

Pandemic Surge Staffing: Insights from the Front Lines in N.Y.

AONL Webinar Summary

Planning

- Cancel elective procedures, resulting in significant decrease in inpatient volumes
- Closure of schools and non-essential businesses
- Limit access to facilities: no visitors, only essential workers with limited entries; requiring screening for employees and visitors
- Social distancing for team members, ten or less together; meetings conducted virtually
- Incident command centers in operation
- Remote work for businesses early

Training

- Repurposing team members requires competency validation beyond usual duties
- Continuous updates about proper testing procedures, proning patients
- Real-time training for ICU nurses

Staffing

- Shift to team nursing models
- Cross-training and repurposing
- Support staff: increased need for EVS, RT, pharmacy
- IT resources to modify EHR
- ECMO still 1:1
- ICU 1:2 or 1:4 with team nursing model (UAP to support or CRNA)
- Acute care those not converted to ICU with typical ratios
- Early hiring of travel nurses successful
- Level loading of census among the hospitals in the community, sending staff from other facilities rather than moving patients to supplement staffing needs

Supplies

- Daily updates to assess PPE and equipment availability; meeting BID statewide
- Conservation of PPE; CST used to sterilize N95s, schools donated PPE from sim labs
- Modifying equipment: convert bipaps to ventilators, bifurcation of ventilators, utilize anesthesia equipment
- Use of longer IV tubing
- Need for more feeding pumps, volume of tube feeding at all-time high

Throughput

- Creative solutions to discharge patients to LTC/SNF: very challenging to discharge to LTC d/t concern of outbreak; field hospitals may offload pressure
- Increased use of telehealth

Facility Modifications

- Increasing number of negative pressure rooms
- Converting acute care areas to ICU
- Consideration of alternate/temporary spaces: field hospitals staffed by USPHS Nursing Corps, full collaboration by competitors, Navy Ship, Stadiums/Coliseums, Central Park; geography and physical space matter not one size fits all

Documentation

- Resources to assist with increased volume of reporting requirements
- Streamlined based on guidelines from CMS.gov and Joint Commission under emergency operation plans
- EHR platform assistance to convert to abbreviated documentation requirements

Caring for Team

- Celebrate success: music when COVID-19 patients are discharged; daily tracking of # of patients on ventilators
- Support to those working outside of normal patient population
- Visitor restrictions: innovative solutions such as FaceTime with families
- Quick onboarding of students into workforce, important to support during crisis

Positives

- Engaged strong leadership
- Releasing scope of practice and licensure restrictions
- Innovations at the bedside (countless examples)
- Universities opening dorms for federal/military staff housing; shift to online learning

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