



WEB SERIES

**Medical & Public Health  
Considerations of  
COVID-19**

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

JUNE 24, 2020

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Please type your questions into the Q&A or Chat function during the webinar and we will get to as many as we can

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# CONFLICT OF INTEREST

NONE OF OUR SPEAKERS HAVE ANY CONFLICTS OF  
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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

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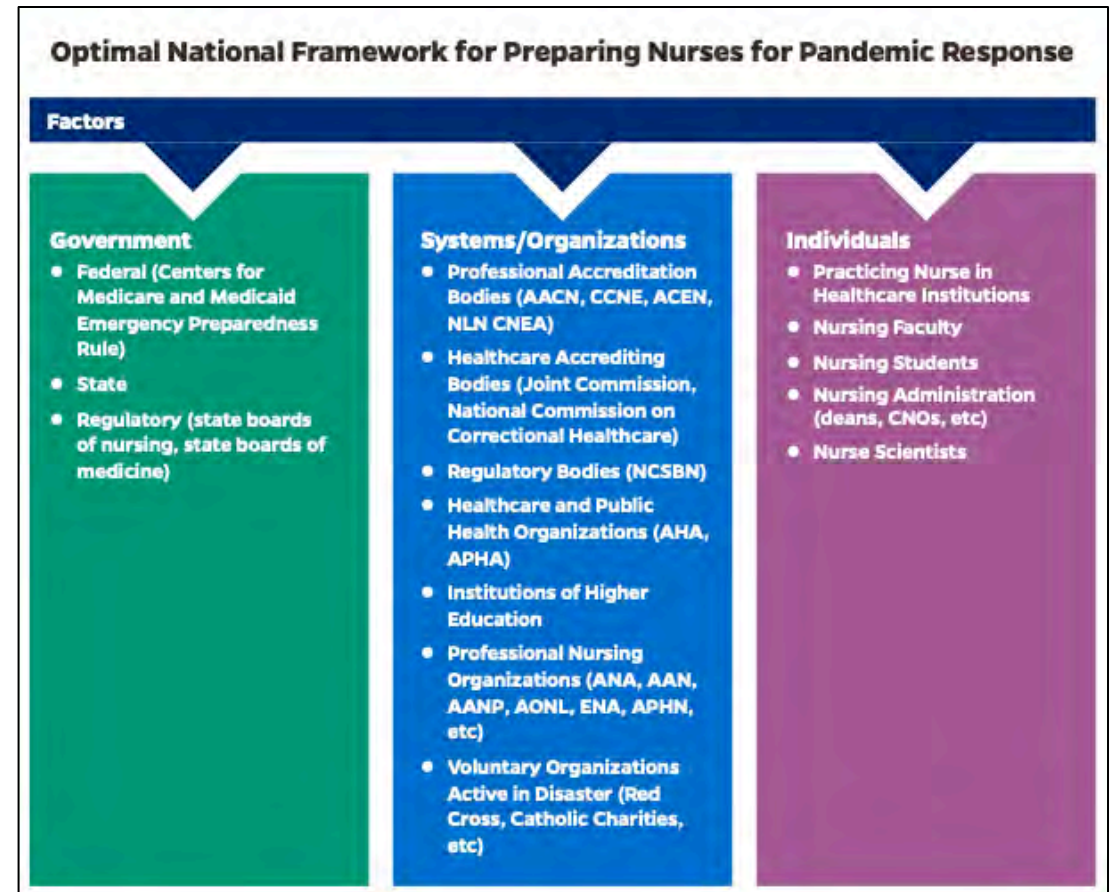


# Early Lessons from COVID-19

- 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?

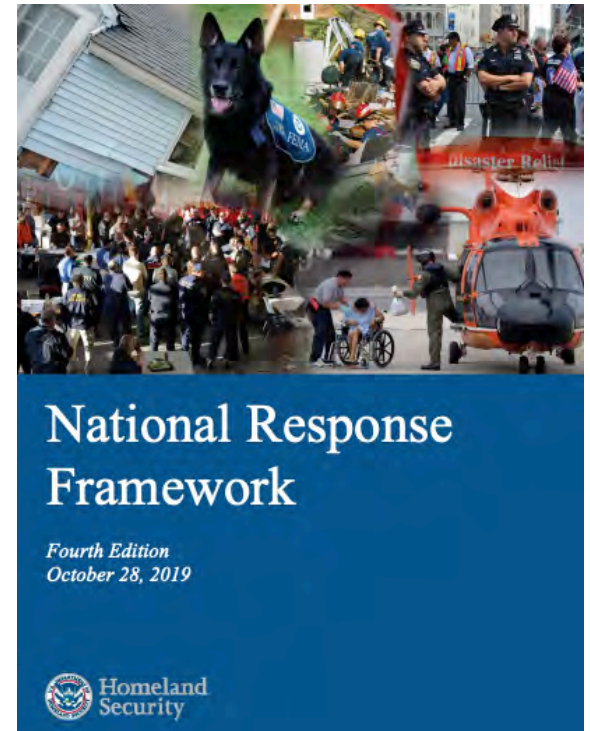


# Role of Nurses during Pandemics

- 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

## Short-term Recommendations

- Congress must pass emergency legislation to protect HCWs
- Congress, executive branch, and private sector should create a system to track PPE supply chains and to support equitable distribution

## Long-term Recommendations

- HHS should strengthen the Hospital Preparedness Program to include focus on nurses
- HHS should examine existing federal policies/plans to identify roles and responsibilities of nurses

# 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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**JOHNS HOPKINS**  
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CORONAVIRUS

# 9 hand sanitizers may contain toxic methanol, FDA warns

Methanol can be toxic when ingested or applied to the skin.

Avoid 9 hand sanitizers containing methanol, FDA warns: TODAY's headlines

JUNE 23, 2020 / 00:49



Update From the Front Lines:  
Methanol Clusters





Q&A

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**Developing a Vaccine and Vaccination Strategy for COVID-19**  
**Update from the Front Lines: Arizona**



**Wednesday, July 8, 2020**  
3:00 PM EDT



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