

Situation

The Surgical Services department is a multidisciplinary team comprised of **surgeons, anesthesia professionals, nurses, surgical technicians, operating room assistants, supply chain management, and environmental services**. The experience level of providers ranges from novice to proficient.

The Covid-19 pandemic leveled the playing field making us all novice healthcare providers as we chartered through this new normal. **The impact of Covid-19 resulted in soaring hospital admissions and a severe shortage of beds causing elective surgeries to be canceled**. As the rest of the world shut down, healthcare providers braced for the influx of critical patients.

Responding to the specific needs throughout the hospital, the Surgical Services department was reorganized to focus on a solution-based approach to the crisis. **We took on new roles as screeners, floor nurses, patient care technicians, assisted with PAPER donning and doffing, and even helped supply chain management**. This collaborative approach to providing support enabled us to persevere through the Covid-19 pandemic, meeting the needs of our patients, peers, and the community.

Background

An immediate plan was needed to optimize Surgical Services staff

- Create and develop a **rapid-needs training program** with tracking system
- Develop an algorithm to **identify staff training needs**
- Availability of skills lab covering **essential tasks, virtual learning, and skills competency validation checklist** to ensure staff success and positive patient outcomes
- Prepare to **screen staff and visitors** at hospital entrances
- Have a plan in place for **PPE and supply shortages**
- Determine a protocol for **suspending elective surgeries and reporting illnesses**
- Communication tools for **frontline staff and leadership**

Assessment

Deployment of Surgical Services staff

Post Anesthesia Care Unit (PACU) RNs

Relocated to the ICU and Emergency Department

Short Procedure Unit (SPU) staff

Updated patients' family members who were unable to visit due to Covid-19 visitation restrictions

Operating Room staff

Remained as a on-call team for emergency procedures

Majority of Operating Room staff

Deployed to nursing units based on assessment (see algorithm)

PPE/PAPR Super User team

Supported other units with donning and doffing

Prone positioning support

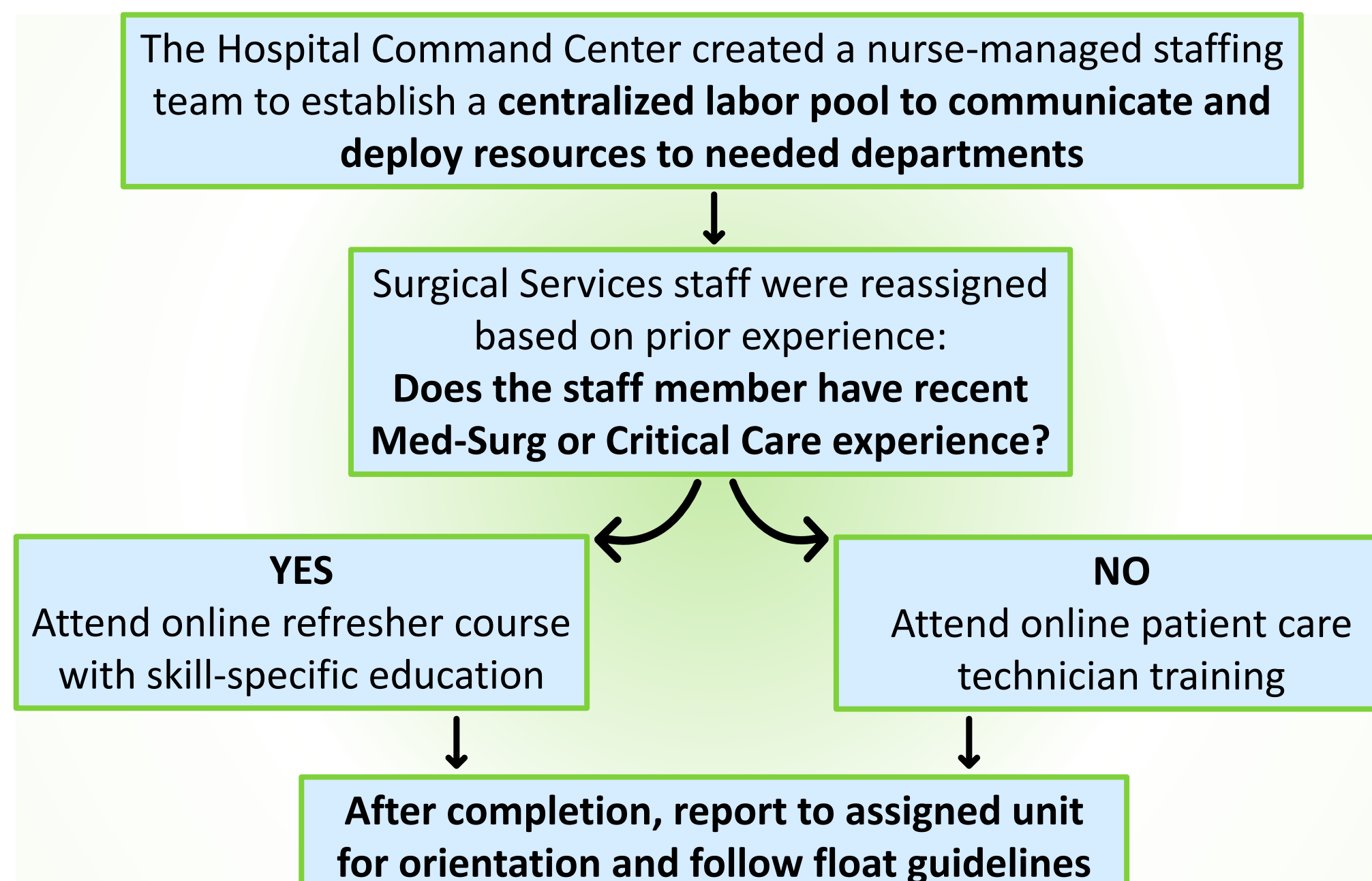
Repositioned and turned patients in the ICU

Screeners across the campus

Provided and replenished supplies, and communicated information based on CDC, state, and local guidelines

Recommendation

Training Algorithm



Implications

S Situation

Optimizing nursing staffing during a pandemic

B Background

Continued surges with new Covid-19 admissions forced Main Line Health to cancel elective surgeries and optimize staff needs to meet surge capacity

A Assessment

Organization of training plan to deploy nurses and staff safely

R Recommendation

Using an algorithm and hands-on training with a foundational skills checklist to prepare nurses and staff to provide safe care in multiple hospital settings



"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."
– Maya Angelou

References and Acknowledgments

- Brown, H., et al. (2021). *Optimizing Nursing Staffing During a Pandemic*. The Journal of Continuing Education in Nursing. Vol52 (3),109-111
- Mazzola, S., Grous, C., (2020). *Maintaining Perioperative Safety in Uncertain Times: COVID-19 Pandemic Response Strategies*. AORN Journal 112 (4): 397-405 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7537227/>