



# From Agility to Zoom Meetings: Uniting Diverse Nursing Teams to Achieve Clinical Excellence During Winter 2020/2021 COVID-19 Surge

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## BACKGROUND

Augusta University Health System (AUHS) is a nationally accredited Level-1 trauma center supporting patients in the Central Savannah River Area comprised of 14 counties in Georgia and South Carolina. AUHS adult OR provides service for over 15000 cases per annum.

Increased critical care demands from COVID-19 related surges beginning November 2020 found AUHS at maximum capacity requiring additional staffed ICU and medical-surgical beds to accommodate patient care needs.

The post-anesthesia care unit and day surgery unit were identified by perioperative leadership as potential locations for increased access to appropriate levels of care for non-COVID related admissions.

Perioperative services remained committed to providing Level-1, emergent, urgent, and cancer related surgical care during the COVID-19 surge.

## TEAM FOCUS



Once the decision was made to launch the perianesthesia PACU ICU/ med-surgical overflow units, leadership focused on understanding current state versus future state, bridging gaps in resource needs.

Staffing Alignment: Increased Nursing Needs: 24-hour coverage in 1:1 to 1:2 ratio x 20 beds critical care, 24-hour coverage 1:4 ratio x 16 beds medical surgical

Scope of Care Adjustment: PACU ICU: Increase in scope of care to include trauma, surgical, medical, neuro, and cardiac critical care patients. Medical-Surgical: Increase in scope of care to include medicine patients in addition to surgical patients

Interdisciplinary Partners: Medical Staff, Pharmacy, Dietary, Respiratory, Radiology, Rehabilitation Services, Hospital Transport, Environmental Services, Hospital Safety and Security



Medical personnel work in the crowded temporary PACU ICU at the Augusta University Medical Center in Augusta, GA, Thursday afternoon January 14, 2021. Photo: Michael Holahan, THE AUGUSTA CHRONICLE



## PLAN

- Objective: Develop and recruit qualified nurses to a new staffing model to expand to 24/7 operations maintaining safe, high-quality care to a mixed population of ICU and medical/surgical level patients while maintaining OR operations for medical necessity.
- Matrix: Operational dashboard, needs assessment, orientation protocol, recruitment and retention for emergent needs including compensation, understanding roles and requirements for new operations.
- Constraint: Capacity and throughput management for medically necessary surgical interventions requiring concurrent / overlapping resources

## DO

- Development: Partnership with Nursing Education to develop a fast-track PACU ICU and Med Surg "bootcamp" competency-based orientation process to include standard care expectations, scope of practice, documentation, and special cardiac procedure-based education.
- Technology: Update of all security roles for access to ICU RN and MedSurg RN clinical views, dashboards, and care plans. All beds updated to "virtual beds" for routing to all existing "inpatient" processes such as pharmacy, dietary, radiology, etc., or continue for operative services function.
- Needs Assessment: Nursing skills: all perioperative and perianesthesia nurses were assessed to evaluate skill mix and availability for varied work hours. Resource availability: supplies, equipment, clear processes for pharmacy, dietary, ancillary, and support services.
- Recruitment: Nursing staff reallocation from ambulatory and procedural services with critical care background, restructure of staffing matrix for perioperative and perianesthesia nursing staff redeployed "to the bedside" in perianesthesia areas, reallocation of advance practice RNs, specifically CRNAs, to PACU ICU as bedside critical care providers.
- Retention: Critical staffing pay, resource needs allocation with agile workforce, daily operational assessment and deployment strategy, rotation of schedules, self-scheduling.
- Operational Dashboard: Daily dashboard of performance matrix, anticipated patient volumes, supply chain needs, equipment needs.
- PACU ICU Staffing Management Focus: Instituted team nursing with experienced critical care nurse as head of team with additional nursing and support staff to care for a limited volume pod of patients.

## CHECK/ ACT

- Daily Operational Leadership virtual meetings with standard information display and exchange to understand anticipated versus actual care needs: throughput, resource allocation and availability, staffing requirements, concerns.
- Daily Shift Huddles: Promoted clear and open communication of needs, concerns, planning, and process updates. Allowed for real-time process adjustment in ongoing basis.
- Orientation Bootcamp: Repeat sessions post train the trainer sessions provided continuous readiness for onboarding new and transitional staff nursing this time period.

## ACKNOWLEDGEMENTS

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AUHS Teamwork Award for Excellence in Care Through Teamwork: Perioperative Services, May 2021.

Photo: Andrea Putzier

## STRATEGY

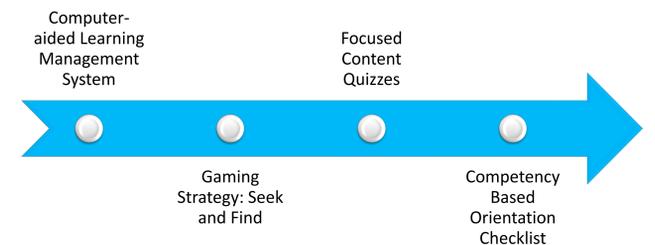
Fast-Track PACU ICU and MedSurg Bootcamp Orientation



+ FAST TRACK PACU COMPETENCIES AND DOCUMENTS

+ FAST TRACK ICU COMPETENCIES AND DOCUMENTS

+ FAST TRACK MED-SURG COMPETENCIES AND DOCUMENTS



## SIGNIFICANCE

- Successful launch and sustainment of 20 PACU ICU and 16 medical/surgical beds during period of November 2020 to February 2021.
- Operative services throughout continued with sustained average of 40 adult OR cases during prime time.
- While PACU was limited to 11 functional PACU Phase I bays and day surgery limited to 13 bays for preop/Phase II all care provision continued to ASPAN standards.
- This interdisciplinary approach with nursing staff from multiple areas aligning with the perianesthesia team to support this critical mission accomplished a significant systems change- the breaking of silos of communication, understanding of practice, and increased vigilance, comradery, and patient safety during a vulnerable time.
- No attrition of perioperative or perianesthesia nursing staff occurred during this period.
- While a calendar year has passed since this significant surge, there have been three additional COVID-19 surges of shorter length. The systems put in place during this episode continued to be relevant, were easily reintroduced, and patient care transitions during subsequent surges were essentially "seamless".