

Supporting Staff During the COVID-19 Surge

Charlie Clements, MSN, RN, Jenny Barsamian, DNP, RN, Nikki Burnham, MSN, RN, Claire Cruz, MSN, RN, Ann Marie Darcy, MSN, RN, ACNS-BC, Lindsay Duphiney, BSN, RN, Jackie Fitzgerald, MSN, RN, Susan Holland, EdD, MSN, RN, NEA-BC, Christine Joyce, BSN, RN, Susan Desanto-Madeya, PhD, RN, CNS, FAAN

Introduction/Problem

- The COVID-19 pandemic has put unprecedented physical, mental, and emotional strain on frontline staff, and more has contributed to fatigue, stress, anxiety, and burnout for healthcare workers (Sasangohar et al., 2020).
- Frontline staff were not only faced with the challenges of caring for this critically-ill patient population, but also strained with worry of how to protect themselves and their families.
- The initial surge presented leadership challenges:
 - How to support staff during this time?
 - How to keep staff informed about the frequently changing practices and protocols?
- Use of effective leadership strategies can support staff during times of crisis
- Resources to help manage stress, practice self-care, and promote well-being enable nurses to take adequate care of themselves so they are, in turn, able to provide safe, high quality care to their patients

Objective

The aim of this paper is to provide nursing perspectives of challenges brought on by the pandemic and discuss interventions that were put in place to support staff during the initial COVID-19 surge.

The Team

- Nursing Leadership from 3 inpatient units who cared for COVID-19 patients during the initial surge in Spring 2020:
 - 7 Stoneman** - a surgical unit turned cohorted COVID-19 unit
 - 8 Stoneman** - a medicine unit turned cohorted COVID-19 unit
 - Finard ICU** - a med/surg ICU caring for COVID-19 patients
- The completion of this paper could not have been possible without the valued insight and feedback from frontline nursing staff. Their willingness to share experiences during and after the initial surge of the pandemic enabled nurse leaders to identify opportunities to support nursing staff moving forward.

Challenges

PPE Challenges:

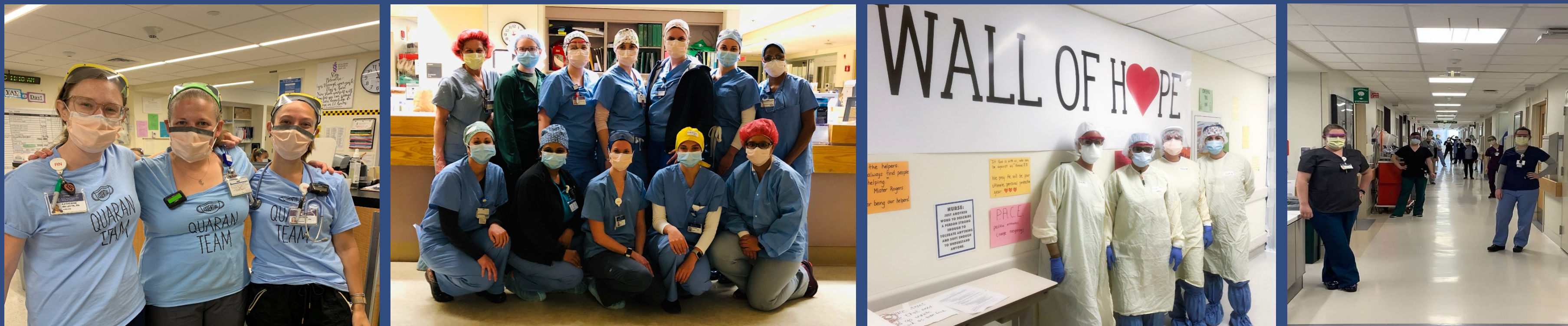
- New protocols to allow for extended-use and re-use of PPE
- New process instituted to disinfect worn N95 respirators for further reuse using vaporized hydrogen peroxide
- Protective gown supply increased and additional commercial laundering services secured to expedite turnaround time

Capacity Challenges:

- Separation of patients into COVID and non-COVID units for efficient utilization of staff and supplies
- Expansion of bed capacity to alternate care areas → increase total number of ICU and acute care beds
 - *ICU capacity increased from 77 beds pre-surge up to 146 beds at the height of the surge
- Redeployment of med/surg nurses to the ICUs to meet staffing demands → new collaborative staffing model to better meet the needs of nurses and patients, and draw upon the expertise of all
- Implementation of a multidisciplinary Proning Team to assist with repositioning of ICU patients
- Redeployment of staff from outpatient and procedural areas to med/surg floors → use of the “Runner” role

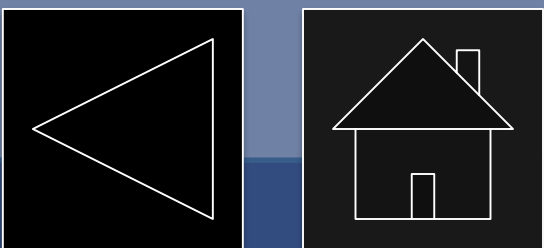
Practice/Communication Challenges:

- Unit huddles provided staff with the most up-to-date information on practice changes and hospital operations
- Weekly email “recaps” from UBE or CNS highlighted major practice changes
- Development of on-unit COVID Resource Binders with the more up-to-date information
- Leadership rounding during off-shifts to help address clinical concerns, reinforce PPE use and reuse guidelines, and reassure staff that practices and protocols were consistent with CDC guidelines
- Transition to disaster documentation → reduce documentation requirements for nursing staff
- Standards of care modifications to limit staff exposure → use of baby monitors, convex mirrors, extension tubing in the ICUs



For more information, contact:

Charlotte Clements RN, MSN, Unit-Based Educator – 7 Stoneman, cmclemen@bidmc.harvard.edu



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Psychosocial Supports

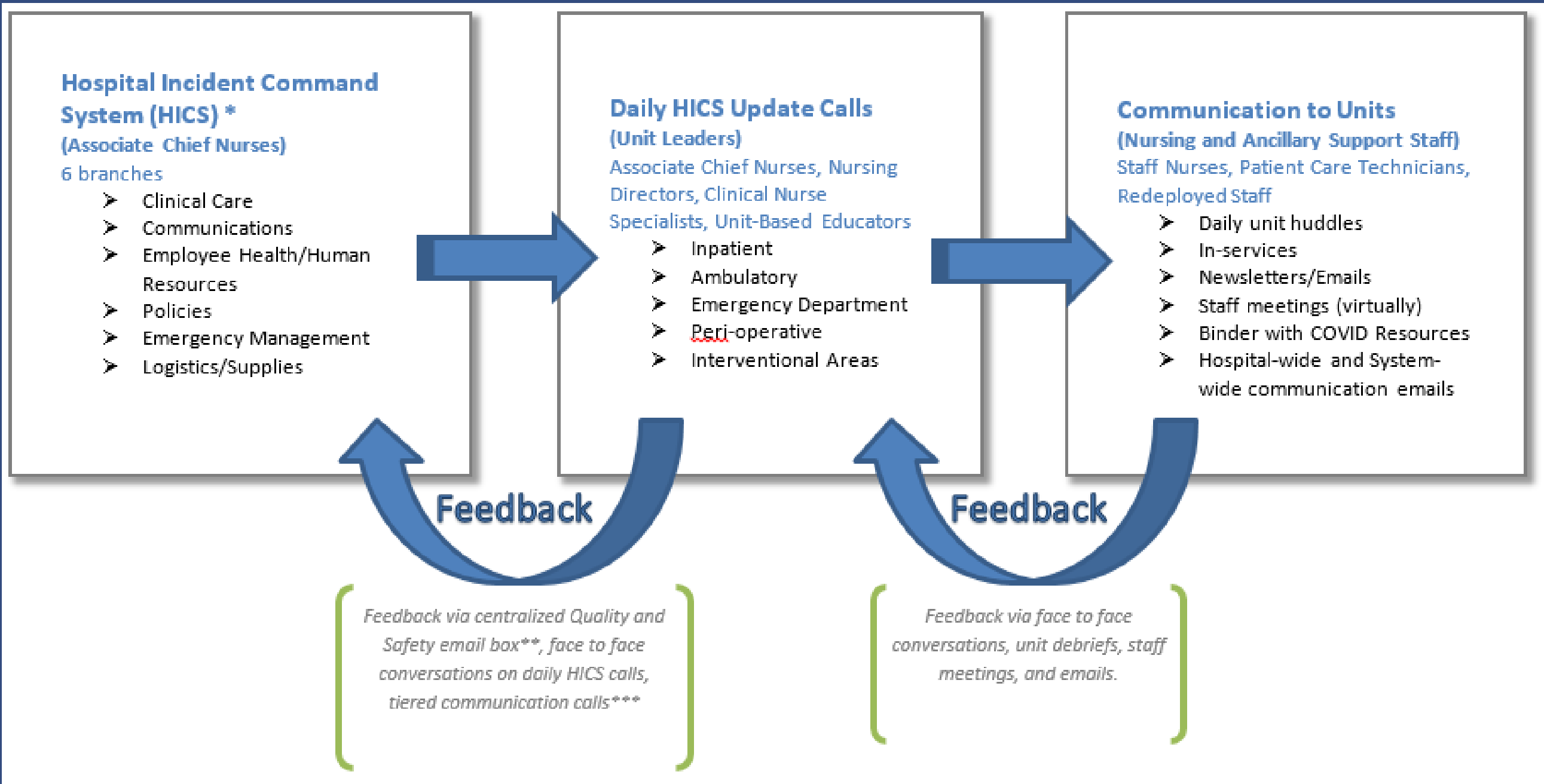
Hospital-wide programs instituted to reduce stress and support staff in their work and home lives:

- Scrub rentals
- 24/7 Staff showers
- Free parking
- Front line family meals
- Grocery boxes available for purchase
- Hotels/nearby dorms available for staff to limit family exposure or quarantine
- Broadened coverage of the rounding Clinical Support Nurse on both campuses
- Employee Assistance Program (EAP) supports

Unit-Based Supports:

- Expanded off-shift ND, CNS, and UBE coverage to provide support and increase accessibility
- Post-event debriefs led by Social Work or Pastoral Care
- Frequent unit-huddles to answer questions and allow for verbalization of feelings
- Unit-based Peer Supporters
- Frequent check-ins with redeployed staff
- Creation of on-unit “zen-dens” to create a space of relaxation for staff during a shift
- Volunteer services provided many free donated meals
- Post-surge debriefs/reflections led by Social work

Communication Channels



Staff Reflections

“As a Nursing Director, I felt powerless. There were some things that I could facilitate, coordinate, communicate, but I couldn’t change the facts of this crisis. We tried to be transparent with what we knew and what we didn’t know.”- Nursing Director

“Through it all, everyone worked together to get the job done. We worked with PACU nurses, redeployed staff, and med/surg nurses who assisted with caring for our sick patients. The teamwork and support to one another was inspiring and nothing short of amazing. People pushed through their fears and anxieties and worked in new models to provide care to the sickest of patients. The genuine warmth and appreciation between the ICU nurses, PACU nurses and med/surg nurses was palpable. I heard so many times, “we couldn’t do this without them.”- Staff Nurse

“I felt completely isolated in both my personal and work lives. I was separated from any coworkers I knew, working in a different ICU setting daily, all while trying to treat rapidly declining patients who seemed likely to never recover. Outside of work, I could only see family and friends virtually, often trying to put on a happy face in order to protect their emotions. Looking back, I am so proud of myself and fellow nurses for all that we did during this pandemic. I will always be grateful for a social worker colleague of mine who spoke with me on the phone weekly; helping me explain all the emotions I was feeling, and keeping me connected to my home unit when I felt so alone. She saved me so I could save others.”- Staff Nurse

Lessons Learned

- Insight into efficient utilization of resources, management of redeployed staff, emotional support and debrief, and the relationship between access to information and staff morale
- Clear and consistent communication to all staff across helps to ensure practice standards are upheld, and helps to suppress panic, build resilience, and support clinical decision making
- Hospital-wide and unit-based leadership must recognize the challenges brought on by this crisis, and be willing to implement interventions to provide robust clinical and emotional support for staff to promote self-care and staff well-being
- Direct feedback from frontline staff involved in the first surge is essential to determine which operational strategies should be repeated, revised, or developed in anticipation of a 2nd surge

Next Steps/Acknowledgements

- Publication in the *American Journal of Nursing* in September 2021
- The authors wish to express their sincere gratitude to the nursing staff for their dedication and commitment to the health and safety of patients during the COVID-19 pandemic. The adaptability, teamwork, and resilience displayed during this ongoing crisis are nothing short of heroic. We would like to honor frontline healthcare workers by acknowledging the many lives that have been saved on account of their selfless efforts during this challenging time.

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