Staffing and Orientation During the COVID-19 Pandemic

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***Editor's note**: This special report highlights practices that were implemented by individual facilities in response to the COVID-19 pandemic. Some practices may be inconsistent with evidence-based practice and/or the AORN Guidelines and may be modified or obsolete by the time of publication. In addition, some practices (eg, N95 and other respirator reprocessing) have been approved by the US Food and Drug Administration for emergency use only in response to the pandemic.*

As cities and towns across the United States shut down in the wake of the Coronavirus Disease 2019 (COVID-19) pandemic, hospital and ambulatory surgery center (ASC) leaders began canceling elective surgeries. The public health crisis required nurse leaders to redeploy their team members and manage personnel in new ways. Reassigned team members required training and skills updates to work in other areas of the hospital, leaders and educators updated nurse orientation practices to reflect the evolving pandemic response, and leaders implemented new and expanded self-care offerings to help boost morale and ensure that team members felt valued and safe.

REDEPLOYMENT AND EDUCATION

The need to redeploy perioperative team members to other units varied depending on the local incidence of COVID-19. Regardless of infection levels, many perioperative team members' roles changed as a result of the lack of elective procedures. A common thread at health care facilities across the country was the willingness of staff members to pitch in and do what was necessary to help their communities respond to the COVID-19 pandemic, whether it was temporarily transitioning to a different unit, helping their colleagues with patient positioning and donning or doffing personal protective equipment (PPE), or completing department projects. It was important for perioperative team members working in nonperioperative departments to participate in education and training activities so they could quickly begin working effectively in their new roles.

Deploying to New Departments

Massachusetts was severely affected by the pandemic, and in response, leaders at Massachusetts General Hospital (MGH) in Boston opened surge units. They transitioned two 32-bed inpatient units to two 32-bed intensive care units (ICUs); when that did not meet the community's needs, they converted two perioperative areas into a 30-bed ICU and an 18-bed COVID-19 ICU. The process of reconfiguring perioperative areas required collaboration and included team members from the nursing, biomedical, materials management, and anesthesia departments, according to Patrice Osgood, RN, DNP, NE-BC, CNOR, associate chief nurse of perioperative and gastrointestinal endoscopy services. "The biggest challenge to that was finding skilled nurses that were needed at the ICU level," Osgood said. The leaders created a nurse partnership model through which RNs could be redeployed and partnered with ICU nurses. The leaders redeployed all procedural nurses and CRNAs from the endoscopy suite, cardiac catheterization, and electrophysiology laboratories; interventional radiology department; and offsite ASCs to the 48-bed perioperative ICU.

The transition was more seamless for postanesthesia care unit (PACU) nurses who transitioned to ICUs. At CentraCare St. Cloud Hospital in Minnesota, all the redeployed PACU nurses had an ICU background, according to Larry Asplin, MSN, RN, CNOR, CSSM, director of surgery at CentraCare. Although it was a relatively easy transition for these nurses, he added that

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they did have to participate in education and shadowing experiences.

Staff members who joined the CentraCare labor pool and transitioned to other areas had to complete comparatively less training than those deploying to the ICUs. From the labor pool, staff members could be redeployed to assist with patient care in a dialysis unit or nursing home, or they could be reassigned to assist with critical tasks such as asking screening questions, providing masks, and taking temperatures at entrances. Redeployed staff members completed orientation checklists to ensure competency, and RNs working on the nonperioperative units provided supervision as needed.

Similarly, leaders at the University of Pittsburgh Medical Center (UPMC) St. Margaret in Pennsylvania implemented a team nursing model to prepare for a possible surge of patients. To begin the transition, they reeducated CRNAs and PACU staff members on caring for critically ill patients, according to Mary Barkhymer, MSN, RN, vice president of patient care services and chief nursing officer at UPMC St. Margaret. Surgical technologists and nurses received education and shadowed other practitioners to learn from them. "The most important role was to reeducate the nurse anesthetists and recovery room staff in case we would have had to open our recovery room as an ICU," Barkhymer said. "We were prepared for that."

The OSF Saint Anthony's Health Center (SAHC) in Alton, Illinois, experienced a decrease in staff members because some team members opted to take time off to avoid exposure to COVID-19. "So we cross-trained people," said Colleen Becker, RN, vice president and chief nursing officer. "We cross-trained a lot of our perioperative staff to be able to work in ICUs and emergency departments [EDs], and they stepped right up and did a phenomenal job."

The OSF SAHC educators created updated training plans to help perioperative nurses brush up on ICU and ED skills via the facility's online learning management platform, additional online education and training for basic foundational nursing care, and skills laboratories (eg, wound care, urinary catheters, central venous catheters, vascular access). After nurse educators verified competency and completed the required documentation, the nurses redeployed to other areas but remained on call for urgent and emergent surgeries and returned to the OR as needed.

At Emory Healthcare in Atlanta, Georgia, many of the perioperative team members were deployed to other areas, according to LynnMarie Verzino, MHA, BSN, RN, NE-BC, vice president of perioperative services, and they developed a redeployment tool to help relocate staff members based on their skill sets. The ASC nurses learned how to answer the community's COVID-19 hotlines and many perioperative nurses assisted with the implementation of visitor screening.

Through Emory's system resources, leaders and educators developed a training program on critical care competencies for nurses who were redeploying to COVID-19 testing units. "The Department of Nursing Education—in collaboration with a tremendous number of system resources, both physician partners and subject matter experts—helped to develop those education and training programs fairly quickly and then get them out to our nurses," Verzino said.

Proning Teams and PPE Monitoring

In many facilities, the perioperative nurses led what came to be known as "proning teams" to reposition patients with COVID-19 to lie face down so they could breathe more easily than when lying in another position. The natural skills that perioperative nurses have for patient positioning—along with their ability to avoid skin and other positioning injuries when doing so—was beneficial to treating critically ill patients during the pandemic. They also frequently helped teach other team members proper positioning practices.

"That OR team took the lead teaching others how to turn patients to their stomachs. And they took call for several weeks, so they were always available 24/7 if a patient needed to be turned over," Becker said. "It was a great example of everybody working together and perioperative nursing, people really being able to see what that staff does and respect their care even more."

The perioperative nurses and OR assistants at MGH partnered with physical therapists to work on inpatient proning teams. Leaders deployed surgical technologists to inpatient units to listen for ventilator alarms while others served in a monitor role to help ensure staff members followed PPE donning and doffing procedures properly when caring for patients with COVID-19. "Our surgical techs were wonderful in that role," Osgood said. "I've received

many, many compliments on what a difference they made; just having their presence there really helped relieve some of the anxiety from the staff."

At MemorialCare Integrated Health System in California, perioperative team members joined safety teams to support what they called "hot zones," or ED and ICU areas in which patients could be triaged and cohorted, according to Debbie Ebert, MSN, RN, NEA-BC, CNOR, CCRN, CPAN, CAPA, vice president of perioperative services. Leaders set up color-coded zones (Figure 1), with purple indicating a hot zone. In these zones, signs reminded personnel to use proper donning and doffing techniques (Figures 2 and 3) and individuals observed team members as they donned and doffed PPE to help avoid any self- or cross-contamination. These measures were implemented to help protect patients and team members alike. "To protect everyone's safety was our number one guiding principle through all of this," Ebert said.

Other Roles

The reduction in surgical volume allowed the staff members at Vanderbilt University Medical Center in Nashville, Tennessee, to complete projects that had been on hold when the schedule was busier, according to Cynthia Kildgore, RN, director of perioperative services. Perioperative team members were divided into groups to deep clean the hospital's 50 ORs. They used a spreadsheet to track their progress, schedule ORs for cleaning, and monitor the amount of work completed each day. As part of the cleaning project, the leaders had computer-aided design drawings created to ensure ORs could be returned to their original setup positions.

Another project the staff members tackled was beginning the process of converting a large storage area into two hybrid ORs, which included preparing to relocate all the items that were in storage. For items that would be stored in ORs, staff members took precautions to prevent contamination and future risk of surgical site infections. As of early May, surgeons at Vanderbilt were beginning to resume elective surgeries, according to Kildgore.

ORIENTATION CHANGES

Despite the ongoing health crisis that paused elective surgeries, facility leaders needed to keep future surgical

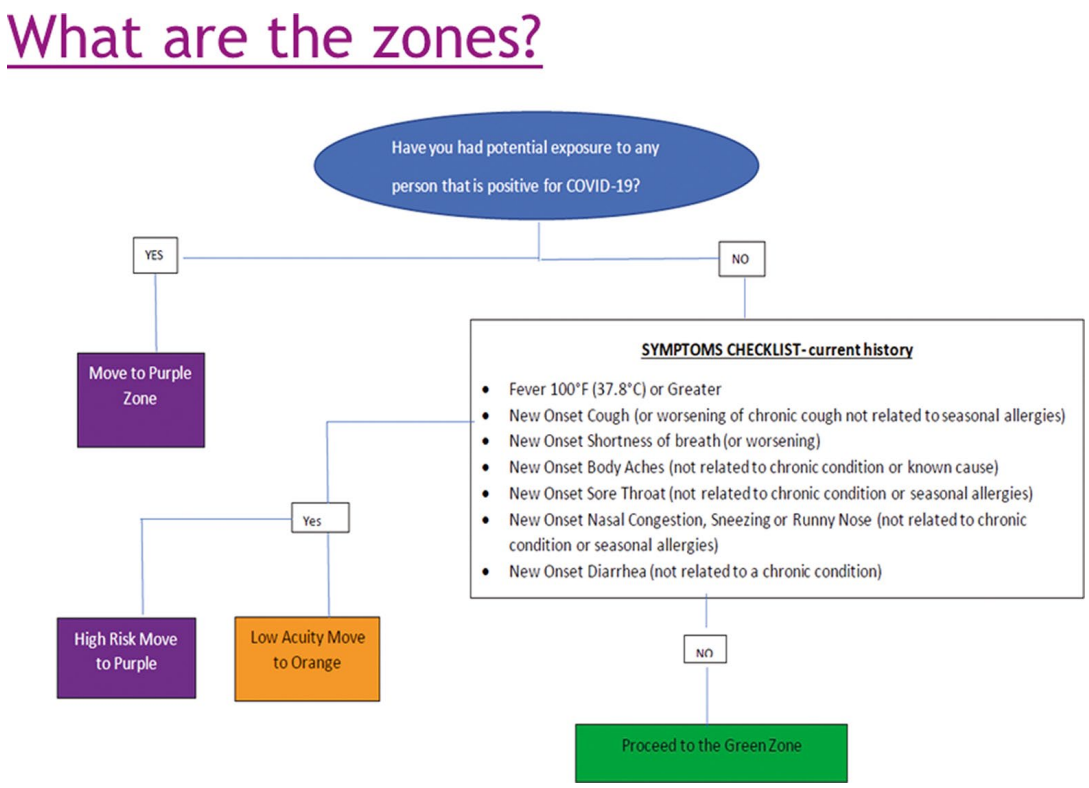

Figure 1. Diagram illustrating patient routing during Coronavirus Disease 2019 (COVID-19) response.

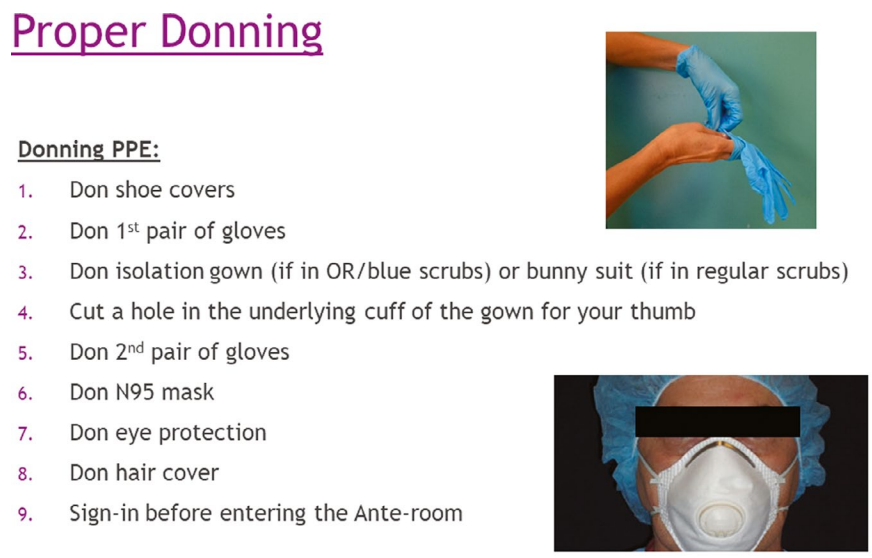

Figure 2. Proper procedure for donning personal protective equipment. *Copyright © 2020, MemorialCare Integrated Health System, CA.*

volumes in mind and maintain appropriate staffing levels. Although the pandemic affected orientation and onboarding practices, facility leaders and educators were still able to orient team members.

At Emory, a new group of Periop 101 nurse residents began the same week that elective surgeries were halted. As a result, the nurse educators needed to reevaluate their strategies because they knew the nurses would be needed when elective surgeries resumed, according to Verzino. At the same time, the system also had a group of perioperative nurse residents nearing graduation—a ceremony originally planned for May that required postponement—and that group was redeployed based on their training and skills.

To support the onboarding of perioperative nurses, educators implemented distance learning and online meetings and changed schedules to reduce the number of nurses present in the OR simulation area for hands-on training. According to Verzino, the students handled it well. "So they're excited to be out in practice in the months to come when they finish their program," she said. "I really applaud the nurse educators and perioperative nurse leaders [for continuing] the program throughout the COVID response."

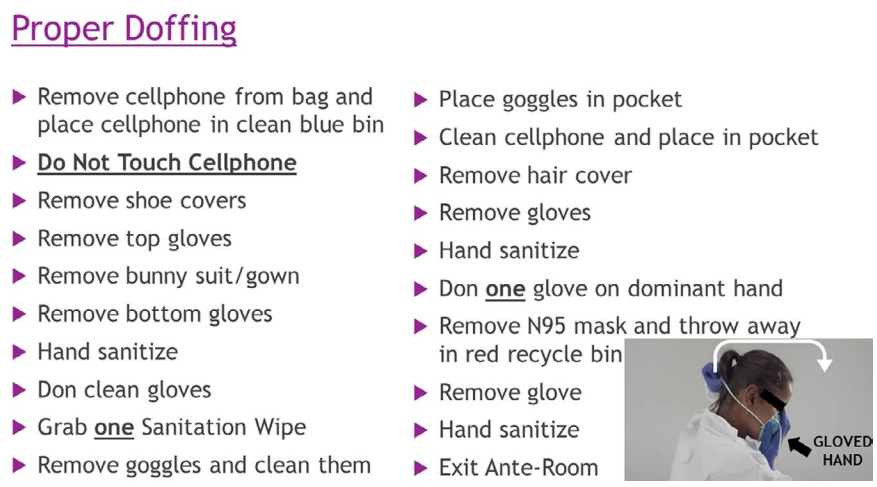

Figure 3. Proper procedure for doffing personal protective equipment. *Copyright © 2020, MemorialCare Integrated Health System, CA.*

At Vanderbilt, educators and leaders changed the standard two-day orientation for recently hired staff members to a virtual format during the pandemic; however, the rest of the orientation with the preceptor remained unchanged and staff members wore appropriate PPE. Human resources personnel and leaders scheduled virtual interviews for all prospective employees during the pandemic, although the virtual interview format was not new because the facility leaders often interview candidates who live in other states.

SELF-CARE

In addition to physically caring for their nursing teams, nurse leaders considered team members' mental and emotional well-being. Because of the ongoing stress of the pandemic response, providing opportunities for self-care and to show appreciation became even more important.

One way that the leaders at OSF SAHC protected their team members' psychological health was to allow them to use more PPE than the minimum requirements. For example, the ED staff members requested to wear gowns for every patient, and even though this was not required, the leaders approved the use of extra resources to help their team members feel safe. Donations of gowns and cloth hats from the community helped the hospital leaders maintain their PPE stock.

"Those cloth hats became favored by the entire hospital because people saw it as another way to cover themselves up," Becker said. "And so really, pretty much the whole hospital looks like they work in an OR now. And they are very happy with it. They wear the cloth hats; they wear the masks. It's not uncommon to see them gowned up more often than not."

At CentraCare St. Cloud Hospital, leaders set up what they call "emotional PPE," according to Asplin. This consisted of an emotional support team of clergy and mental health experts that staff members could contact to share their concerns and questions, or if they were feeling anxious or depressed. According to Asplin, clergy and mental health experts have always been available to staff members, but with COVID-19, leaders implemented a more coordinated approach and promoted these resources to all staff members in a "Daily Dose" electronic newsletter.

To support the team at UPMC St. Margaret, leaders provided access to meditation apps and the facility's life solutions program and set up a "respite area" in the surgical waiting room with televisions, lounge chairs, and food, according to Barkhymer. Staff members also could schedule individual sessions with the designated health coach.

MemorialCare had an established wellness department and a pastoral services department, but leaders also expanded their existing "Tea for the Soul" program during the pandemic response, according to Ebert. This involved setting up a room in the hospital with soft music and dimmed lighting where team members could go to have a cup of tea and talk to a pastoral care representative if desired. Other appreciation efforts included setting up a virtual gratitude board on the facility's intranet and placing signs and balloons at the building entrances to let the team know they are valued. The community also supported the nurses by providing lunches and snack breaks from local restaurants.

To help show appreciation for the staff members at Vanderbilt, the leaders handed out goodie bags to everyone one day and stood at the doors with signs that read, "Thank you for coming in to work" and "You're our heroes." Kildgore arranged for an ice cream cart and donuts on different days to "spread a little joy" and help address crisis fatigue.

Showing extra appreciation was necessary because of the uniquely intense and difficult situation. Perioperative

Resources

COVID-19 (Coronavirus) AORN Tool Kit. AORN. *https://www.aorn.org/about-aorn/aorn-newsroom/covid-19-coronavirus*. Updated July 1, 2020. Accessed July 24, 2020.

COVID-19 FAQs. AORN. *https://www.aorn.org/guidelines/aorn-support/covid19-faqs* [member access only]. Updated April 20, 2020. Accessed May 22, 2020.

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Stephens TM, Smith P, Cherry C. Promoting resilience in new perioperative nurses. *AORN J*. 2017;105(3):276-284.

teams made sacrifices for their patients and communities, but they also gained meaningful new experiences, participated in different health care teams, and had the opportunity to see many patients recover and return to their families. At MGH, Osgood noted that these are the silver linings. "The other silver lining is they all can't wait to get back to doing the work that they did before the pandemic," she said. "They want to go home to their own units, they want to work with their own teams, they want to go back to doing the jobs that they love to do."

Editor's notes: *CentraCare is a trademark of CentraCare Health System, St Cloud, MN. Periop 101 is a trademark of AORN, Inc, Denver, CO.*

Kimberly J. Retzlaff is a freelance medical journalist in Denver, CO. *Ms Retzlaff has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.*

This special report features a collection of tools that leaders from some of the featured facilities implemented in response to the COVID-19 pandemic. The tools have been left in their original format to preserve authenticity. To access the collection, visit https://www.aorn.org/AORN-Journal/COVID19-Tools.