

# Staffing Considerations for Surge Planning and Emergency Response

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## OVERVIEW

During public health emergencies, mass casualties, or times of global crisis, such as the COVID-19 pandemic, patient care demands outweigh the supply of staff. This creates a significant burden on an already expended and shorthanded healthcare workforce. Crisis Standards of Care (CSC) provide guidance for the management and efficient use of scarce resources and limited staff during prolonged periods of increased demand and during times of rapid patient surge. In a crisis, it is difficult to balance the mission of optimal care and the reality of severe resource limitations. We must realize the ethical obligation to provide equitable allocation of care and resources and maximize lives saved.

This document is based upon best practices shared by nurses actively engaged in surge planning during the COVID-19 pandemic. The intent is to guide nurses, nurse leaders, and healthcare organizations in managing limited staffing resources while maintaining the core values of CSC for the safe and equitable provision of care.

## SHARED DECISION MAKING

- During times of crisis, nurses must remain involved in conversations related to staffing and resource allocation to ensure the delivery of safe healthcare.
- For CSC decision making, an interdisciplinary team, including legal and ethical counsel, is essential to maintain the core CSC values. Siloed decision-making processes lead to system failures and increased burden on the health care team.
- The purview of nurses and the healthcare team at the bedside is essential for an accurate assessment of resource utilization, including staff, if resources are to be accurately and equitably allocated.



## Crisis Standards of Care Core Values

**Fairness** – treating each patient with equity and evaluating them in the same way

**Duty to care** – for each patient, without bias, to the best of our ability

**Duty to steward resources** – to do the greatest good for the greatest number

**Transparency** – to have shared assumptions, processes, and documentation

**Consistency** – to provide a consistent level of care within a facility and region

**Proportionality** – to only restrict care to the degree that we have to, no more

**Accountability** – to engage experts as needed and document our decisions and process

SOURCE: US Department of Health and Human Services (HHS) ASPR, the Technical Resources, Assistance Center, and Information Exchange (TRACIE)

# GUIDANCE FOR NURSES

- It is essential to understand your scope of practice as it falls within your licensure and the rules of delegation and acceptance of assignment as outlined by your state board of nursing. It is also important to understand organizational policies that may present limitations or restrictions.
- Quality and safety continue to underpin care during times of crisis. Know and understand your own clinical competencies and have an open conversation with your nurse manager.
- Seek consultation and request just-in-time competency training before re-deployment if accepting an assignment with unfamiliar clinical procedures and medical equipment. Identify a care partner who is experienced on the unit for support.
- Has the surge plan been clearly communicated? Inquire about the plan and your role on the care team, the overall plan for surge capacity, and methods for allocation of scarce resources.
- How is the surge response altering the daily provision of care needs? Are there expectations outlined regarding alteration in routine daily care? How will documentation change during surge response?

## Sample resources to download:

- ✓ Just-in-Time Nursing Education
- ✓ Daily Care Priorities During CSC Implementation
- ✓ AACN Position Statement: Ethical Triage and End-of-Life Care
- ✓ Crisis Standards of Care: COVID-19 Pandemic
- ✓ Crisis Standards of Care and COVID-19: What's Working and What Isn't



# GUIDANCE FOR NURSE LEADERS

- Take a holistic, systems approach to staffing to maintain an equitable lens for balanced resource allocation across units and avoid overburdening single unit or team.
- Know how to seek and involve your organization's legal and ethical counsel to proactively address potential ethical dilemmas and minimize moral distress.
- Consistently engage bedside nursing team leaders in staffing discussions and decisions to appropriately meet the needs of staff and patients.
- As stated in *ANA's Crisis Standard of Care: COVID-19 Pandemic*, "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" (ANA, 2020).
- Leverage and build capacity with nursing students. Investing in students through skill training as clinical aides improves the potential for workforce capacity building post-crisis. Develop clear job descriptions outlining role and clinical competencies.
- Transparency and open communication are essential. It is stated within Provision 4.4 of ANA's Code of Ethics with Interpretive Statements "Nurses in management or administration should facilitate open communication with health care personnel allowing them, without fear of reprisal, to express concerns or even to refuse an assignment for which they do not possess the requisite skill." (ANA, 2015)
- Clearly define policies and procedures, definition of terminology, and practice considerations to maintain the safety of staff and patients
- Prepare and communicate a plan for disaster charting/documentation.
- Crisis planning may involve the temporary suspension of care deemed non-essential. Leverage furloughed staff for additional staffing resources and build a team-based care model. (North Carolina surge planning document for an example)
- Team based care models balance patient care needs and optimize the skill set offered by your interprofessional team. This approach allows for the appropriate upskill of staff, cross training, redeployment, and orientation and just in time education.
- The principles of nurse staffing remain relevant. Know and understand the skill mix of your team to achieve a match between their competency and the complexity of the needed care. This alignment ensures nurse and patient safety. (ANA, 2019)

## Sample resources to download:

- ✓ Clinical Extender Job Description for Non-licensed Medical Personnel
- ✓ Nursing Practice Priority During Crisis Staffing
- ✓ Care Team Shift Assignment by Team
- ✓ Tiered Staffing Sheets
- ✓ AACN Blog: Team Nursing and COVID-19 Surge Staffing

# GUIDANCE FOR HEALTHCARE SYSTEMS

- ANA's *Crisis Standard of Care COVID-19* Pandemic states "Institutions have a responsibility to safeguard employees through evidence-based policies and practices that are "transparently decided and have clear accountabilities" (ANA, 2020).
- Successful implementation of contingency and crisis strategies requires transparency in process and decision making. Surge response action plans must have clearly defined tiers based upon capacity levels that clearly indicate both the circumstances and rationale for transition through conventional, contingency, and crisis tiers.
- Transition through tiers will ebb with patient care demands and can change daily. Communication of this process at the least once each shift is essential to accommodate variability in schedule rotations.
- Stoplight reports are well-defined communication tools for huddles and illustrate capacity levels and targeted interventions. Such tools are vital for team alignment and understanding of clinical expectations each shift.
- The entire healthsystem benefits from a comprehensive mental health support structure. Burnout during sustained crisis response is inevitable. All staff benefit from breaks for respite and recharge, appropriate space for bereavement, and on-going support for anxiety, depression, and moral distress.
- Continue to work with local and state officials on communication of capacity and capacity strategies. This fosters communication and collaboration for load leveling across different health systems. Additionally, this helps guide messaging to continue emphasis on reduction of burden through implementation of public health measures.
- Once capacity returns to normal, assemble a team to assess lessons learned. Survey staff and gather qualitative data through focus groups. Refine your plan and incorporate training and team drills into on-going competency building as a preparedness measure for future emergencies.

## Sample resources to download:

- ✓ Tiered Logistical Action Plan for CSC Implementation
- ✓ Oklahoma COVID-19 Hospital Surge Plan





# REFERENCES

U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) (2020). Crisis Standards of Care and COVID-19: Principles. Retrieved from <https://files.asprtracie.hhs.gov/documents/aspr-tracie-csc-principles-covid-19.pdf>

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