



ACADEMY OF MEDICAL-SURGICAL NURSES

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AMSUN Recommended Response to Critical Staffing

Situation:

As the COVID-19 pandemic progresses, one focus that is crucial to our success is the ability to continue to safely provide care to our patients while maintaining optimal work environments for our care team members.

Background:

- Geographic areas experiencing escalation of COVID-19 have encountered shortages of supplies as well as rising hospital census.
- As COVID-19 spreads in a community, healthcare workers are on the frontline and some are becoming infected and symptomatic, reducing the number of staff available to care for the rising number of patients.
- The American Nurses Association (2020) provides guidance as nurses find themselves operating in crisis standards of care environment: Professional nurses have a duty to care during crises like pandemics. Their employers and supervisors have a corresponding duty to reduce risks to nurses' safety, plan for competing priorities like childcare, and address moral distress and other injuries to personal and professional integrity such crisis events can cause.

Assessment:

- Hospitals have taken steps to increase the number of available hospital beds by reducing surgeries and preparing new units.
- Many organizations are moving ambulatory visits to virtual care, reducing the need to keep ambulatory sites open.
- Refresher classes are being held to prepare perioperative and ambulatory nurses, as well as nurses in other types of roles, to support patient care in the inpatient environment.

Recommendation:

Nurse Leaders must develop a plan for supporting inpatient nursing practice during the pandemic with input from clinical nurses. The plan should include two components:

1. A leveled approach to staffing the patient care areas based on census and staffing resources (attachment A).
2. A revised model of nursing care delivery that maximizes the available resources when the number of clinical care staff reaches critical levels (attachment B).

Reference:

American Nurses Association. (2020). Crisis Standard of Care: COVID-19 Pandemic. Retrieved from <https://www.nursingworld.org/~496044/globalassets/practiceandpolicy/work-environment/health--safety/coronavirus/crisis-standards-of-care.pdf>

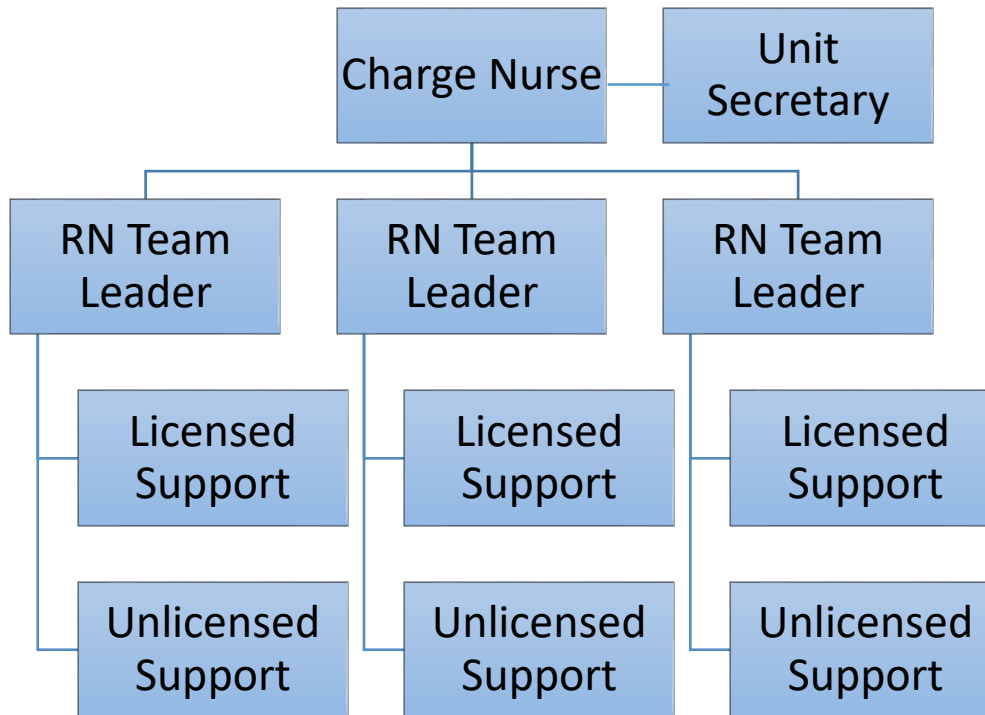
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Attachment A: Sample COVID-19 Pandemic Nurse Staffing Plan

<p>Stage 1 Business as Usual</p>	<ul style="list-style-type: none"> • Monitor call offs at all levels • Monitor patient throughput • Begin development of contingency plans
<p>Stage 2 Preparing for Surge</p>	<ul style="list-style-type: none"> • Monitor staffing and redeploy as needed • Monitor infection control practices • Ensure adequate supplies and equipment • Identify patients with symptoms • Solidify contingency plan for additional staffing
<p>Stage 3 Modified Staffing</p>	<ul style="list-style-type: none"> • <u>Definition</u>: Experiencing moderate staffing shortages • Implement contingency plan for additional staffing (i.e, float pool, travelers, volunteers, etc.) • Allocate available staff to stabilize units
<p>Stage 4 Emergency Staffing</p>	<ul style="list-style-type: none"> • <u>Definition</u>: Experiencing critical staffing shortages • Reorganize inpatient beds (i.e., consolidate units, open new units, reallocate beds) • Escalate contingency plan for staffing (i.e., travelers, retrain unlicensed staff, reassign APPs) • Implement alternative care delivery model
<p>Stage 5 Sustain Staffing</p>	<ul style="list-style-type: none"> • Reassessment of needs to sustain care • Relocation of patients internal or externally • Reorganize inpatient beds (i.e., consolidate units, open new units, reallocate beds) • Ensure adequate supplies and equipment • Allocate available staff to stabilize units

Attachment B: Sample Alternative Care Delivery Model – Team Nursing

Team Nursing involves assigning a group of health care team members to a group of patients to meet their care needs. This workflow may be new to some nurses but is an efficient way to safely manage patient care when all team members do not have the same level of experience and/or skill. Team nursing may have some variations depending on the type of unit but the diagram below shows how care may be organized in this model:



In this model the roles are defined as follows:

- **Charge Nurse:** Assign teams, assist with patient placement, assist teams, delegate to secretary
- **Unit Secretary:** Work with Staff Leader, answer phones, answer call bells, run errands, door management, screen family
- Each team may consist of:
 - **Registered Nurse** (which is the staff RN or an RN that has previously transferred from unit): Delegate care, assess patients, pass meds, document care, blood/TPN, draw labs via CL, discharges/admissions
 - **Licensed Support** (which may be a procedural RN, ambulatory RN, RT, not primary skill but licensed personnel): Dressing changes, central line changes (RN only), labs, IV pumps (RN only), POC testing, feed patients, baths/positioning, Kangaroo pumps
 - **Unlicensed Support** (CAN, PCT, volunteer): Stocking, transport, clean equipment, errands, pass trays, answer phones, linen changes, turn patients, answer call bells, baths

The number of teams and the number of patients assigned to each team will vary based on unit, patient type, and available staff. The draft assignment sheet demonstrates how this model can be implemented.

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Sample Assignment Sheet for Team Nursing

Date:	Day Shift				Night Shift			
Assignment Guidelines: <ul style="list-style-type: none"> • ICU 2-4 patients • Intermediate 6-8 patients • Med-Surg 8-10 patients 	Charge:	Team 1 Rooms:			Charge:	Team 1 Rooms:		
		RN Team Lead	Licensed Support	Unlicensed Supp		RN Team Lead	Licensed Support	Unlicensed Supp
	Unit Sec.	Team 2 Rooms:			Unit Sec.	Team 2 Rooms:		
		RN Team Lead	Licensed Support	Unlicensed Supp		RN Team Lead	Licensed Support	Unlicensed Supp
	Staff Member Roles Charge/Staff Leader (SL): <ul style="list-style-type: none"> • Assist teams • Manage patient flow (adm/trans/dc) • Delegate to Unit Secretary Unit Secretary (US): <ul style="list-style-type: none"> • Support SL • Answer phones, call bells • Run errands • Door management • Family Screen RN Team Leader (TL): <ul style="list-style-type: none"> • Assess patients • Delegate care • Admin Meds • Admin Blood/TPN • Draw labs from CL • Document care Licensed Support: <ul style="list-style-type: none"> • Dressing changes • CL dressings (RN only) • IV pumps (RN only) • POC testing • Kangaroo pumps • ADLS/Hygiene needs Unlicensed Support: <ul style="list-style-type: none"> • ADLS/Hygiene tasks (pass trays, feed patients, turn, beds/bath) • Stocking supplies • Transport patients/equip • Clean equipment • Answer phones, call bells • Errands 		Team 3 Rooms:			Team 3 Rooms:		
			RN Team Lead	Licensed Support	Unlicensed Supp	RN Team Lead	Licensed Support	Unlicensed Supp
			Team 4 Rooms:			Team 4 Rooms:		
			RN Team Lead	Licensed Support	Unlicensed Supp	RN Team Lead	Licensed Support	Unlicensed Supp
Team 5 Rooms:			Team 5 Rooms:					
RN Team Lead			Licensed Support	Unlicensed Supp	RN Team Lead	Licensed Support	Unlicensed Supp	
Team 6 Rooms:			Team 6 Rooms:					
RN Team Lead			Licensed Support	Unlicensed Supp	RN Team Lead	Licensed Support	Unlicensed Supp	
Team 7 Rooms:			Team 7 Rooms:					
RN Team Lead	Licensed Support	Unlicensed Supp	RN Team Lead	Licensed Support	Unlicensed Supp			
				Notes: 				