

Nurses rise to disaster challenges



Photo credit: Top, left, and bottom right: Mary Kay Goldschmidt

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Disasters abound

Nurses respond to the needs of patients and their communities

By Susan Trossman, RN

While working the night shift in the surgical intensive care unit (ICU) of her New Jersey hospital, Teresa Weisneck, BSN, RN, could not help but be moved by the heartbreaking images she saw flashing on the TV screen in her patient's room. Hurricane Harvey was wreaking havoc in Houston and the surrounding communities.

"I had volunteered during Superstorm Sandy a few years ago and remember how much support people needed from nurses," said Weisneck, a New Jersey State Nurses Association (NJSNA) member. "I knew I had to help [in Texas]."

Roughly 36 hours later, she and about 50 other healthcare professionals landed at Ellington Field Joint Reserve Base on the outskirts of Houston to do just that as part of a trip arranged by the New Jersey Hospital Association and promoted by NJSNA.

During her weeklong stay that began August 31, Weisneck primarily volunteered 12-hour shifts in the ICU to relieve staff nurses at Bay Area Regional Medical Center in Webster. She also spent some of her off hours volunteering at a Houston convention center-turned-emergency shelter, triaging displaced residents with healthcare issues and providing one-on-one time with others who were waiting out the storm and worrying about what they would find when they returned home.

Weisneck is just one of countless nurses who volunteered or worked at their facilities or emergency shelters, as flooding and fires ravaged large swaths of the nation this summer and fall. Disaster relief and recovery in many of those areas—from California to Texas to Florida on the mainland to the U.S. Virgin Islands and Puerto Rico—is ongoing, with some communities still experiencing urgent needs.

Preparing for disasters and their aftermath

Effective disaster preparedness strategies gleaned from previous catastrophic events and reinforced by educational activities, strengthened government and health system partnerships, and some infrastruc-



Teresa Weisneck flew to Texas to volunteer with relief efforts.

ture changes, such as flood-gates around hospitals, have helped healthcare facilities better withstand disasters, according to nurses. That said, the volatility of nature will always remain.

According to disaster preparedness expert Sharon Stanley, PhD, RN, RS, no true test exists of how prepared healthcare professionals will be in a catastrophic incident, but previous exposure to complex situations and incidents build resiliency in practice before, during, and after events.

"As much as you've planned and practiced and exercised, it will be chaos [when a major disaster first occurs]," said Stanley, former president of the Association of Public Health Nurses and former chief nurse of the American

Red Cross. "The mental gymnastics it takes to practice care in that situation is a lesson learned that can be carried to the next disaster and the next. But you're never all the way there."

Further, disaster planning isn't about putting something on paper. It's about bringing together all stakeholders, ensuring they understand their roles and relationships, and determining together how they can keep their population safe and well, according to Stanley.



Sharon Stanley

Days before the hurricane hit, Jim Allard, DNP, RN, NEA-BC, and Jennifer Nitschmann, MSN, RN, were in full disaster preparedness mode—closely tracking Harvey's path with other key healthcare system leaders; communicating with their respective staff about their readiness to respond; and ensuring extra food, water, fuel for generators and vehicles, and critical patient supplies were in place. And then they waited.

Nitschmann, vice president of Patient Care at the Magnet®-designated Baylor St. Luke's Medical Center in Houston, knew that her facility could quickly become an island in the middle of floodwaters given the area's many bayous and canals and the several feet of rain that were predicted.

Late night on August 25 the hurricane made landfall.

“By 4:30 AM, rain was coming straight down, and then in sideways sheets,” said Nitschmann, a Texas Nurses Association (TNA) member. “We were blessed in that we sustained minimal damage and were able to keep our doors open and serve patients.”

Floodwaters surrounded but did not enter The Woman’s Hospital of Texas, in the heart of Houston and where Allard is the interim chief nursing officer. The facility, which sees more than 11,000 deliveries a year and has a sizable neonatal ICU, was able to continue functioning, although elective surgeries were suspended.

Visitors and patients who were ready for discharge at The Woman’s Hospital and Baylor St. Luke’s were forced to shelter in place for several days, and both facilities also admitted evacuated patients from other hospitals.

Communication and staffing

Like Nitschmann, Allard was part of a leadership team staffing a command center.

“My role as senior leadership was to listen to and speak for nursing and patient care,” said Allard, a TNA member.

Ongoing communication with staff, facility and system leadership, patients, and visitors was critical so emergency-response leaders could assess needs, adjust resources, and quell fears. To that end, Allard participated in rounding with other leaders on both day and night shifts throughout the hospital.

“We used these huddles also for moments of reflection, sharing stories, and prayer,” he said.

Looking specifically at the nursing workforce and the disaster preparedness plan, bedside nurses were assigned to team A, which means they respond during the

initial hours or days of the disaster, or team B, those who relieve their colleagues.

“However, we train everybody in emergency operations,” Allard said. He also noted that both teams are representative of the four generations of nurses who are working at the bedside to ensure an appropriate skill mix throughout. Further, HCA corporate leaders arranged for 75 nurses from other facilities to provide additional relief after the storm subsided.

As for basic supplies, nurses and other staff slept on beds in vacant patient rooms or on air mattresses. And although there was an adequate amount of food for patients, visitors, and staff, choices were fewer during the lockdown phase, which lasted about 5 days.

Fortunately, power and phones remained intact at both hospitals, which gave nurses the ability to maintain contact with their families. On the down side, the impassability of roads and other destructive forces affected some relief team members from making it to their hospitals as planned.

Noted Allard, “It was an unplanned exercise in team-building. Nurses and other staff helped in any way they could—from doing laundry to serving meals in the cafeteria.”

“All of our staff gave 110 percent,” Nitschmann said.

Caring for the community

In anticipation of Irma hitting the East Coast of Florida as a category 4 hurricane, Palm Beach County residents with special needs and their caregivers headed for the South Florida Fairgrounds shelter the morning of September 8.

“We had so many people with special needs that we had to open a second shelter,” said Connie Upshaw, MPH, BSN, RN, a community health nursing consultant with Florida Health Palm Beach County who served as the nursing services lead. At its peak, the main shelter housed 450 residents who had healthcare needs, including 15 children, along with their caregivers and public health staff. An additional 80 residents stayed at the quickly opened smaller shelter.

The population was predominantly older adults who required electricity to meet their needs, including keeping their oxygen concentrators functioning and their insulin refrigerated, according to Upshaw, a Florida Nurses

Association member. Both shelters had back-up generators.



A helicopter carrying critical supplies touched down at The Woman’s Hospital of Texas.

Photo credit: The Woman’s Hospital of Texas



Jim Allard



RNs and other staff at The Woman’s Hospital of Texas used huddles to also reflect, share stories, and pray.

Photo credit: The Woman’s Hospital of Texas

Preparedness and response

Public health nurses, and later some volunteer nurses from the community, worked practically nonstop to help displaced individuals with their medications, toileting, and other activities of daily living; perform wound care; and assist with transfers and repositioning on the low-lying cots. Nurses closely monitored residents, some of whom began to decompensate and had to be transferred to the hospital.

Although the hurricane veered toward the Gulf Coast, winds were strong and neighborhoods lost power, requiring the shelter to remain open through September 14.

Looking back, Upshaw said that many of the older adults did not have families or other caregivers to help them, which she saw as a stark need in the community.

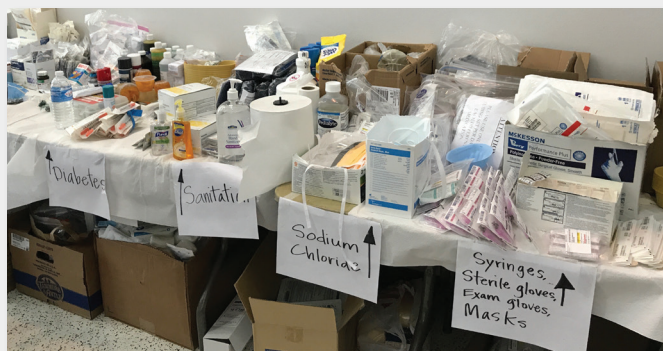
"But there was one couple who pushed their cots side by side and slept holding hands," she said.

On the ground to help

"I remember feeling powerless when watching the devastating effects of Hurricane Katrina, so I was determined, like many other nurses, to be of service," said Mary Kay Goldschmidt, DNP, RN, PHNA-BC, a clinical assistant professor in community health nursing at Virginia Commonwealth University.

Goldschmidt, three VCU accelerated nursing students, and her daughter, an emergency nurse, flew to the Houston area on August 31 to volunteer their time and skills.

On the first day, they made their way to the massive NRG convention center shelter in Houston. "The Harris County Medical Society was running an urgent care clinic there, and they put us to work almost immedi-



Medications and supplies were vital to certain shelter residents' care.

Photo credit: Mary Kay Goldschmidt

ately," said Goldschmidt, a Virginia Nurses Association member. Goldschmidt provided care for patients in isolation rooms, while her daughter served as charge nurse. Students worked with RN preceptors and also walked around the shelter as part of an interprofessional "go" team to assess the needs of evacuees.

Later they traveled to Beaumont, a low-lying coastal community with extensive flooding, where they provided wellness care at a pop-up clinic and collected information from residents regarding ongoing needs such as unfilled prescriptions

"Most of all we listened," Goldschmidt said. "People had lost their homes. One woman had walked her way though water and debris to be with her spiritual support network at the clinic."

Later that day, they also worked at the Beaumont Public Health Department, where they administered about 140 tetanus-diphtheria and hepatitis A injections to emergency responders, many of whom arrived with their clothes still wet from

ongoing water rescues.

"We felt of great use and privileged to help," Goldschmidt said. "Also this was a remarkable experience for the nursing students who volunteered to go to Texas, as all three have an interest in working in public health after graduation. And disaster preparedness, response, and recovery are major responsibilities of public health nurses."

Many needs remain, nurses step up

A 37-year volunteer with the American Red Cross of Silicon Valley in northern California, Elizabeth Dietz, EdD, RN, CS-NP, has found herself extremely busy for months as she's helped determine the deployment of nurse volunteers.

"We responded to six major fires in five weeks in California alone," said Dietz, an ANA\California member. She also recently organized nurse volunteers to help residents in Oregon displaced by a large wildfire, and has been determining how to fill the needs of residents affected by hurricanes Harvey, Irma, Jose, and Maria.



A look inside a Texas Emergency Medical Task Force unit outside of Beaumont

Photo credit: Mary Kay Goldschmidt



Clinical Assistant Professor Mary Kay Goldschmidt (top right). From left, VCU accelerated nursing students Eva Farrell, Afton Bradley and Chrishona Henry.

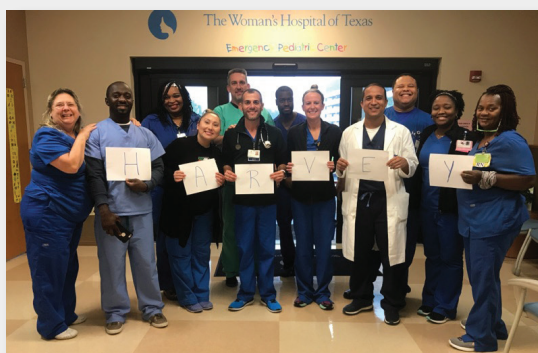
Photo credit: Mary Kay Goldschmidt

"The biggest issue is that we can't send all of our volunteers all at once, and right now we don't have enough volunteers, especially because you are asking people to be away from home for two weeks," Dietz said. "As in war or other military events, you need three to 10 people backing up each person on the disaster line."

Dietz is getting ready for her own deployment in November while also preparing the next group of nurse volunteers and debriefing those who've returned after witnessing a great deal of trauma.

Back in Houston, Nitschmann said that when a hurricane or other major event happens, an "all hands on deck" response is needed.

"It's always amazing to me to watch nurses in these situations," she said. "They all want to provide the best care to their patients and make them feel safe. [During Harvey], they showed a never-quit attitude even when they knew their homes and families were impacted."



Emergency department staff stepped up during the hurricane at The Woman's Hospital of Texas.

Photo credit: The Woman's Hospital of Texas

What you can do

Both Baylor St. Luke's and The Woman's Hospital have set up disaster relief programs and funds for their employees affected by the hurricane. The American Nurses Foundation also created a disaster relief fund for nurses in all areas impacted by these disasters at givedirect.org/donate/?cid=1680.

— Susan Trossman is a writer-editor at ANA.

Resources

American Nurses Credentialing Center's National Healthcare Disaster Certification
nursecredentialing.org/NHDC

American Nurses Association's *Know the Law/Ethics of Disaster Response*
nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/DPR/TheLawEthicsofDisasterResponse

Donations at Work

Scholarship recipients pursue their dreams

Through the gifts of generous donors, the American Nurses Foundation has supported more than 40 nurses' educational aspirations since 2014. The lead gift was made by the global healthcare company, Fresenius Kabi, in partnership with the Foundation and *The American Nurse: Photographs and Interviews* by Carolyn Jones.

"Fresenius Kabi's commitment to the compassion and expertise of nurses throughout the United States is seen, in part, through their support of *The American Nurse* project scholarships given by the American Nurses Foundation. We are fortunate to have them as a partner and for their leadership in lifesaving medicines and technologies," said Tim Porter-O'Grady, DM, EdD, APRN, FAAN, chair of the American Nurses Foundation.

Several recent scholarship recipients share how they will put their education to work helping patients and advancing nursing practice.

"I am pursuing my doctorate of nursing practice degree with a specialization as an adult gerontology acute care nurse practitioner (AG-ACNP) because I want to have a larger impact on the direction of care and potential outcomes for my patients. As a new graduate AG-ACNP, I would like to work within the adult palliative care setting, which would give me the opportunity

to impact coordination of acute care and directly support patient autonomy."

— Andrea Wilhite, BSN, RN, West Des Moines, Iowa; Creighton University

"I will pursue teaching opportunities, where I can educate nursing students in undergraduate nursing programs in both the classroom and clinical settings. I will impact individuals who are pursuing a career in nursing by encouraging and supporting them with my various approaches to teaching and the learning process. In doing so, I will also be ensuring the safety and care of many patients and their families, whom my students will someday encounter in the health-care setting."

— Kathleen McFarlain, RN, Lake Charles, Louisiana; McNeese State University

"I plan to continue mentoring new nurses, working as a nursing faculty member and possibly pursuing leadership opportunities in the future through my professional organizations as well as through the university where I work."

— Courtney Duggan, MSN, RN, FNP-C, Denver, Colorado; University of Colorado College of Nursing, Aurora

For more information about the American Nurses Foundation, visit givetonursing.org.

When nurse safety is compromised

To: **Ethics Advisory Board**

From: **Injured nurse**

Subject: **Assaulted at work**

I was assaulted while performing nursing care last week. I was punched in the face by a patient and suffered loss of consciousness, a broken jaw, and bruised face. To add insult to injury, my employer has placed me on administrative leave per policy. I don't know what to do. Please help.



From: **ANA Center for Ethics and Human Rights**

I am very sorry to hear about your tragic situation. First and foremost, I hope that you have taken the necessary steps for your own treatment and healing. This was a traumatic event, and your physical and emotional self-care are essential. While nursing is an amazing and rewarding career, it also can be challenging.

How can a nurse balance a situation when patient care is dangerous or poses a risk of harm? Provision 2 of the American Nurses Association's *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/code-of-ethics) states that "the nurse's primary commitment is to the patient," but Interpretive Statement 5.4 of the Code also states, "Verbal and other forms of abuse by patients, family members, or coworkers are also threats; nurses must be treated with respect and need never tolerate abuse."

ANA has been advocating to end workplace violence for many years. ANA's position statement on Incivility, Bullying, and Workplace Violence (nursingworld.org/Bullying-Workplace-Violence) describes that patient safety is often misunderstood as a priority over the safety of the healthcare professional, when in fact

they are both integral to quality and safe care. The statement also illustrates the devastating impact that workplace violence has on nurses, including emotional distress, temporary or permanent injury, or even death.

A survey by Speroni and colleagues reported that over 75% of nurses have experienced verbal or physical violence by a patient or visitor. These alarming statistics highlight the crisis and risks that nurses encounter on a frequent basis. The duty for individual safety and self-care in risky situations is paramount. These incidents must be reported and organizations must provide a feasible reporting mechanism that is not arduous or perceived as "more time than it's worth."

Organizations also must provide a safe and trustworthy environment that is supportive of reporting workplace violence and is nonpunitive. ANA's position statement on Incivility, Bullying, and Workplace Violence highlights the financial impact that workplace violence has on hospitals, costing almost \$95,000 per year for treatment of injured nurses. ANA's "zero tolerance" policy for workplace violence and bullying includes informing nurses about conflict resolution and safe de-escalation tactics, organizational workplace violence prevention policies, and physical and emotional

support when these incidents occur.

I would also recommend that you contact your state nurses association. Many states have laws or are creating laws designed to deter workplace violence against healthcare professionals. For example, Delaware recently passed a law that classifies a physical injury inflicted upon a nurse while working as a second-degree assault punishable by law.

Thank you for a powerful question; one that I imagine was submitted at a vulnerable and challenging time. The ANA Center for Ethics and Human Rights appreciates the opportunity to help you during this difficult time.

Response by Felicia "Liz" Stokes, JD, MA, RN, senior policy advisor, ANA Center for Ethics and Human Rights.

Selected reference

Speroni KG, Fitch T, Dawson E, Dugan L, Atherton M. Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. *J Emerg Nur*. 2014; 40(3):218-28.

Positive culture puts Pentec Health on the Pathway to Excellence®

By Elizabeth Moore

As healthcare organizations strive to recruit and retain qualified RNs, offering a positive work environment has become essential in both acute care and long-term care settings. To help organizations achieve that goal, the American Nurses Credentialing Center (ANCC) Pathway to Excellence® program provides a roadmap to attaining an ideal practice environment.

In 2016, Pathway to Excellence awarded its first home health designation to Pentec Health, an organization that provides specialty infusion services to patients in the home and other settings. Currently, Pentec's Intrathecal Nurse Training Program is the only one in the nation accredited by ANCC.

The journey to achieving Pathway designation not only motivated Pentec's nurses, leadership, and staff to champion one another, it also increased patient safety and helped make Pentec Health an even better place to work.



Seeking recognition for distinction

Earning the Pathway to Excellence designation requires healthcare organizations to meet specific standards related to shared decision making, safety, professional development, quality, and leadership. The standards were developed to be relevant, applicable, and attainable in any healthcare setting where nurses are employed.

In pursuing the Pathway designation, nurse leaders sought to affirm the organization's 30 years of innovation and quality that set it apart from other home healthcare agencies. Pentec's nurses are located around the United States, but they work collaboratively with physicians and pharmacists in hospitals, skilled care facilities, offices, and homes. Pentec fosters a collaborative environment that monitors and encourages teamwork, supervision, quality care, and competency throughout the organization. Because of this, many of the Pathway standards were part of everyday practice when the journey began.

Working toward the designation fired up Pentec's already cohesive team. "We thought our staff was engaged, but the Pathway journey brought engagement levels through the roof," said Karen McHenry, MSN, RN, senior vice president, nursing services.



From left, Christine Pabico, director, Pathway to Excellence Program; Jeff Doucette, vice president of Magnet Recognition Program® and Pathway to Excellence; Karen McHenry, senior vice president of Nursing Services at Pentec Health; Loressa Cole, executive director/executive vice president, ANCC; and Peg Reiter, chair, Commission on Pathway to Excellence.

A study in positivity

A study in the May/June 2017 issue of *Nursing Outlook*, by nurse researchers Jarrín, Aiken, and Kang, used the Pathway standards to measure nursing workforce outcomes and patient care quality in home care. The study found that home care nurses in better work environments were less than half as likely to report missing necessary care coordination, counseling, or education of patients and their caregivers compared to nurses working in agencies with poor work environments. Further, RNs in better work environments were less likely to experience burnout, job dissatisfaction, and intention to leave their jobs than those working in agencies with poor work environments.

Pentec's achievement demonstrates the study's findings. With a positive culture supporting them, nurses feel empowered. For instance, the nursing team investigated, worked to receive approval, and implemented the first home care DAISY Award® program to recognize excellence in nursing and patient satisfaction, and has acknowledged its first two patient-nominated nurses through the program.

"Pathway to Excellence designation validates that the nurses who practice professional nursing at Pentec Health thrive in an environment that provides the ingredients for excellence in what they do," said McHenry. "Their voice is not only heard, but also matters. This creates a positive culture that makes everybody want to do their very best. Our patients benefit from this passion and satisfaction, resulting in outstanding, progressive, evidence-based care."

The proof is in the empowerment

Cheryl Carvajal, RN, commented, "My manager and the management team in general appreciate me as a nurse, as a team member, and as a person. I am able to have a voice when it comes to patient care

Work Environment

and my career within the company, and that means everything to me as a nurse.”

The numbers back up what staff and leadership report. Patient falls decreased by 4% in 2 years; medication errors decreased 29% in 1 year along with a 36% increase in refills. Nursing certification rates were up 6%.

Pentec was named one of the Best Places to Work in Pennsylvania and they achieved a remarkable 95% nurse satisfaction rate.

Learn more at nursecredentialing.org/Pathway.

— Elizabeth Moore is a writer at the American Nurses Association.



The Pathway to Excellence® Program recognizes acute care and long-term care organizations for positive practice environments where nurses excel. To qualify, organizations meet Pathway standards essential to an ideal nursing practice environment. Nurses trust that Pathway-designated organizations respect their contributions, support professional development, and nurture optimal work settings.

Pathway can help an organization:

- improve nurse satisfaction
- retain choice nursing staff and leaders
- cultivate interprofessional teamwork
- champion high-quality nursing practice
- support business growth.

ANA News

Member input: A must-have when developing policies

As an American Nurses Association (ANA) member, your participation in ANA's policy work is essential. Member engagement facilitates the development of national policies and positions that address challenges facing nurses and the profession of nursing; respond to emerging trends in nursing practice and the broader healthcare delivery system; and support ANA's legislative, regulatory, and public outreach efforts.

discussion by ANA's governing body, the Membership Assembly, at its annual meeting in June. The Professional Policy Committee is composed of seven constituent and state nurses association (C/SNA) members and/or Individual Member Division (IMD) members appointed by the ANA Board of Directors.

One of the Membership Assembly's vital responsibilities is to set policies and positions for ANA that provide guidance to the profession of nursing by establishing the association's point of view on relevant nursing practice issues, health policy, and/or related social concerns.

The Call for Policy Proposals opens on December 4 and will be sent via email to all members. Policy proposals may now be submitted by individual ANA members in addition to C/SNAs, organizational affiliates, and ANA's Board.

In the meantime, consider these questions identified by Dwayne Spradlin in the *Harvard Business Review* to develop a robust proposal: What is the problem? What is the cause of the problem? What is the desired outcome? Why should ANA attempt to solve this problem? What other approaches have been tried?

Remember, when members engage in the generation of policy proposals, the result is policies and positions that are more effective and better articulate the views of the broader nursing community.



One way you can contribute *directly* to the development of national nursing policy is via ANA's annual Call for Policy Proposals. ANA's Professional Policy Committee (formerly the Reference Committee) solicits policy proposals and recommends proposals for