Staffing Augmentation for Hospital Surge

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Objectives

- Describe challenges of addressing staffing needs related to surge in the acute care setting
- Review licensing, scope of practice, hospital privileges, and reimbursement issues that must be addressed
- Discuss the importance of “Just in Time” training to address security, medical record documentation, communications, and medication administration.
- Examine the importance of planning and practice.
- Identify logistical issues for movement of staff from hospital to hospital
- Implement processes for the identification, recruitment, deployment and management of interim healthcare professionals
- Review augmentation strategies that have been successfully implemented by both stand-alone hospitals and hospital systems during an event
Continuing Education Faculty Disclosure

Financial Disclosures:

- The faculty and planners of this educational training do not have relevant financial interests and/or relationships to disclose.
Need for Surge Planning

- Prepares hospitals to respond to a catastrophic event
- Provides the ability to triage & treat an increased number of patients
- In a mass casualty incident, there will be a demand for additional beds
- Additional patients + additional beds = the need for additional staff
Easier Said Than Done

- Take in-house action as specified in hospital emergency plan
- Increase access to resources through, contracts, temp pools, MOUs &/or established coalitions/partnerships
- Contact local county emergency management office
Who is Team C?

- Hospitals routinely plan for Team A & B
- Excessive surge or extended disasters can quickly deplete staff resources
- Extended shifts can lower individual response capabilities
Hurricane Rita

- Hurricane Rita predicted to hit Galveston, TX on 9/23/05
- FEMA requisitioned all non-county EMS resources & stationed them in Houston to respond to Galveston

- Rita shifted, direct hit at Port Arthur & Beaumont Texas
- Governor of Texas declared mandatory evacuation of the area
Pre-Rita

- St Johns Hospital in Houston Evacuated
- No assets to evacuate patients
  - Port Arthur facility – St Mary’s at sea level expected a 12 foot storm surge
  - Census: 98
- Utilized all possible resources
  - School buses
  - SUV’s
  - Greyhounds
  - Private planes

Photo courtesy of the Galveston Daily Mail
As patients being prepared to transport to Houston

- Charts prepared to go with essential info
  - Most recent labs
  - Medications administered in last 24 hours, etc.

- 60 St. Elizabeth staff members (who had already been at the facility for 3 days) transported to Houston
  - Food, water, restrooms & air conditioning were available
Post-Rita

- Patients prioritized for evacuation
  - NICU
  - ICU’s
- Then floor by floor
- Patients & staff tracked
- Most impressive & inviting site to see EMS arriving 2x2 for as far as the eye could see
Post - Rita

- Patients arrived at St. Johns in Houston
  - 60 exhausted nurses arrived just prior to the patients
  - Sister hospitals in Corpus Christi responded by sending staff (Side note: St. John’s Staff could not get back because of traffic jams post evacuation)
  - St. Elizabeth staff remained for 2 days: 1 working & 1 recuperating
The Ultimate Floating Experience

- Challenges & Lessons Learned
  - Transportation for rostered travel team
  - Security
  - Housing
  - Medical health record access
  - Facility access – badges
  - Medication access
  - Hospital liaison – staffing office
Key Considerations

- Licensing
- Scope of Practice
- Credentialing
- Privileges
- Just-in-Time Training
- Reimbursements
- Etc....
Where Can We Get Staff?

- Existing & corporate staff
- Identify potential vendors – execute contracts
- Temporary staffing agencies
- Nursing, Medical, Dental, Veterinarian, & allied health profession schools
- Retiree registers
- Medical Reserve Corps or other volunteer agencies including professional associations
- Ambulatory Centers & campus health centers, physician offices
Will Staff Be Able to Answer the Call?

- Will off-duty staff be available?
- Conflicting family responsibilities
- 1 in 6 public health workers unlikely to respond in Pandemic Flu emergency
- Nearly 40% of hospital workers unwilling to respond to duty during radiological terrorism event
Laws & Rules

- Scope of Practice Issues
- Liability Issues
- Florida Good Samaritan Act
- Florida Volunteer Protection Act
- Chapter 110 Volunteer Program
- Federal Volunteer Protection Act of 1997
Laws & Rules

- **Licensure**
  - Public health advisories; public health emergencies §381.00315 (3) F.S.
  - Creating a temporary license §456.024 F.S.

- **Reimbursement**
  - Robert T Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C.
Pre-Planning

- Planning makes a difference!
- Look for materials, checklists & tool kits that have already been used
- Customize to your facility & needs
- ARHQ Surge Tool Kit and Facility Checklist
- “Be Prepared California” Hospital Operational Tools Manual
Successful Practices

- Promoting out-of-hospital care
- Sheltering in place
- Meeting staff needs – dependents & pets
- Reassigning staff from outpatient & ambulatory care centers
- Creative thinking…
Resources for Planning

- Agency for Healthcare Research and Quality, Surge Tool Kit and Facility Checklist
- Hospital Preparedness Program Web Page
- Florida Agency for Healthcare Administration - Emergency Management Planning Criteria For Hospitals
- Wireside Chat with Dr. Tom – Christus Health CEO’s Blog for Comments and Opinions on Healthcare – Lessons Learned from Hurricane Rita National Association of Public Hospitals and Health Systems – Research Brief May 2007, Hospital Staffing and Surge Capacity During a Disaster Event
- California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies – Volume I: Hospitals
For more information

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