

Nurse Staffing Model for an Unprecedented Event: Lessons Learned from the COVID experience

Kimberly Cross, MSN, RN, Alice Bradbury, DNP, RN, Nikki Burnham, MSN, RN, Denise Corbett-Carbonneau, DNP, RN, Kym Peterson, MSN, RN, CNL, Cynthia Phelan DNP, RN, Susan DeSanto-Madeya, PhD, RN, FAAN

BIDMC

Introduction/Problem

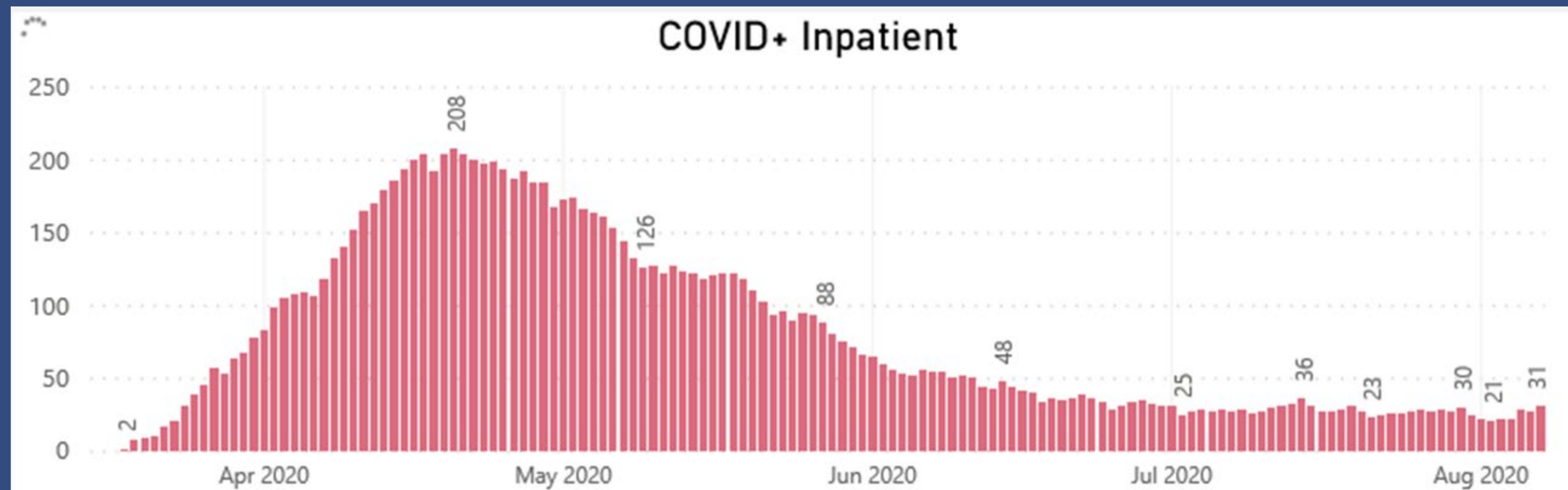
- In response to COVID, nursing leadership designed and implemented a staffing model to support both critical care and medical surgical units
- BIDMC, along with other hospitals within the city, began to experience the impact of a rapidly spreading virus, COVID, on hospital operations
- At its peak, the COVID positive inpatient census topped 209 patients. It was unknown at the time, if this was the peak census point; the only known was that there continued to be a dramatic six week rise in COVID positive and COVID suspect census stressing normal hospital operations and resources
- Nursing leadership needed to prepare for critical shortages of **staff, space and supplies**, while at the same time continuing to meet the demands of the rising patient census

Goal

- Create a coordinated, tiered approach staffing model to support both critical care and med/surg units during the COVID pandemic
- The goal of the new staffing model was to optimize the ability of the nurses to practice to the full extent of their licensure and have other providers assume elements of care that could be completed by non-nursing staff

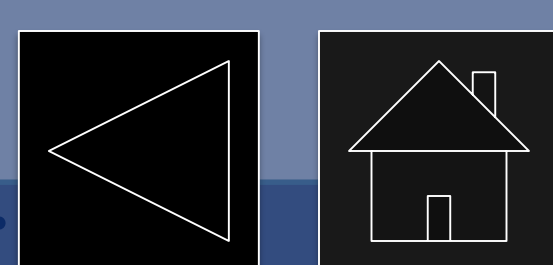
The Team

- Kimberly Cross, MSN, RN, Nurse Director, Cardiac Medicine
- Alice Bradbury, DNP, RN, Nurse Director, General Medicine
- Nikki Burnham, MSN, RN, Nurse Director, Inpatient Surgery
- Denise Corbett-Carbonneau, DNP, RN, Nurse Director, General Medicine
- Kym Peterson, MSN, RN, CNL, Nurse Specialist, Neuroscience and General Medicine
- Cynthia Phelan DNP, RN, Associate Chief Nurse, Patient Care Services
- Susan DeSanto-Madeya, PhD, RN, FAAN, Nurse Scientist, Weyker Chair for Palliative Care/Associate Professor



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The Interventions

- Tiered staffing model: adjusted based on staffing numbers and patient demand/acuity
- Support roles and runners
- Standardized huddles, Unit level and Team level
- Visual communication boards
 - Wall-a-Roo Sign
 - Huddle Communication Sheet
- Developed standards for bundling and clustering of care
 - Geographical assignments
 - Hourly round practice change
 - Baby monitors
 - Medication administration change

Lessons Learned

- Communication and leadership presence are imperative
- Teamwork and structured huddles was essential
- Runner role proved to be important for staff support, bundling of care, decreased PPE utilization and preserved much needed resources
- Redeployment support and training
 - Adding new roles to the staffing model: need clear and standard role descriptions
 - Pre-deployment assessment
 - Standardized communication process

Future State

- Staffing model prepped to be used and work-team adjusted for the second surge of COVID
- Did not have to fully implement model for second surge
- Staff remained in normal operations

Staffing Model

<p>Normal Operations: COVID-19 (Normal or near normal staffing levels)</p> <ul style="list-style-type: none"> • Staff may be assigned in their usual area or assigned to other patient care areas • Skill set is consistent with duties assigned • Staffing needs can be filled with per diem, overtime, and pay program • OPERATIONS: Develop plan to cross train nurses to the next level of care by working closely with your Clinical Nurse Specialists to prepare for the surge <p>**Recommended staffing for 10-12 patients per team: 4:2:1</p>		<p>Assumptions:</p> <ul style="list-style-type: none"> • Recommended staffing models should be considered a framework and implementation is dependent on available resources. The model may vary based on acuity and skill level. Roles are fluid and can be negotiated among team members. • A dedicated Resource Nurse can remain in place 24/7 if needed for COVID operations. • Non-COVID Units with Intermediate Care Patients should manage current staffing steps under Normal/Contingent operations. 		
<p>Contingent Operations: COVID-19</p> <ul style="list-style-type: none"> • Re-deployed Staff within the institution will be assigned to duties they can safely perform • Staff needs can be filled with per diem, overtime, and pay program • Operations: - begin shifting to a team based approach with cross trained staff to assume noncritical patient care responsibilities <p>**Recommended staffing for 10-12 patients per team: 3:2:2</p>		<p>Covid-19 Staffing Model Task List</p> <table border="0"> <tr> <td data-bbox="2648 881 2915 1200"> <p>Clinical Resource RN:</p> <ul style="list-style-type: none"> • Patient Assignments, Assign Lead RN for Teams. • Monitor overall acuity in teams • Assist with patient Triggers • Respond to Telemetry Alarms • Assist in telemetry assessments q 2hr • Help with drawing up medications and delivering them into rooms as needed • Assist with settling admissions and transfers </td> <td data-bbox="2932 881 3198 1200"> <p>UCO:</p> <ul style="list-style-type: none"> • Assist with Hourly rounding via phone/ call bell system, communicate patient needs to RN/PCT/Runner appropriately • Assist Runner in keeping Team Huddle sheet up to date throughout shift <p>Runner:</p> <ul style="list-style-type: none"> • Start/ Fill out top section of team members on Team Huddle Sheet for next shift. Help keep sheet updated during shift • Assist in answering call bells • Assist with mobility • Assist with ADLs • Assisting (~10am) with calling patients and helping order lunch, dinner & breakfast for next day • Meal Tray delivery/ Total feed • Help deliver supplies into rooms so staff minimize donning and doffing • Assist with Lunch Coverage • Assist in transport off the floor/ moving patients when co-horting • Respond to bed alarms • Perform EKGs • Operate as the Safety Officer during Code Blues • Any staff may function as a runner but duties may vary according to skill set. </td> </tr> </table>	<p>Clinical Resource RN:</p> <ul style="list-style-type: none"> • Patient Assignments, Assign Lead RN for Teams. • Monitor overall acuity in teams • Assist with patient Triggers • Respond to Telemetry Alarms • Assist in telemetry assessments q 2hr • Help with drawing up medications and delivering them into rooms as needed • Assist with settling admissions and transfers 	<p>UCO:</p> <ul style="list-style-type: none"> • Assist with Hourly rounding via phone/ call bell system, communicate patient needs to RN/PCT/Runner appropriately • Assist Runner in keeping Team Huddle sheet up to date throughout shift <p>Runner:</p> <ul style="list-style-type: none"> • Start/ Fill out top section of team members on Team Huddle Sheet for next shift. Help keep sheet updated during shift • Assist in answering call bells • Assist with mobility • Assist with ADLs • Assisting (~10am) with calling patients and helping order lunch, dinner & breakfast for next day • Meal Tray delivery/ Total feed • Help deliver supplies into rooms so staff minimize donning and doffing • Assist with Lunch Coverage • Assist in transport off the floor/ moving patients when co-horting • Respond to bed alarms • Perform EKGs • Operate as the Safety Officer during Code Blues • Any staff may function as a runner but duties may vary according to skill set.
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<p>Emergency Operations: COVID-19</p> <ul style="list-style-type: none"> • Inpatient Units: Nursing Directors will assume the micromanagement and administrative duties. • Staff must perform clinical care that is outside the scope of their usual responsibilities or training to provide the greatest good for the greatest number of patients. <p>**Recommended staffing for 10-12 patients per team: 2:3:3</p> <p>** Surge demands may necessitate higher number of patients per team.</p>		<table border="0"> <tr> <td data-bbox="2648 1219 2915 1557"> <p>RNs</p> <ul style="list-style-type: none"> • Assessments • Telemetry Assessments • Documentation • MD/Family Communication <p>PCT</p> <ul style="list-style-type: none"> • Vitals/Blood Sugars • ADLS, Linen Change, • Telemetry Lead & Battery Change • Meal Tray delivery/ Total feed • EKGs • Mobility </td> <td data-bbox="2932 1219 3198 1557"> <p>Runner:</p> <ul style="list-style-type: none"> • Start/ Fill out top section of team members on Team Huddle Sheet for next shift. Help keep sheet updated during shift • Assist in answering call bells • Assist with mobility • Assist with ADLs • Assisting (~10am) with calling patients and helping order lunch, dinner & breakfast for next day • Meal Tray delivery/ Total feed • Help deliver supplies into rooms so staff minimize donning and doffing • Assist with Lunch Coverage • Assist in transport off the floor/ moving patients when co-horting • Respond to bed alarms • Perform EKGs • Operate as the Safety Officer during Code Blues • Any staff may function as a runner but duties may vary according to skill set. </td> </tr> </table>	<p>RNs</p> <ul style="list-style-type: none"> • Assessments • Telemetry Assessments • Documentation • MD/Family Communication <p>PCT</p> <ul style="list-style-type: none"> • Vitals/Blood Sugars • ADLS, Linen Change, • Telemetry Lead & Battery Change • Meal Tray delivery/ Total feed • EKGs • Mobility 	<p>Runner:</p> <ul style="list-style-type: none"> • Start/ Fill out top section of team members on Team Huddle Sheet for next shift. Help keep sheet updated during shift • Assist in answering call bells • Assist with mobility • Assist with ADLs • Assisting (~10am) with calling patients and helping order lunch, dinner & breakfast for next day • Meal Tray delivery/ Total feed • Help deliver supplies into rooms so staff minimize donning and doffing • Assist with Lunch Coverage • Assist in transport off the floor/ moving patients when co-horting • Respond to bed alarms • Perform EKGs • Operate as the Safety Officer during Code Blues • Any staff may function as a runner but duties may vary according to skill set.
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