USNURSING CORPORATION

Crisis Management Experts Meet Demand During a Pandemic

Travel Nurse Staffing to Help Battle the Coronavirus

SITUATION OVERVIEW

Fastaff is the pioneer and industry leader in Rapid Response® travel nurse staffing. From natural disasters to census spikes to contagions and pandemics, Fastaff proves to be the reliable partner for healthcare systems nationwide in urgent and crucial situations.

As experts in crisis management, Fastaff and U.S. Nursing enacted a series of operational maneuvers to ensure reliable delivery to clients fighting the coronavirus outbreak, amidst an out-of-control contagion, an avalanche of unknown facts, a crashing economy, and a 100% virtual work environment.

In their own words, Fastaff leaders describe how they mobilized to meet unprecedented demand for skilled healthcare professionals.

Q & A WITH CHRISTIE POTTER, DNP, MSN, APRN FNP-BC

Vice President of U.S. Nursing

Q. How do you recruit to staff potential strikes nationwide while in the midst of pandemic?

A. There was a huge learning curve with this process. Typically, we don't have any issues recruiting qualified staff. It's not unusual for us to have three to four times the number of people we need available and ready to go. This season, we found that the volume of people who wanted to travel decreased significantly. We learned many staff had family members at home that were ill, and they didn't want to leave, nor did they want to fly to a hot zone and risk exposure to themselves or a loved ones.

To alleviate concerns, we increased our education and communication. We reached out to facilities about what options they were providing in terms of personal protective equipment (PPE). We asked about their protocols to educate our staff about the situation they were getting into. This allowed us to have more in depth conversations with our nurses.

The process required more time and we had to recruit more people than we actually needed, due to the potential risk of disruption caused by the virus. As a result, we reached out to highly skilled staff that had not worked with us before. We increased two-way conversations with all of our nurses as we wanted to ensure their voices were heard. We learned valuable information from those that had experience on the front lines.

Q. Were there any specialties that were particularly hard to find?

A. The greatest need was for Intensive Care Unit (ICU) nurses due to the complex acuities in the COVID population. ICU nurses can work in a variety of roles so they were requested first. We encouraged our clients to use the available nurses in more creative ways. For example, operating rooms across the nation had halted procedures, creating an abundance of Operating Room (OR) nurses who specialize in sterile processes. We worked with our clients to put OR nurses in the ICU to have them serve as the eyes and ears of the staff and prevent cross-contamination. The team approach maximized the ICU nurses' ability to be safe at the bedside.

Many of our clients requested Emergency Room (ER) nurses during the initial phase of the pandemic, when everyone was coming in with COVID symptoms. We saw ER rooms slow down tremendously within a month or so as the public learned which symptoms warranted

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medical attention. Respiratory Therapists were also in very high demand, with great need for patients to be ventilated. We had some clients who had never requested respiratory therapists before, needing them desperately.

Q. You staffed two significant strikes concurrently this past summer, one in California and one in Illinois. Can you describe how you handled that process?

A. We received strike notices from large clients in California and Illinois around July 4th weekend. They were both high acuity facilities and needed every specialty. In California, we had only nine days to deliver and in Illinois, we had to recruit for an indefinite strike. We were able to supply enough replacement workers to meet the needs at both sites.

Our first priority was to make sure our staff was protected – both our nurses and the employees who would be on the ground handling logistics, on-boarding, and credentialing. Since we were deploying large volumes of nurses on airplanes, we requested that all of them travel with N95 masks and we coached them on how to travel safely out of state. We also had to make sure we had PPE for the staff that were providing support to the nurses.

Our team had to create an entire virtual induction process due to social distancing requirements. Prior to the pandemic our process was face-to-face once the clinician arrived on-site. The new virtual process improved our efficiency and was a much better experience for our nurses.

Q. What were the benefits of a virtual induction?

A. It was a more efficient process and the nurse experience was very positive. They really welcomed the change. It was new for everybody, and we received so much positive feedback. It also helped us improve our communication process. The information we presented was concise, and we were able to focus on the key factors the nurses needed to know. They could complete the process in about 45 minutes, compared to an in-person on-boarding which can take up to six hours. We are still working on process improvements, particularly for uploading credentials, but going virtual made the process much easier for our nurses.

Q. What precautions did you take to keep your nurses safe?

A. We sent out KN95 masks to all of our nurses, to keep them protected in the community. Simultaneously we had thorough

We had rapid tests available if the occupational health department wasn't open.

conversations with our clients to find out what type of PPE they had available. We wanted to know what their stockpiles looked like and what they were doing to backfill supply deficits. We worked closely with our clients' occupational health team to assess the types of N95 masks and fit test each nurse for the appropriate size to prevent any unnecessary exposure. If a nurse became symptomatic, rapid testing was performed, which expedited isolation if warranted. This also prevented our clinicians from going to an outside clinic and risking additional exposure.

We also established a process with our transportation company to maintain social distancing while transporting large groups to and from hotels. They blocked off certain seats, required masks and prohibited eating and drinking on the buses. We ended up using more buses, but it kept the nurses safely distanced. The buses were hyper-sanitized between transports.

In addition, we adapted our standard procedure of housing nurses in double occupancy hotel rooms, and obtained individual rooms for each clinician instead.

Q. How are hospitals handling patients during this difficult time? Are they taking different approaches to keep staff safe?

A. We've found that each client has unique procedures. Both the California and Illinois health systems had designated COVID units. The California facility did not cohort patients. They had a blend in the ICU, in Medical-Surgical, Telemetry and ICU Step-down. In Illinois, they took one department and turned it into a COVID and Patient Under Investigation (PUI) unit. Aside from patients who needed to be in ICU, everyone else came into this department. The ICU also sectioned off part of its wing for COVID patients – almost like a clean side and dirty side.

On a daily basis the CDC would make new recommendations for the well being of the patients, staff and community. As leaders, we had to work harder to maintain alignment with the CDC guidelines, as there were often conflicting revisions as more information about the virus was discovered.

Even months after the onset of COVID, practice guidelines continue to evolve. The ultimate goal is to protect patients and staff. We did find – even beyond these two strikes – that hospital PPE procedures vary. The protocols they have in place for usage are different (some will re-use a mask for five days, while some only use it for one day). Some send out masks to be sanitized, and we found that some nurses

are actually allergic to the chemicals used in that process. There is a lot of gray area, so it's important for our team to stay abreast and set expectations accordingly. We always advocate for our nurses' safety.

Q. Beyond strikes, have you been involved in other COVID crisis scenarios?

A. Well, normally I handle the job of staffing strikes and managing the clinical aspects of that process. In July we received a request from a client to staff a new alternative care site in Texas. A nonprofit with a contract with the State of Texas was given a state mission assignment (SMA) to help communities and hospitals overwhelmed with this virus. Their plan was to convert a convention center into an ICU step down unit serving only COVID patients.

I could not pass up the opportunity to join this mission as the nurse leader and be on the front lines amongst some of the greatest clinicians. An alternative care site was stood up in less than a week, with 48 beds, a testing lab, and a pharmacy. It's been such a great experience for all of us working together to build this from the ground up.

Q. How have the nurses performed given all the uncertainty?

A. Everyone that has worked on the front lines has gone above and beyond. They've had to accommodate several CDC guideline changes and that's not easy for people. They have been able to look at this challenge and change their mindset, rather than viewing it as a hurdle. For a nurse to be able to do that is amazing to me, especially given the risk they have taken on with so much uncertainty.

The nurses have been exceptional and show great compassion. Prior to COVID, nurses often held the hand of their patient especially if no family was around. With COVID restricting visitors, healthcare providers have stepped in and filled the role of a family member for every one of their patients. It takes a lot of compassion to do that every day, plus they have their own families to care for. More than ever, healthcare workers deserve all the praise. It takes a toll on them, but they are proud and willing to do it. We are forever grateful.

Christie Potter is the Vice President of U.S. Nursing Clinical Services, and is responsible for the hiring and professional standards for all clinicians in preparation and during job action events. An accomplished clinician, Potter brings over 25 years of nursing and family practice to her role.

Company
U.S. Nursing

Industry
Healthcare Staffing

Website
usnursing.com/facilities

Phone
1-800-743-6877

Email
HelpNow@USNursing.com

USN

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