MedStar Health

MedStar Health Nursing.

Focus on: Team Nursing, Surge and Cohorting Patients

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What do we need to know about "team nursing?"

As we have seen in other regions where the COIVD-19 virus is peaking, hospitals and their caregivers are often overwhelmed by the number of acutely ill COVID-19 + patients. In order to continue to deliver safe care, we will be utilizing nurses and techs from other department whose volumes have decreased (i.e. Procedural Labs, ORs, PACU etc.). Team nursing will allow a group of nurses and techs to organize care for patients based upon their clinical expertise and scope of practice.

What are the basic elements of team nursing?

Using critical care as an example, an experienced ICU nurse becomes a "team leader" and utilizes other RNs (i.e. those with prior ICU/IMC/PACU experience) and patient care technicians (PCT) or other clinicians to support their tasks and expedite care for a group of patients. They will collaborate with other disciplines, for example, respiratory therapists, CRNAs, APPS and physicians to ensure all care needs are met. Non-ICU nurses and APPs could be used as "extenders" – extending the reach of the ICU nurse with another set of clinical hands. The same concept may be used on med-surg units and the ED, should volumes reach crisis levels.

Why are we talking about this now?

It takes practice to work in teams if it isn't part of your typical way of organizing care – communication methods, understanding the skills others bring to patient care, determining which tasks to delegate and to whom (i.e., ADLs, medication management), coordinating workflows, and identifying how to document are optimally tested under more normal conditions.

How many members of a team are there?

In **contingency staffing** (when there are three or four patients per ICU nurse) the team could consist of one other nurse and a PCT. In **crisis staffing,** there are five or more patients per ICU nurse, and there could be three team members which may include an RN with prior ICU/IMC experience, a med-surg RN, a PCT clinical technician, and other associates, such as an FNP, OT/PT, pharmacy technician, or RNs from mother-baby or behavioral health, who can help with patient care. Assignments are made based on patient care requirements and staff experience given catastrophic disaster conditions. In crisis staffing, the goal becomes simply to provide the best possible care given the circumstances and resources.

What could it look like?

Team nursing is designed to work when surge units are utilized to support the care of ICU/med surg or ED patients and typical nurse: patient assignments must increase. This could be due to a large number of patients, limited staff, high acuity levels or a combination of the three.

What should we be doing now?

- Participate in cross-training experiences being developed by our Nursing Professional Development, Practice and Informatics Teams
- Participate in team nursing pilots/trials in your organization when the opportunity is presented to you
- Recognize the value of cohorting COVID-19 positive patients, PUIs and staff.

Why cohort patients? Then everyone cares for very sick patients all day.

Cohorting is how all specialty nursing is accomplished – cardiac nurses work together on cardiac units, Labor & Delivery nurses work in dedicated maternity units, etc. Teams that work together quickly have the experience to make informed decisions about similar patient types. That expertise will go a long way to providing optimal care in the safest environment. In addition, cohorting reduces viral spread to uninfected patients. During this pandemic crisis, the country has seen entire hospitals filled with patients infected by the virus.

Can we ensure that patients are distributed fairly among all hospitals?

If the surge in patients peaks as anticipated, all hospitals in our region will also be over capacity and significantly stretched. It is likely that there may be nowhere else to send patients. MedStar Health has been transferring patients throughout our system routinely over the past 2 weeks, attempting to ensure the right level of care is provided to the patients, while "load balancing" patient volumes and acuity. Local governments are in the planning stages to set up Alternate Care Sites (ACS) to create large overflow spaces – in D.C. and Baltimore it will be the Convention Centers – but until they are up and running, MSH will remain the valued community resource our patients have come to count on.