despite the importance of social determinants in health outcomes, little is known about best practices for, and effectiveness of, screening and referral during clinical encounters. Since January 2019, we have worked with Emergency Department (ED) registration staff to screen for social needs using the 10-item, low-literacy, SINCERE English-Spanish screener on touchscreens, and have generated automatic referrals to 211 community service outreach specialists and data linkages. Throughout our studies, we have evaluated efforts using implementation frameworks, and collected both quantitative and qualitative data from patients and staff. Across our studies of over 15,000 patients our data have shown that, while approximately half of patients screened in the ED communicate one or more needs, only one-third with stated needs desire follow-up. Further, less than one-quarter of those indicating they would like outreach respond to outreach specialists and are referred to community agencies. Staff observations and interviews have revealed that decisions regarding who and how to screen are influenced by profiling (e.g., by appearance, insurance, reason for visit), and the need for ongoing support to overcome discomfort with screening. Patients have communicated understanding the value of addressing social needs, but express concerns about stigmatization when screening is not conducted universally, and about privacy when data are shared in medical records. In our latest efforts to expand reach and to improve staff and patient engagement, we have identified differences in needs and engagement by location and language, and evidence that universal vs targeted delivery may be key when implementing social needs screening.



Emilia De Marchis, MD is a family physician and health services researcher at the University of California, San Francisco. Her research is based out of the UCSF Social Intervention Research & Evaluation Network (SIREN), where she works to assess and improve how we screen for and address social risk factors within health care settings. Dr. De Marchis co-directs coursework through the UCSF Implementation Science Training program, Partnerships for Research in Implementation Science for Equity (PRISE) Center. She uses implementation science methods to focus on moving research on social risk screening, assistance and adjustment activities into real-world settings. Her clinical work is based out of the UCSF Family Medicine Center at Lakeshore. Through her research and clinical practice, she hopes to advance the health care system's integration of patient social risk data to provide high quality, patient-centered preventative health care, to reduce health disparities. Dr. De Marchis received her MD from Stanford University, and her MAS in Clinical Research and Certificate in Implementation Science from UCSF.

Presentation Abstract

Health care organizations increasingly incorporate screening for social risk factors into patient care. Recent studies report wide variations in interest in health care-based assistance with identified social risks. This presentation will review some of that recent literature, as well as present results from a multi-site cross-sectional survey of patients and caregivers of pediatric patients in seven primary care and four emergency department settings in nine US states. The survey screened for housing-related social risks, food insecurity, transportation problems, utilities insecurity, and interpersonal violence, and randomized the order of the questions on social risk versus desire for assistance with social risks. A total of 1,021 participants were included. 353/622 (53.3%) who screened positive for ≥ 1 social risks were interested in assistance whereas 31/359 (8.6%) who screened negative for all risks were interested in assistance. Participants who screened positive for ≥ 1 social risk had higher adjusted odds of interest in assistance if they: 1) were asked the question about interest in assistance before social risks assessments; 2) screened positive for more social risks; or 3) reported lower income. Among those who screened negative, interest in assistance was higher if participants reported: 1) lower income; 2) prior exposure to health care-based social risk screening; 3) higher perceived appropriateness of such screening; or 4) poorer health. Findings should influence how and when assistance is offered. As the health care system's role in addressing social risk factors evolves, understanding patients' perspectives on screening and interest in assistance is critical to implementing patient-centered interventions.



Craig Pollack, MD, MHS is the Katey Ayers Endowed Professor in the Department of Health Policy and Management in the Johns Hopkins Bloomberg School of Public Health and the School of Nursing. He is a practicing primary care physician whose research focuses on social determinants of health, with an emphasis on housing policy. In current, NIH-funded research, he is investigating the health effects of housing mobility programs that helps families move to more resourced neighborhoods and the impact of increasing housing affordability. He currently serves as a parttime Senior Research Advisor in the Office of Policy Development and Research at the U.S. Department of Housing and Urban Development, co-directs of the Johns Hopkins General Internal Medicine Fellowship Program, and is the Deputy Director of the Institute for Health and Social Policy.

Presentation Abstract

Affordable housing in secure neighborhoods is a cornerstone of health; however, such housing is in short supply. As health systems increasingly identify housing precarity as a key social need facing their patients, addressing this need has proved challenging. This talk will discuss the scarcity of safe, affordable housing before reviewing key federal programs and policies that seek to address this need. It then discusses the role of neighborhood context—highlighting factors including systemic racism—that contribute to existing health inequities. Finally, the talk will explore ways that the COVID-19 pandemic provides a window into programs and policies designed to reduce housing precarity and their impact on health and well-being.



Joshua Vest, PhD, MPH is a health services researcher with an interest in the organizational determinants and effectiveness of health information technology and systems. Most of his work is focused on the adoption, utilization, impact, and policy issues of technologies that facilitate the sharing of patient information between different organizations and their application to population health. His work has employed a variety of research techniques from large-scale database analyses, to geographical information system mapping, to survey research, to qualitative focus groups and interviews. As a former local public health practitioner, Dr. Vest has a particular interest in the measurement and usage of social determinants information. He is a Professor of Health Policy & Management at the Indiana University Richard M. Fairbanks School of Public Health and a Scientist with the Regenstrief Institute.

Presentation Abstract

For health care organizations, measuring patient's social risk factors is becoming increasingly important for intervention matching, risk stratification, and clinical decision making. Multiple options exist for measuring social factors including: ICD10 Z codes, surveys, and natural language processing (NLP) of clinical notes. This presentation will describe the advantages and challenges of each of these approaches. As an alternative, or supplement to these approaches, our team is proposing the use of computable phenotypes and predictive modeling. In preparation for developing these models and comparing phenotypes to the other methods of measuring social

factors, we have collected social factors on a sample of adult ED patients. Within this ED sample, food insecurity, financial instability, and transportation barriers were very common.



Melissa McCarthy, ScD, MS is a Professor in the Department of Health Policy and Management at the George Washington University (GWU) Milken Institute School of Public Health with a joint appointment in the GWU School of Medicine, Department of Emergency Medicine. Dr. McCarthy has a master's degree in epidemiology and a doctoral degree in health services research. Her present research focuses on identifying strategies at the micro and macro levels to address social determinants of health in the Medicaid population.

Presentation Abstract

Objective. To evaluate the relationship between social determinants of health (SDH) and emergency department (ED) visits in a Medicaid sample. **Methods.** We conducted a retrospective cohort analysis of 8,943 adult Medicaid beneficiaries who completed a SDH survey at time of study enrollment. We merged the SDH data with participants' Medicaid claims data for up to 24 months prior to enrollment. Using latent class analysis, we grouped our participants into four distinct social risk classes based on similar responses to the SDH questions. We classified ED visits during the 2-year period as primary care treatable (PCT) or ED care needed (EDCN) using the Minnesota algorithm. We calculated the adjusted log relative PCT and EDCN visit rates among the social risk classes using generalized linear mixed effects models. **Results.** The majority (71%) of the 49,111 ED visits made by the 8,943 participants were EDCN. The adjusted log relative rate of both PCT and EDCN visit rates increased with each higher (worse) social risk class compared to the lowest class. Participants in the highest social risk class (i.e., unemployed and many social risks) had a higher log relative PCT and EDCN rate of 39% (28% - 50%) and 29% (21% and 38%) respectively, than individuals in the lowest social risk class (i.e., employed, and fewest social risks), adjusted for age, sex, and illness severity. This finding was consistent across the presence of different physical and mental health conditions. **Conclusions.** Within a cohort of low-income adults, we observed a strong social determinants of health gradient in ED use.



Ann Elizabeth Montgomery, PhD has 20 years of experience working in the field of homelessness and housing. Dr. Montgomery's work— including research, evaluation, and policy analysis— informs U.S. Department of Veterans Affairs (VA) programs and policies at the national level directed toward ending homelessness among Veterans. She has extensive experience using VA administrative data sources to address her primary research interests: identifying homelessness and risk among Veterans seeking healthcare, assessing interventions intended to mitigate this risk, and studying vulnerable populations and related health disparities. Her work focuses largely on addressing social determinants of health—

including housing instability, gender, violence, rurality, employment, and justice involvement—to improve the health of Veterans.

Presentation Abstract

The Veterans Health Administration (VHA) is not only obligated to address eligible Veterans’ medical issues, it is also expected to acknowledge and respond to Veterans’ non-medical determinants of health, including housing and homelessness. This presentation will describe outcomes among Veterans who experienced adverse social determinants of health and received services from VHA to address related needs, including utilization of acute care services (i.e., emergency and inpatient), risk of all-cause mortality and suicide, and persistent experience of housing instability.



Lauren A Taylor, PhD is an assistant professor in the Department of Population Health in NYU’s Grossman School of Medicine. Her research explores the ethical challenges that arise in managing health care organizations. To date, she has taken up questions about how to appropriately divvy up the labor of addressing social determinants, whether hospitals have legitimate responsibilities beyond the delivery of health care, how to effectively build trust in clinicians and institutions and

what role technology platforms should play in mediating community-clinical relationships. She holds a PhD in Health Management from Harvard Business School and a Masters in Divinity from Harvard Divinity School.

Presentation Abstract

Non-medical crises often land patients in the emergency department (ED). When this happens, frontline clinicians – and most often nurses and nurse care managers – would be well-served by the ability to direct refer these people to organizations with expertise in the provision of social supports. This brief presentation addresses the question: why have such referral pathways been so difficult to establish? I first briefly review the history of health and social service development in the US, then draw on a handful of recent qualitative studies to describe the current state of health-social service relations. I close by suggesting that the arrival of technological platforms such as UniteUs and AunthBertha stand to dramatically reshape these relationships by facilitating electronic referrals, consistent payment, and quality measurement.



Alycia A. Bristol, PhD, RN, AGCNS-BC, is an Assistant College of Nursing. Dr. Bristol received her PhD from the University of Arizona College of Nursing and completed a postdoctoral fellowship from New York University Rory Meyers College of Nursing and Hartford Institute for Geriatric Nursing. Dr. Bristol’s research broadly seeks to address the care needs of older adults and family caregivers, particularly during hospitalization and care transitions. Her research background has included exploring the experience and involvement of family caregivers during intra-hospital transitions or patient movements during hospitalization and the impact of intra-hospital transitions on older

adults' health outcomes. Dr. Bristol is currently examining the influence of intra-hospital transitions on discharge planning and older adult and caregiver readiness for discharge.

Presentation Abstract

Care transitions within the ED include either discharge to community settings or intra-hospital transitions (e.g., the movement of patients from the ED to hospital units, rooms, and beds). During ED care transitions, older adults or individuals aged 65 years or older often depend upon family caregivers to liaise between the patient and the healthcare system. Assessing social needs during ED discharge supports positive patient and caregiver outcomes post-discharge. This presentation will consider how social needs are addressed during ED discharge care transition interventions by reviewing findings from a scoping review conducted by the Geriatric Emergency care Applied Research (GEAR) Network, care transitions subgroup. However, further consideration of caregivers' needs during intra-hospital transitions is needed to help promote continuity of care and support positive health outcomes post-discharge. Additionally, the impact of intra-hospital transitions on care coordination efforts, such as discharge planning, is unknown. To establish a preliminary understanding of how intra-hospital transition factors are associated with caregiver discharge readiness, we conducted a retrospective analysis of patient and caregiver characteristics, transition factors, and caregivers' discharge readiness scores, along with semi-structured interviews with caregivers. I will present findings from this study, which highlight caregivers' experiences during care transitions and discharge planning.



Margaret Samuels-Kalow, MD, MPhil, MSHP is an Associate Professor of Emergency Medicine at Harvard Medical School, the Patricia J. O'Malley, MD Endowed Scholar in Pediatric Emergency Medicine Research, and an attending physician in both emergency medicine and pediatric emergency medicine at Massachusetts General Hospital. Her work focuses on developing interventions to reduce disparities in emergency care and designing strategies to use the emergency department visit to address adverse social determinants of health.

Presentation Abstract

Although emergency providers report strong interest in addressing social determinants of health (SDoH), most feel limited by a lack of time and knowledge. Despite successfully screening for violence, substance use and mental health needs, EDs struggle to identify and address SDoH. In this talk, I will present the emerging evidence on best practices for identifying SDoH in the ED and connecting patients to resources. I will also review where evidence is lacking, particularly around how to scale effective strategies, and measure patient, hospital, and population level outcomes. Finally, I will discuss future research to develop new strategies to improve our ability to address social determinants of health, and improve the equity of care provided in the ED.



Billy Rosa, PhD, MBE, NP-BC, FAANP, FAAN, is Co-Chief Research Fellow, Department of Psychiatry and Behavioral Sciences, Memorial Sloan Kettering (MSK) Cancer Center. He completed his PhD and Master of Bioethics as an RWJF Future of Nursing Scholar at the University of Pennsylvania. His streams of research focus on cancer pain disparities, LGBTQ+ inclusive palliative care communication, and psychedelic- assisted therapy in the context of cancer-related distress. He is the editor of four books and has contributed more than 150 academic publications in journals and texts. He was lead researcher for the 2021 *Nurses for Health Equity: Guidelines for Tackling the Social Determinants of Health* policy report endorsed by the World Health Organization, among others.

Dr. Rosa has been recognized with numerous distinctions, including Sigma’s international Research Dissertation Award, the national Public Health Service Award for Distinguished Practice in Nursing from the American Nurses Association, and the national Excellence in Oncology Nursing Health Policy and Advocacy Award from the Oncology Nursing Society. He was most recently named to the Crain’s New York Business Notable in Health Care 2021 list and is a Scientific Advisory Group Member for the Lancet Commission on Cancer and Health Systems.

Dr. Rosa is a member of the Global Palliative Care and Pain Relief Research Hub, a multi-institutional and international endeavor to advance the recommendations of the Lancet Commission on Global Access to Palliative Care and Pain Relief. He serves as Associate Editor for *Palliative & Supportive Care*, the editorial boards for the *Journal of Hospice and Palliative Nursing*, *Journal of Pain and Symptom Management*, and *American Journal of Nursing*, a board/committee member for multiple global health and palliative care organizations and is Course Director for MSK’s annual *U.S. Celebration of World Hospice & Palliative Care Day* virtual conference. Dr. Rosa is a 2021 Cambia Health Foundation Sojourns Scholar, International Council of Nurses Global Nursing Leadership Institute Scholar, and an American Psychosocial Oncology Society Health Equity Scholar. He is a Fellow of the American Academy of Nursing, the American Association of NursePractitioners, and the New York Academy of Medicine.



Phyllis W. Sharps, PhD, RN, FAAN, Professor Emerita, and former Elsie M. Lawler Endowed Chair and Associate Dean for Community Programs and Initiatives, at the Johns Hopkins School of Nursing (JHSON). Dr. Sharps was the inaugural director for the JHSON Center for Community Innovation and Scholarship (CCIAS), and the East Baltimore Community Nurse Centers (EBCNC), three community- based nurse led initiatives of the School of Nursing. She also established the Health and Wellness Program at the Henderson Hopkins Partnership School.

Her practice and research examine the consequences of intimate partner violence (IPV) among pregnant and parenting women, specifically the effects of IPV on the physical and mental health of pregnant women, infants, and very young children. She has published numerous articles, and book chapters on improving reproductive health and reducing

violence among African American women. She has been the principal investigator for \$3.5 M 5- year research grant funded by NINR, Domestic Violence Enhanced Home Visitation – DOVE, and for a second 5-year NIH/NCID \$4.2 M grant “Perinatal Nurse Home Visitation Enhanced with mHealth”, which tests using computer tablets for screening and intervening for IPV in the home. Dr. Sharps received a two-year, \$1.2 million grant from the Health Services Resources Administration (HRSA), “Advanced Nurse Education Workforce (ANEW)”, which provided scholarships to primary care nurse practitioner students preparing to work among underserved populations. She is Fellow of the American Academy of Nursing and a 2013 inductee into the International Nurse Researcher Hall of Fame, Sigma Theta Tau International Nursing Honor Society.

In 2015, she was honored by the University of Maryland School of Nursing Alumni Associations as a Visionary Pioneer. The Friends of the National Institute of Nursing Research awarded her the President’s Award in recognition of her long-term commitment to leading interdisciplinary research teams. Dr. Sharps earned her BSN and doctorate from University of Maryland School of Nursing, and a master’s in maternal/child health) from University of Delaware School of Nursing. She completed a fellowship in adolescent health at the University of Maryland School of Medicine.

2022 NNRR Planning Committee

Emergency Nurse Association (ENA) Staff



Altair Delao, MPH, is the Senior Associate, Emergency Nursing Research for ENA. Ms. Delao has 18 years of experience in the development and implementation of research focused on emergency nursing practice and management of clinical practice guideline development.



Suzanne Montella, Chief Learning Officer, Emergency Nurses Association (ENA), oversees ENA University, a center of excellence for all professional development education including signature offerings of TNCC, ENPC, ESI and all education programming at annual conference. She has leadership responsibility for our emergency nurses research and all evidence-based position statement, practice resources and clinical guidelines.

Suzanne has over 30 years of experience leading organizations to growth and bringing new products to market within Higher Education and Consumer Products Industries who focuses on bringing tangible value to organizations. Prior to joining ENA, Suzanne was an instrumental Vice President at Capella University driving results that enable the organization to grow from a start up to over \$400M organization. She held key leadership responsibilities including the general management of the largest college including School of Nursing, development and launch of new markets and offerings, and strategy development in a dynamic fast paced environment. Suzanne was classically trained in consumer products marketing at The Pillsbury Company, in which she had increasing leadership responsibilities on a variety of brand teams. She holds a Bachelor of Science in Business from Eastern Illinois University and a Master of Business Administration from DePaul University. Suzanne also sits on several nonprofit boards, including YMCA in the community in which she resides.



Cydne Perhats is a Master-prepared public health professional with 30 years of experience in implementation, research, and development of educational programs for healthcare and other professionals working in diverse settings including, schools, emergency care facilities, and community-based organizations that serve vulnerable populations. Ms. Perhats has been employed with the Emergency Nurses Association for the past 18 years, working to advance the profession through research, education, and evidence-based policies and practice in US emergency departments (ED). Specific focus areas include ED workplace violence, behavioral health emergency care, and work-related stress factors that impact nurses' job satisfaction and retention. Recent publications include a grounded theory of nurse bullying in the ED, assessment of occult suicidality at triage, screening for risk of firearms-related injury, the impact of cannabis legalization on ED visits, need for forensic education in emergency nursing, and prevalence of post-traumatic stress disorder among emergency nurses during the coronavirus pandemic.



Katie Ryan is the Senior Administrative Assistant of Education Program Development and Nursing Research.



Lisa A. Wolf PhD, RN, CEN, FAEN, FAAN, is the Director of Emergency Nursing Research at the Emergency Nurses Association, and an adjunct professor at both the University of Massachusetts and Elms College. Dr. Wolf's work focuses on understanding the socio-clinical structure of the emergency care setting as an influencing factor in nursing practice and patient safety. Her dissertation work provides a theoretical model of clinical decision-making in emergency care environments that demonstrates the intersection of individual factors and socio-environmental factors at the point of clinical decision-making; her work since then has continued to expand and explicate the research, practice, and educational implications of that intersection.

Over the last decade, she has identified individual and environmental driving factors in workplace bullying, moral distress, and fatigue that affect both nursing and patient outcomes. Her most recent work identifies the chronic, cumulative, unacknowledged secondary trauma prevalent in emergency nursing as a driver of lateral and organizational violence, suicidality in nurses, and errors in clinical decision-making. Her work consistently underpins both educational and policy work by the Emergency Nurses Association, specifically in critical areas of residency education, workplace violence, triage practices, identification and management of high-risk patients, and emergency

nursing staffing guidelines. Dr. Wolf received her BA in Anthropology from Amherst College, a Master of Fine Arts in Writing from Emerson College, a diploma in Nursing from St Elizabeth's Hospital School of Nursing, a Masters in Nursing from Molloy College, and a PhD from Boston College's Connell School of Nursing. Dr. Wolf is a Fellow of the American Academy of Nursing and also of the Academy of Emergency Nursing.

National Institute of Nursing Research (NINR) Staff



Yvonne Bryan, PhD - Senior Advisor to the NINR Director - Prior to assuming her current position as Senior Advisor to the NINR Director, Dr. Bryan served as Acting Director of the Division of Extramural Science Programs (DESP) and Special Assistant to the NINR Director, since 2012. She was previously Deputy Director, DESP and Chief of the Office of Extramural Research Administration. Dr. Bryan also previously served as Chief of NINR's Office of Extramural Programs (OEP), overseeing the Institute's scientific portfolios and initiatives as well as research training programs.

Dr. Bryan began her career as an RN in the obstetrics and gynecology unit at the University Hospital of the West Indies, after receiving her diploma in nursing there. She went on to earn a bachelor's degree in psychology as well as master's and doctoral degrees in experimental psychology with a focus on developmental psychology, at Concordia University, Montreal. She joined NINR in 2001 as program director for infant, child, reproductive, and family health, after completing a three-year fellowship at the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) and having held several academic and research positions.

Dr. Bryan has received several awards including the NIH Director's award in 2009, the NINR Director's Leadership Award in 2009 and, in 2011, the NIH Equal Employment Opportunity Award of the Year for outstanding contributions in advancing equal employment opportunity at NINR and at the NIH, while promoting the understanding of nursing science.



Rebekah S. Rasooly, PhD is Acting Director of the Division of Extramural Scientific Programs and Chief of the Wellness, Technology and Training branch at NINR. In this role, she oversees the entire extramural funding program of NINR, including the Program, Review and Grants Management staff.

Dr. Rasooly began her NIH career in 1999 as a program director and Deputy Branch Chief of the Genetics and Molecular Neurobiology Branch at the National Institute on Drug Abuse (NIDA). She joined the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) as the Genetics & Genomics Program Director in the Division of Kidney, Urologic &

Hematologic Diseases and served as Deputy Director of her Division for three years.

At NIH, Dr. Rasooly has participated in numerous major NIH initiatives, including serving as the lead program director on the biobank for the All of Us program. She is a recognized NIH resource on issues related to human biospecimen repositories. For several years, she worked on a part-time basis on program policy issues in the NIH Office of Extramural Research, developing and revising policy guidance materials.

Dr. Rasooly did her undergraduate work at Harvard and received her Ph.D. in genetics from Michigan State University in 1989. She joined NIH after serving as Clare Boothe Luce Assistant Professor of Biology at St. John's University and as a Visiting Professor at Johns Hopkins University and as Assistant Deputy Scientific Director for the OMIM (On-line Mendelian Inheritance in Man) database.



Bronte' Williams Washington is Executive Assistant to the Division of Extramural Science Programs (DESP), National Institute of Nursing Research (NINR), National Institutes of Health (NIH).



Sung Sug (Sarah) Yoon, RN, PhD - Dr. Yoon is a Program Director overseeing a portfolio focused on women's health and data science. Dr. Yoon completed post-doctoral training at the National Institute of Neurological Disease and Stroke, served as a coordinator in the National Stroke Registry at CDC, and was an epidemiologist in the National Health and Nutrition Examination Survey at the National Center for Health Statistics. Dr. Yoon holds a BSN and a PhD (clinical epidemiology).