Leading Through COVID-19: Nurse Executive Perspectives
AONL and AMN Webinar Summary

Nursing leaders remain committed to shepherding their organizations through the COVID-19 pandemic with straightforward information and innovations.

“As we experience the daily challenges related to the COVID-19 pandemic, I am reminded of the importance of nursing leadership and how essential your role is to your organization,” said Robyn Begley, DNP, RN, chief executive officer, American Organization for Nursing Leadership (AONL) at a March 30, 2020, webinar.

“I’m also reminded of how important frequent communication and transparency is to your team,” she continued. “We are all learning. Using innovative ideas from the front lines and new knowledge, we will be successful in battling COVID-19 and mitigating its effects.”

AONL presented the webinar about key perspectives in handling COVID-19 cases in collaboration with AMN Healthcare, a leader in healthcare staffing and workforce solutions.

“We are all in this together, and we’re in an unprecedented time,” said Cole Edmonson, DNP, RN, chief clinical officer at AMN Healthcare. “The visibility and value of our healthcare system, especially our frontline caregivers and leaders, has never been greater.”

Sylvain Trepanier, DNP, RN, chief clinical executive officer at Providence St. Joseph Health, Southern California Region in Irvine was one of the speakers.

“Although we have learned a great deal in the last few weeks, I will be learning more,” said Trepanier. “Things are moving and changing so quickly.”

Providence St. Joseph Health treated the first COVID-19 patient in the United States, who was cared for at Providence Regional Medical Center Everett in Washington State. That experience allowed nurse leaders throughout the health system to acquire knowledge about the disease.

Trepanier encouraged fellow nurse leaders to prevent, protect and control.

Although most hospitals have emergency and surge plans, those plans require adjustments when it comes to COVID-19, he said, explaining that surge could rise to 140 percent capacity, which requires major adjustments and caring for patients in locations one never imagined.

Trepanier encouraged fellow nurse leaders to be present with frontline staff. Policy changes can occur from one day to the next. He recommended reviewing policies related to the use of ventilators and end of life.

Leaders should also ensure that buildings are secured with limited access—one entrance for employees, one for the emergency department and one main entrance. Providence places COVID-19 patients on the same unit, especially in hot spots.

In conclusion, Trepanier advised fellow nurse leaders to be inspired by the mission of their organization and how it has handled crises in the past, to remember emotions will run high, and to take care of oneself.

“It’s important to show up and stay focused on caring for others,” he said. “Nurses, our resilience and leadership, will help us get through this.”
K. David Bailey, PhD, RN, chief nursing officer at UCLA Medical Center in Santa Monica was another speaker.

“I never thought I would need to consider how nearly every med/surg bed may need to be a higher level of care bed,” Bailey said. “You have to explore all options.”

Additionally, hospitals need to consider alternative post-acute care sites when discharged patients are not able to return home. UCLA is exploring options that include hotels and college dorms as alternative care sites for post-acute care. Bailey also recommended issuing clear and tight visitation restrictions, which are not subject to interpretation. Organizations need to implement staff monitoring programs and ensure no one enters the building who is febrile or has other influenza-like symptoms. Elective surgeries have been cancelled.

“We redeployed our perioperative colleagues to the inpatient units,” said Bailey, explaining they coach colleagues in the proper use of PPE and serve as safety monitors to ensure staff are practicing physical distancing and appropriate handwashing. “That has been a blessing.”

UCLA Medical Center in Santa Monica has deployed chaplains and employee assistance staff members to talk with and support frontline caregivers. The hospital has switched the leadership to a 24/7 operation, meaning someone from nursing and/or senior leadership is in the hospital and available at all times. It also added a second nursing supervisor per shift to help field the questions/calls/inquiries from team members.

“It placed a calm across the building,” he said.

Early in process, worried staff members overwhelmed the occupational health department with concerns about possible exposures, leading UCLA Health to create a 24/7 call center of infection prevention experts to help answer questions and provide recommendations for next steps (e.g. self-isolation, testing, etc.).

Throughout the outbreak, Bailey has been clear and transparent with staff members about COVID-19 cases. To ensure consistent communication, Bailey or his assistant CNO lead the daily safety huddle all seven days of the week to provide communication and updates to staff members, upcoming changes, such as permissive masking rather than universal masking that was recently implemented.

For more lessons learned and to hear directly from these frontline leaders, listen to the full webinar.