



COVID-19

**COVID-19 Crisis/Surge Capacity
Redeployment of Registered Nurses and Other Associates**

The nursing education/professional development team prepared this SBAR as part of the redeployment training and competency management plan in response to the COVID-19 Crisis and Surge Capacity.

Situation:

In the circumstance of COVID-19 surge capacity, there is a need to plan for contingency staffing to support safe care delivery. It is anticipated that this will require the redeployment of clinical nurses and/or support care associates from one nursing specialty or area to another. For example, clinical nurses from the operating rooms, peri-procedural areas, and medical-surgical units may be redeployed to critical care units or other specialty areas throughout the hospital.

Background:

The COVID-19 pandemic requires an optimal nursing care approach that supports safe patient care delivery. The team nursing care delivery model has been recommended as the optimal approach supported by The Society of Critical Care Medicine. For example, the team nursing approach would assure availability of an expert critical care nurse overseeing the care of multiple patients (more than the usual caseload) and supported by additional nursing team members from different specialties such as medical-surgical or peri-procedure areas. Nurses from the other specialties will be able to perform care activities with which they are already familiar and other new care interventions they will receive training about to safely perform. However, these nursing care activities will be provided in a new context and environment of practice. For example, when nurses from the obstetrics/women and infant services nurses are redeployed to the critical care setting they continue to perform care activities they already familiar with; however, for a different patient population.

Assessment:

Our current experience in caring for the increasing number of COVID-19 patients has demonstrated the need for redeployment of nurses into the critical care areas because of the patients' need for advanced intensive care intervention including mechanical ventilatory support, prone positioning, invasive hemodynamic monitoring, and high-risk pharmacotherapies. This so far has shown that we will need to rely on the diverse nursing workforce in roles or specialties that may not be their current practice environments. Although the team nursing care delivery model will certainly maximize our bandwidth to treat increased volumes of patients, members of the team nursing model are anticipated to consist of nurses and support care associates with different levels of expertise and specialty backgrounds requiring the need for limited competency training. This training will allow those nurses and support care associates to safely and confidently function in a new level of care to which they will be deployed. For example, redeploying non-ICU nurses (e.g. med-surg or procedural area nurses) into a critical care environment in the best of circumstances can be an anxiety-provoking experience for these nurses and care associates.

Recommendations:

The Nursing Education/Professional Development Departments at the various MedStar Health entities recommend the optimal redeployment of clinical nurses and support care associates from one clinical specialty area to another with an anticipated increase need of nursing resources. The department recommends redeployment of nurses and care associates as follows:



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1. Redeployment of IMC, Med-Surg, PACU, EP Lab & Cath Lab Nurses to Critical Care Units:

These registered nurses will have the opportunity to attend a two-hour (or more if needed) training session on the essentials of critical care nursing with limited competency completion. Focal training topics will include:

- An overview of the team nursing care delivery model
- PowerChart documentation/scribing on behalf of the ICU RN
- Vital Signs assessment and Strict Intake/Output
- Administering of NGT and IVPB medications and basic infusion therapy
- ADLs/Turning/Oral Care
- Nursing Sensitive Outcomes Management in the ICU (i.e., CAUTI, CLABSI, HAPI, Falls)
- Chest Tube Management
- Basic Mechanical Ventilation Concepts – caring of the patient on mechanical ventilation
- Blood Sampling from Arterial Line
- Code Blue Procedure (chest compressions for the patient in prone position until point of supination)

The critical care nursing education/professional development team would compile an ICU survival guide (resource materials) which will be available to these nurses to assist with ongoing acclimation to the critical care environment beyond the initial point of redeployment.

2. Redeployment of OR, Peri-Procedure Areas, OB/WIS, and GI Lab Nurses to Med-Surg Units:

The nursing education/professional development team will offer these nurses a limited competency training curriculum focusing on fundamentals of med-surg nursing care. A similar survival guide (resource materials) will be provided to support the basic training for these nurses. Focal training topics will include:

- An overview of the team nursing care delivery model
- Patient's admission and discharge
- PowerChart documentation/scribing
- AccuCheck Inform II – Point of Care Testing
- Blood administration/management
- Vital Signs assessment (VitalsLink) and Intake/Output
- Chest Tube/pleurex and tracheostomy care
- Administering of NGT and IVPB medications and basic infusion therapy
- ADLs/Turning/Oral Care
- Nursing Sensitive Outcomes Management in Med-Surg (i.e., CAUTI, CLABSI, HAPI, Falls)
- Nasopharyngeal swab – specimen collection
- Code Blue Procedure
- Care after death of the COVID-129 patient – postmortem care
- Suicide assessment and care

3. Redeployment of Med-Surg and Ambulatory RNs to ED:

The nursing education/professional development team will offer these nurses with a limited competency training curriculum focusing on fundamentals of emergency nursing care. A similar survival guide (resource materials) will be provided to support the basic training for these nurses. Focal training topics will include:

- An overview of emergency nursing and general ED workflow
- General knowledge of EMTALA
- FirstNet documentation
- AccuCheck Inform II – Point of Care Testing
- Blood administration/management



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- Vital Signs assessment (VitalsLink) and Intake/Output
- Chest Tube/pleurex and tracheostomy care
- Nasopharyngeal swab – specimen collection
- Moderate sedation
- Sepsis, STEMI & Stroke Protocols
- Respiratory distress and intubation
- Code Blue Procedure and role of the RN in cardiopulmonary arrest
- PPE donning and doffing
- Care after death of the COVID-129 patient – postmortem care
- Suicide assessment and care
- General care of the pediatric patient
- Alaris pumps

4. Redeployment of MA and ST to PCT:

The nursing education/professional development team will offer the medical assistants (MAs) and surgical technicians (STs) with a limited competency training curriculum focusing on fundamentals of the role of the patient care technician (PCT). Focal training topics will include:

- An overview of care on an inpatient care unit and the team nursing care delivery model
- PowerChart documentation/scribing
- AccuCheck Inform II – Point of Care Testing
- Vital Signs assessment (VitalsLink) and Intake/Output
- ADLs/Turning/Oral Care/Foley Care
- Falls prevention, restraints
- Safe patient handling and mobility equipment
- Care after death of the COVID-129 patient – postmortem care
- PPE donning and doffing

5. Redeployment of inpatient PCT to the ED:

The nursing education/professional development team will offer the patient care technician (PCT) with a limited competency training curriculum focusing on fundamentals of the role of the PCT in the emergency services/ED. Focal training topics will include:

- An overview of care on an inpatient care unit and the team nursing care delivery model
- FirstNet documentation
- AccuCheck Inform II – Point of Care Testing
- Vital Signs assessment (VitalsLink)
- Falls prevention, restraints
- Performing an EKG
- ADLs/Turning/Oral Care/Foley Care
- Safe patient handling and mobility equipment
- Care after death of the COVID-129 patient – postmortem care
- PPE donning and doffing
- Care of the patient with psychiatric conditions, suicide precautions
- Role in cardiac arrest, stroke and sepsis protocols

Registered nurses and support care associates who are already comfortable with any of the above cited competencies, they will be exempt from training on such competency, so long as their current role responsibilities require them to perform such competency.