RECOMMENDATIONS FOR IMPROVING NATIONAL NURSE PREPAREDNESS FOR PANDEMIC RESPONSE: EARLY LESSONS FROM COVID-19

JUNE 24, 2020
## Webinar Series Partners

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ON-DEMAND RESOURCES

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RECOMMENDATIONS FOR IMPROVING NATIONAL NURSE PREPAREDNESS FOR PANDEMIC RESPONSE: EARLY LESSONS FROM COVID-19

MEDICAL AND PUBLIC HEALTH CONSIDERATIONS OF COVID-19

Tener Goodwin Veenema, PhD, MPH, MS, RN
Visiting Scholar, Professor, Johns Hopkins Center for Health Security, Baltimore, MD
Early Lessons from COVID-19

• Compelling evidence from nurses in the field has revealed lack of access to personal protective equipment; inadequate knowledge and skills related to pandemic response; lack of decision rights as it relates to workflow redesign, staffing decisions, and allocation of scarce resources; and a fundamental disconnect between frontline nurse and nurse executives and hospital administrators.

• There is a critical and compelling need to identify and understand the gaps and inadequacies in the US health system that have contributed to a lack of pandemic readiness both within and outside of the nursing workforce, including within emergency planning and resource (eg, PPE, ventilators, etc.) procurement and allocation.
Purpose of the Report

• A pandemic-ready nursing workforce “possesses the knowledge, skills, abilities, and willingness to respond in a timely and effective manner.”

• What myriad of factors influence nursing workforce development and training for and safety and support during pandemic responses?
Role of Nurses during Pandemics

- Nursing workforce includes civilian and military, VA and US Public Health Service Corps, retired and volunteer
- Roles include support/inform surveillance and detection, MCM dispensing, hospital-based care, infection prevention and control, patient/public education, hospital/public health leadership
- Lack of foundational knowledge around emergency preparedness among nurses
  - 2018 Spectrum Health survey: 78% of respondents had little or no familiarity
Role of Government

• Federal gov’t has broad responsibilities relevant to nursing practice and PHEPR
  • HHS ASPR, CDC, FEMA, OSHA, HRSA

• National plans/policies include: White House National Biodefense Strategy, FEMA National Response Framework, CDC Public Health Emergency Preparedness and Response Capabilities

• Depend on a trained nursing workforce
  • Clarity is needed around what roles and responsibilities nurses are expected to fulfill
**Role of Government**

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<th>Short-term Recommendations</th>
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<td>• Congress must pass emergency legislation to protect HCWs</td>
<td>• HHS should strengthen the Hospital Preparedness Program to include focus on nurses</td>
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<td>• Congress, executive branch, and private sector should create a system to track PPE supply chains and to support equitable distribution</td>
<td>• HHS should examine existing federal policies/plans to identify roles and responsibilities of nurses</td>
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Role of Federal Funding

- Research funding for PHEPR is sporadic and uneven
  - CDC: 8% of funding portfolio spent on emergency preparedness and response
  - NINR and AHRQ: very few grants available, none specific to nursing
- Little funding available to support research for pandemic planning in the nursing field
- Rapid funding mechanisms available for COVID-19, but these awards do not often build transdisciplinary science or support early career investigators
Role of Federal Funding

Short-term Recommendations
• AAN should convene an emergency commission to outline key questions on pandemic readiness for nurse scientists to address
• NINR should issue a request for key research questions that could be addressed via existing or new grants

Long-term Recommendations
• CDC should fund a National Center for Disaster Nursing and Public Health Emergency Response
• Federal agencies should integrate nurse emergency preparedness into strategic plans
Role of Accrediting Bodies

• Support the nursing workforce by promoting safety and quality of nursing care, promoting safe work environments, increasing professionalism, and diversifying workforce

• Existing regulations do not mandate or measure nurse pandemic preparedness
  • CMS EP Rule
  • Joint Commission

• Licensure, certification, and scope of practice regulations during emergencies vary state-by-state
Role of Accrediting Bodies

Short-term Recommendations

• Healthcare accreditors should implement metrics to measure facility readiness for a pandemic
• State legislators should adopt legislation that will remove regulatory variability around nurse licensure

Long-term Recommendations

• Healthcare accreditors should include education and training of nurses for pandemics as a specific requirement for accreditation
• Healthcare accreditors should promote PHEPR as a core component of nurse education
Role of Institutes of Higher Education

• Responsible for ensuring graduates possess the knowledge, skills, and abilities to provide safe, high-quality care, including during a pandemic
  • But emergency preparedness is not part of core curriculum

• Essentials document currently under revision
  • Currently unclear whether evaluators ask schools about disaster and public health emergency preparedness and response content during site visits

• Impacts of pandemics on clinical placements
Role of Institutes of Higher Education

Short-term Recommendations

• SON should develop/implement metrics for evaluating nurse preparedness
• State BON should establish requirements for continuing education on PHEPR
• SON should develop plans for continuity of clinical education during emergencies

Long-term Recommendations

• AACN should revise Essentials to include PHEPR content
• Accrediting bodies should require inclusion of PHEPR content
• SON should offer certificates in PHEPR
Role of Hospitals, Healthcare and Public Health Organizations

• Nurse staffing shortages and surge capacity
  • ANA COVID-19 survey: 64% reported working short staffed, 33% reported surge staffing as an urgent need

• Commitments to emergency preparedness and response
  • PPE availability, mental health support, vaccination of HCWs

• Hospital-based continuing education
  • PPE use, POD operations, infection prevention and control

• Crisis leadership and decision making
  • Nurses are often underrepresented in hospital administration
Role of Hospitals and Healthcare and Public Health Organizations

Short-term Recommendations
• Hospitals should develop pandemic response plans
• Hospitals should protect and sustain the nursing workforce for the duration of COVID-19
• Federal gov’t should establish and fund a National Nurse Pandemic Response Corps

Long-term Recommendations
• Federal gov’t should increase spending to grow and stabilize nurse workforce
• Hospitals should include nurses in drills and exercises
• Hospitals should establish and maintain crisis leadership skills in nurse administrators, executives, and managers
Role of Voluntary Organizations

• Play a critical role in emergencies
  • Include American Red Cross, Catholic Charities USA, etc.

• Donor funded and may lack financial or human resources needed to support response
  • Draw on retired nurses, who might be at increased risk during pandemics
Role of Voluntary Organizations

Short-term Recommendations
• Conduct a needs assessment of PPE and infection prevention and control measures for all volunteers
• Establish pandemic staffing policies
• Provide rapid COVID-19 testing to all volunteers

Long-term Recommendations
• Implement regular preparedness and response training for all volunteers
Role of Professional Nursing Organizations

• ANA Quadrennial Policy conference addressed “Life, Death, and Disaster”

• Going forward, these organizations should unite around a collective mission to advance nursing emergency preparedness and response

Recommendations

• NAM should convene a national workshop in 2020 to explore the lessons learned from COVID-19
Thank You

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9 hand sanitizers may contain toxic methanol, FDA warns

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