

## Nurses lead vaccine rollout



■ Count Me In ■ Law enforcement ethics



# Nurses take the lead on COVID-19 vaccination

*Innovation and coordination are keys for success.*

By Elizabeth Moore, MFA

**A**s authorized COVID-19 vaccines are being distributed across the nation, RNs are leading rollout administration, coordination, and education efforts. The strategy for getting “shots in arms” varies by state with the aim to vaccinate all Americans as quickly and safely as possible to turn the tide on the course of the pandemic.

In Kentucky, Ruth Carrico, PhD, DNP, APRN, CIC, professor at the University of Louisville School of Medicine, her colleagues, and volunteers are administering about 2,000 COVID-19 vaccines per day at LouVax, a mass vaccination drive-through clinic in Louisville’s Broadbent Arena.



**Ruth Carrico**

Drive-through vaccine clinics were considered “off the wall” when the university held one providing influenza vaccination in 1994. “Many thought no one would want to get a vaccine in their car or at the grocery store, but the drive-through events proved otherwise,” said Carrico, a Kentucky Nurses Association member.

This early experience meant that when H1N1 hit in 2009, the university was ready. They gave 20,000 vaccines in 18 hours via a drive-through clinic set up at a football stadium on campus. This event also demonstrated the important role student nurses could play in community response efforts. Through LouVax, nursing students, who have had difficulty identifying clinical rotations during the pandemic, are able to participate in all aspects of mass vaccination, including vaccine handling, administration, and patient education.



**Dawn Balcom (R) at a mass vaccination center in Louisville, Kentucky.**

Broadbent Arena, a large indoor facility known for sporting and other big-audience events, provides easy access and ventilation systems able to support a large-scale indoor vaccination process. Providing vaccinations to individuals in automobiles allows for those seeking immunization to remain isolated. “We must ensure the safety of not only the vaccine recipients, but also our volunteers, and the vaccines themselves,” Carrico said.

Carrico has shared Kentucky’s vaccination plan with other states through the National Association of City and County Health Officials and has made LouVax materials available in a shareable folder for access and use. ([bit.ly/3sGYtk0](https://bit.ly/3sGYtk0)) “Collaborating with your state nurses association, your health department, and nursing schools really expands the reach,” said Carrico, who also serves as director of the University of Louisville’s Center for Education and Training in Infection Prevention.

On another front, in West Virginia, community-based clinics have been instrumental in getting COVID-19 vaccines distributed efficiently and safely throughout the states’ rural geography. The state’s Joint Inter-agency Task Force (JIATF) for COVID-19 Vaccines asked each of its 55 counties to develop a local leadership planning team. “Each week, every county gets an allocation of shared doses,” said Deborah Koester, PhD, DNP, MSN, RN, an assistant professor and director of the division of community health at the Joan C. Edwards School of Medicine at Marshall University in Huntington, who serves as deputy on the JIATF. It’s then up to the county’s local team to get those doses administered at their community vaccination clinics. They’ve been able to administer 100% of those vaccines every week.

“The people on local planning teams know their communities the best, and their communities trust them,” Koester said. She believes that West Virginia’s suc-



**COVID-19 vaccination station at Broadbent Arena in Louisville, Kentucky.**

Cover: Upper left, Luke Velickoff; upper right, Dawn Balcom; bottom, LouVax, Louisville, Kentucky.

cess is due to its unique structure and strategy, trusting community health departments to get the vaccines to the people in their counties and very rural geographies.

## Communication and coordination

In her role on the task force, Koester performs at a systems level with liaisons for other key stakeholders such as community health centers, hospitals, schools, pharmacies, and emergency management. Onsite she coordinates with the National Guard, the Department of Homeland Security, West Virginia Health and Human Services, West Virginia Board of Pharmacy, West Virginia Hospital Association, and West Virginia Primary Care Association.

“We’re working in tandem and everything is aligned,” Koester said of the large team at Yeager Air National Guard Base in Charleston, which meets for strategic planning and operations every day at 10 AM and 2 PM.

Koester supported coordination of West Virginia’s response across the state with its 48 local health departments. She prepared by working with local health department testing, contact tracing, case investigation, public education, and local businesses, until the state got the vaccines in December 2020.

Meanwhile, Carrico and her colleagues, including Dawn Balcom, DNP, FNP-C, a Kentucky Nurses Association member, arrive at Broadbent Arena at 6 AM 5 to 6 days a week to set up the operation. They spend the day training and supporting volunteers, troubleshooting, and working alongside public health partners. Balcom, who’s a travel and vaccine specialist at the University of Louisville’s Vaccine and International Travel Clinic, developed several communication processes, including a sign system to help easily communicate needs across the huge arena. The signs, attached to dowel rods, have pictures indicating what the volunteer needs, whether it’s assistance with a vaccination, help with the computer system, questions regarding vaccines or vaccination procedures, or mechanical assistance with one of the cars in line.



**Deborah Koester (foreground, center, looking at monitor) at a COVID-19 vaccination drill in Charleston, West Virginia.**

Reaching everyone who needs a vaccine presents a challenge. Carrico’s team is working with local public health to identify other ways to make the systems for vaccination at LouVax available to those who may not be able to drive themselves. Public health partners are working on other approaches that focus on areas in the community experiencing poverty, those with language and cultural differences, and groups traditionally vaccine hesitant.

At the end of the day, the team works with public health leadership to make any leftover doses of vaccine available to the volunteer workforce. Carrico and Balcom then go home and answer questions via email and phone and hold conference calls with other communities seeking to replicate the Louisville process. Then the cycle starts all over again the next day.

“It’s not a sprint, it’s a journey,” Carrico said.

## Building vaccine confidence

Reliable information from trusted sources is critical to combat vaccine misinformation and to increase COVID-19 vaccination confidence among healthcare professionals and the public.

Luke Velickoff, BSN, RN, a cardiovascular ICU nurse at a tertiary hospital, began working at a free clinic in Clarksburg, West Virginia, in October of 2020. “I wanted to have a broader impact on the community,” he said, and felt he could do that in primary education and prevention. He and his clinic colleagues provide vaccine education and dispel myths about vaccination.



**Luke Velickoff**

“Nurses are highly trusted in our community,” said Velickoff, a West Virginia Nurses Association member. “People see us and know us, so it’s important to make ourselves available (for education and outreach), especially when we have COVID-19 patient experience.”

In January, Velickoff joined a vaccine work group made up of healthcare professionals and community leaders from agencies that are part of the JIATF, including the West Virginia Department of Health and Human Resources (DHHR), and the West Virginia



Center for Rural Health Development, to disseminate consistent, factual, and scientific resources regarding COVID-19 and the vaccines.

As part of this effort, he made a video chronicling his experience getting the COVID-19 vaccine, describing his mild side effects, and explaining some of the science behind the vaccine. The video has gotten almost 10,000 views through his own social media and the DHHR rollout, according to Velickoff.

Ahnnya Slaughter, MSN, RN-C, CNS-BC, systems redesign and improvement manager at the VA Long Beach Healthcare System in Long Beach, California, was concerned about vaccine hesitancy in the Black community. She collaborated with her facility's public relations department to put together an information session as part of a weekly interactive wellness broadcast hosted by a large African American church in Los Angeles. Experts, church leaders, and congregants discussed concerns about the vaccine.

Slaughter, an ANA\California member, reported that the session was well received, with strong engagement. The same church later coordinated with the state of California to set up a vaccination site.

Nationally, the American Nurses Association (ANA) has joined other organizations to build vaccine confidence through educational campaigns. ANA has participated with the American Hospital Association and the American Medical Association in communications to encourage healthcare workers to be vaccinated and in public service announcements asking the public to "do their part" by getting vaccinated, hand-washing, wearing a mask, and physical distancing.

The Ad Council and the COVID Collaborative, of which ANA is a part, launched the COVID-19 Vaccine Education Initiative, which includes a video series designed to address healthcare professionals' questions about COVID-19 vaccination, featuring ANA President Ernest Grant, PhD, RN, FAAN, and ANA board members. A second component seeks to inform the public about the vaccines ([getvaccineanswers.org](http://getvaccineanswers.org)). Grant is also featured as part of the "Count Me In" campaign and WSNA member Justin Gill and PSNA President Tarik Kahn are on the Count Me In Photo wall on the site: [covidvaccineproject.org/countmein](http://covidvaccineproject.org/countmein).

In addition, the COVID Vaccine Facts for Nurses site was developed by 19 nursing organizations, including ANA and the American Nurses Foundation, and is sponsored by Johnson & Johnson, and ANA regularly



**Luke Velickoff, a cardiovascular ICU nurse who volunteers at a free clinic in Clarksburg, West Virginia, receives a COVID-19 vaccine.**

updates the vaccination pages on its COVID-19 Resources site at [nursingworld.org/coronavirus](http://nursingworld.org/coronavirus).

## Leading and educating

"At our local level, public health nurses have had the opportunity to become community leaders," Koester said. "They are the voices in vaccine education, whether it's at community health centers, at hospitals, on social media, in interviews they're doing, or in public education announcements." Koester holds calls for West Virginia nurses and administrators every day at 4 PM. Facilitating those calls is another way for nurses to lead, she said.

Velickoff believes it's important for nurses to enhance their visibility in leadership roles during the pandemic. "My effort has been in education, in making sure

the vaccine is available to people, and ensuring that people are comfortable receiving the vaccine," Velickoff said.

## A glimmer of hope

The availability of COVID-19 vaccines is helping some nurses see a light in what's been a very dark time.

"Nurses are, to say the least, very tired, and I'm hearing a sense of hope—hope that we can finally start getting a handle on this pandemic that has caused such devastation," Velickoff said.

"I do it with joy," said Carrico, of the long hours and hard work at LouVax. "At the end of the day, we want to feel like our work makes a difference in our communities—both serving and leading." Balcom agrees. "I'm so proud to have had the opportunity to be a part of this," she said.

Even the most hopeful nurse leaders know there's a long road ahead. "Every day, our director asks us 'Have you done everything you can to save a life today?'" Koester said. "And every day we say no. Because there are still people dying."

Nurses have provided valuable leadership during the public health crisis, and Koester believes that it's lifting up nursing as a whole. "There's a huge opportunity from a nursing perspective to connect across states and learn from each other, identifying best practices and innovations," she said. In the future, she hopes that nurses can make time to work together to keep these innovations moving forward.

— Elizabeth Moore is a writer at ANA.

## Campaigns address urgent need for vaccine education

**T**he American Nurses Association (ANA) is working with other national organizations to build the public's confidence in and acceptance of vaccines.

In late February, ANA joined the Ad Council and the COVID Collaborative to launch the COVID-19 Vaccine Education Initiative, "It's Up to You," to educate the American public and build confidence around COVID-19 vaccines. ANA President Ernest J. Grant, PhD, RN, FAAN, participated in a media tour with the Ad Council and COVID Collaborative spokespeople alongside healthcare experts from the American Medical Association, American Public Health Association, and the American Heart Association. The campaign launch was covered widely in the media, including stories in *The Washington Post*, *The New York Times*, *USA Today*, *The Wall Street Journal*, *AdWeek*, *AP*, *Cheddar*, and many others.

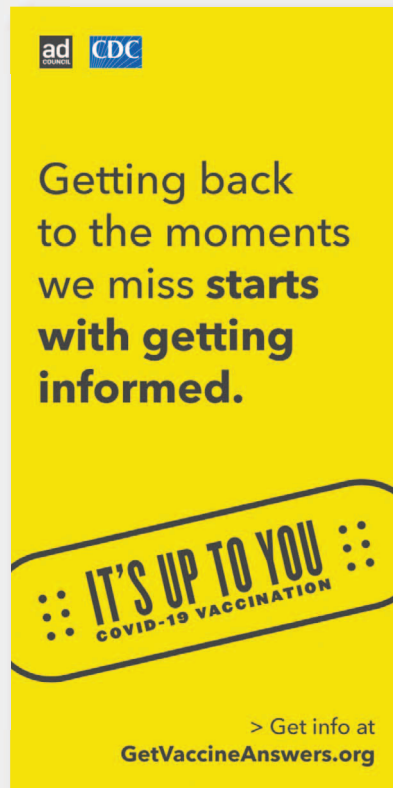
Created in close partnership with the COVID Collaborative's scientific advisory group and the Centers for Disease Control and Prevention (CDC), the campaign urges audiences to visit [GetVaccineAnswers.org](https://GetVaccineAnswers.org) ([DeTiDepende.org](https://DeTiDepende.org) in Spanish) to get the latest information about COVID-19 vaccines, with the ultimate goal of helping the public feel confident and prepared to get vaccinated once a vaccine is available to them.

More than 300 community-based organizations, major brands, media companies, faith leaders, influential medical experts, and other trusted messengers have joined the coalition of partners, supporting and extending the campaigns' efforts to reach distinct audiences.

Although the supply of and access to COVID-19 vaccines are limited currently, research shows that among people who are undecided, most want information to address their questions now. The initiative responds to the top questions from Americans, addressing their concerns and working to educate and empower people across the country to make informed choices about vaccination—particularly communities of color who have been disproportionately impacted by the pandemic.

Communications in English and Spanish will appear nationwide across broadcast TV, digital, radio, and social media over the coming weeks.

Another effort, the COVID-19 Vaccine Education and Equity Project, a group of more than 150 leading or-



ganizations representing patient, provider, employer, and public health organizations launched "Count Me In," a campaign to provide individuals and organizations with information to build confidence in authorized COVID-19 vaccines, and to motivate and inspire people to collectively fight the pandemic. Led by the Alliance for Aging Research, HealthyWomen, and the National Caucus and Center on Black Aging, Inc., one of the project's objectives is to convene a dialogue among organizations representing the many constituencies that face challenges from COVID-19, particularly diverse populations that have been most harmed, and those on the front lines of the pandemic.

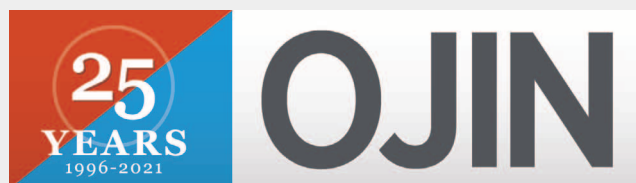
"Count Me In" provides individuals and organizations with tools to express their commitment to COVID-19 vaccination as communities across the country strive to reopen and return to normal. This includes personal stories featuring ANA President Grant, front-line physicians, the president of Colgate University, president of the National Grange, president and CEO of the National Hispanic Council on Aging, and TV hosts Meredith Vieira and Faith Jenkins, in addition to grandparents, pastors and reverends, and volunteer firefighters, among others.



"Count Me In" also encourages adults to share their stories about why they were vaccinated or why they are encouraged to be vaccinated against COVID-19, once vaccines are available to them. Washington State Nurses Association member Justin Gill, DNP, ARNP, RN, and Pennsylvania State Nurses Association President Tarik Kahn, MSN, RN, FNP-BC, are on the Count Me In Photo wall on the site at [covidvaccineproject.org/countmein/](https://covidvaccineproject.org/countmein/).

# Philosophical perspectives on challenges in nursing education

In 2021, we are pleased to celebrate 25 years of *OJIN: The Online Journal of Issues in Nursing*.



The current topic of *OJIN: The Online Journal of Issues in Nursing* features eight new articles that address challenges for nurse educators, including, but not limited to, the response to the COVID-19 pandemic. "Nursing education: Philosophical perspectives on current challenges," discusses the following:

- Faculty formation and why it's a relevant philosophical issue within nursing education. Exemplars illustrate current formation concerns that faculty experience and offer recommendations for nurse leaders.
- How digital disruption is catalyzing a long overdue change in the way education is conceptualized and delivered. Strategies offer educators ways to address the continued decline in initial competency of new registered nurses.
- New awareness of telehealth challenges and nursing roles in light of the COVID-19 pandemic and the Four P's framework for robust telehealth education.
- The rapid shift to almost fully online coursework, which has provided a catalyst for new methods of nursing education. Examples share how to layer

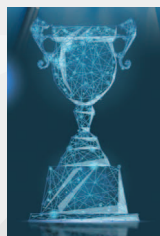
technology into innovative teaching and learning.

- Difficulties nurse practitioner (NP) students will face finding preceptors due to the shortage. Several dilemmas of NP preceptorship are presented.
- The decrease in clinical group size and innovative solutions for clinical education during a global health crisis. Responses to these challenges and solutions in practice and policy that inform the rapid shift to nontraditional student experiences are explored.
- A framework to discuss the philosophical and practical importance of envisioning an ethical environment within academic settings.
- Competencies to develop nurse faculty and attain nursing education equity in low and middle-income countries.

Only **ANA members** have access to the current *OJIN* topic. Visit [ojin.nursingworld.org](http://ojin.nursingworld.org).

## Recognizing nurse-led innovation

The American Nurses Association (ANA) and the American Nurses Foundation (the Foundation) announced the winners of the 2021 ANA Innovation Awards powered by BD (Becton, Dickinson, and Company), a leading global medical technology company.



The ANA Innovation Awards highlight, recognize, and celebrate exemplary nurse-led innovation that improves patient safety and health outcomes. The individual nurse and nurse-led team award recipients will receive monetary prizes of \$25,000 and \$50,000, respectively. These funds will provide support in translational research, development, prototyping, production, testing, and implementing their products over the next year.

*Winner of the Individual Nurse Award*

### Rebecca Cherney, RN

Cherney, a staff nurse at a large tertiary hospital, developed TrachTrail™, the first comprehensive, standardized adult tracheostomy care education program of its kind. The program focuses on combined nurse, patient, and caregiver training with emphasis on empathy for the patient and their families.

*Winner of the Nurse-led Team Award*

### Brigid Gannon, DNP, PMHNP-BC, and Pritma Dhillon-Chattha, DNP, MHA, RN

Gannon and Dhillon-Chattha founded, lead, fund, and operate Lavender, an online psychiatry and therapy office. Lavender was launched in May 2020 to provide patients with modern, accessible, and affordable mental healthcare during the COVID-19 pandemic.

"A resounding congratulations to the 2021 ANA Innovation Award winners. They represent the driving spirit of the nursing profession to lead significant initiatives across healthcare, as savvy business professionals, and innovators," said ANA Vice President of Nursing Innovation Oriana Beaudet, DNP, RN PHN.

ANA supports work to advance innovation to the forefront of nursing and is committed to creating a culture of nurse-led innovation in healthcare. BD also values nurse-centered innovation, devoting more than a century of experience to developing products and processes that transform the healthcare profession, including safer, smarter, and simpler technologies to address the challenges that nurses face. Read more at [nursingworld.org/aia](http://nursingworld.org/aia).



# The ethics of cooperating with law enforcement

To: Ethics Advisory Board

From: Nurse informant

Subject: Nurse obligations to cooperate with law enforcement

I'm an RN working in a pediatric unit. I was caring for a patient and family when my hospital's security service contacted me to ask that I inform them when the family was leaving the hospital because the police, at the behest of ICE (U.S. Immigration and Customs Enforcement), were going to arrest the father on his way out. What are our ethical obligations to work with or notify law enforcement?



From: ANA Center for Ethics and Human Rights

I'm sorry you were put in this position; it's certainly a very difficult one. The important question you bring forward is relevant to all areas where nurses practice. To what extent are we as nurses obligated to work with or notify law enforcement when it involves a patient?

The *Code of Ethics for Nurses with Interpretive Statements* ([nursingworld.org/coe-view-only/](http://nursingworld.org/coe-view-only/)) doesn't specifically address whether or when a nurse is ethically obligated to work with or notify law enforcement. However, Provision 2 states that the nurse's primary commitment is to the patient, specifically to the health and care of that patient, whether an individual patient or a family. In pediatrics, the patient is inseparable from the family unit. This commitment supersedes all other loyalties.

A nurse is a member of a society with laws. There are mandated reporting laws, and healthcare providers have a duty to warn. These responsibilities obligate the nurse to report vulnerable patients who might be experiencing or have experienced abuse and patients who might be expressly voicing intent to harm themselves or others to the appropriate authorities. This obligation is anchored in the primary commitment to the patient. It's an obligation focused on improving or maintaining the health, welfare, and safety of the patient.

In a situation where law enforcement, even via hospital security, is asking a nurse to essentially be a part of a criminal justice operation or, for example, where a nurse discovers a patient has a warrant for arrest, it's helpful to ask how this might be part of the nurse-patient relationship. How might this meet the primary commitment to the patient's health, welfare, and safety? If it doesn't, then working with or notifying law enforcement might violate this commitment and also might harm the patient-nurse relationship and the profession's and institution's ability to be considered trustworthy. A nurse certainly has an obligation to the patient that may incorporate the impact of legal issues on their health. A nurse's obligation to a patient facing a legal issue would include encouraging the patient to take measures (for example, seeking legal assistance or turning themselves in if they have a warrant for arrest) to rectify their legal predicament.

In your situation, being part of the arrest operation violates Provision 2 as well as your role as a nurse. It also might harm the larger community who may be hesitant to disclose important medical information or seek care out of fear of being reported to police. The security team was wrong to ask this of you. There are appropriate times to work with law enforcement, but those instances must focus on our primary commitment to our patients and uphold the integrity of the profession.

— Response by Ian D. Wolfe, PhD, MA, RN, CCRN, HEC-C,  
member of the ANA Ethics and Human Rights  
Advisory Board.

Do you have a question for the Ethics Inbox?  
Submit at [ethics@ana.org](mailto:ethics@ana.org).

## Making nurses' voices count

Last year when world health officials declared a global pandemic, the American Nurses Foundation committed to addressing the impact of COVID-19 on nurses and the nursing workforce. Recognizing that action first requires deeper understanding, the Foundation launched the Pulse on the Nation's Nurses: COVID-19 Survey Series.

Since May 2020, the Foundation conducted eight surveys focusing on core issues of mental health, financial impact, personal protective equipment (PPE), innovation, and vaccine development. Over 100,000 nurses from all 50 states and the District of Columbia shared insights into their practical concerns, their mental health and wellness, and their financial challenges.

"At the Foundation, we've been supporting and listening to our frontline caregivers long before the pandemic," said Kate Judge, executive director of the Foundation. "While we waded through the phases of COVID-19 relief, recovery, and rebuilding, it's critical to recognize that we're also moving through corresponding phases of nurses' personal experiences and needs. These surveys are giving nurses a voice to share their experiences and helping inform the Foundation's programmatic and grant strategies."

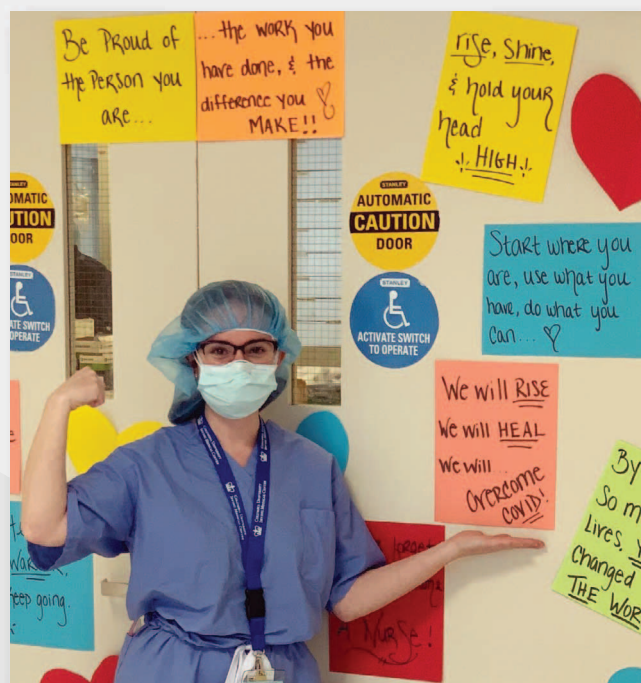
The survey results reveal the myriad hardships nurses face beyond daily work challenges. In the most recent Mental Health and Wellness survey, more than half of the respondents disclosed feeling anxious and overwhelmed. One survey participant described a stark reality: "All of my colleagues in the ICU are completely burned out and drained. We see a large number of COVID-19 deaths in our unit and it's very taxing to our mental health."

This concern for nurses' mental health was echoed by another nurse who said, "As a COVID ICU nurse since March, I worry about my mental health after things finally slow down. I hope that there is a real focus on assisting those of us who have worked the frontlines through this pandemic. I would love to see articles to help us process all of this loss, sadness, and uncertainty."

The latest survey, One Year COVID-19 Impact Assessment, disclosed new vulnerabilities among nurses caused by deferred retirement investments, lost savings, and the end of student loan forbearance. For many frontline nurses, salary reductions and additional expenses such as childcare are affecting their financial security significantly.

One nurse said, "Although my work hours did not change, my salary was cut 12.5%. I was still expected to provide my usual services, but not provided equal compensation."

Another nurse shared her worry about caring for her



Keri Furci created a Wall of Courage with uplifting messages to boost staff morale.

children: "After receiving a nursing grant, I am doing better financially. However, I dread when school begins because I cannot continue to afford to have my children looked after while I'm at work."

In addition to the surveys, nurses are sharing their pandemic stories and photos on [anyearofthenurse.org](http://anyearofthenurse.org). For example, Keri Furci, MSN, RN, AGACNP-BC, created a Wall of Courage with uplifting messages to boost staff morale and let them know they are not alone during this isolating time.

Well-being tools and resources have been developed to support nurses, including the Well-Being Initiative ([nursingworld.org/thewellbeinginitiative](http://nursingworld.org/thewellbeinginitiative)) launched by the American Nurses Foundation in partnership with ANA, American Association of Critical-Care Nurses, American Psychiatric Nurses Association, Emergency Nurses Association, and Association of periOperative Registered Nurses.

As the needs of nurses evolve, the Foundation will continue conducting these pertinent surveys in 2021 to mobilize nurses' voices around critical issues impacting them during this unprecedented health crisis and beyond.

The Foundation's survey series ([nursingworld.org/covid-19-survey-series-results](http://nursingworld.org/covid-19-survey-series-results)) is a national resource on the state of nursing for federal government agencies and health organizations. All the survey results are public and provide informative comparisons of the pandemic's impact across age groups, race, professional role, and states.