



4/22/2020 Weekly CNO Rounding Report

Guest Speakers:

**Jennifer Gentry, MSN, RN, NEA-BC, Chief Nurse Executive
 Providence Portland Medical Center**

Our leadership focus for the week is on surge-planning when there may not be an active need but an impending or looming demand that is unplanned and likely highly variable.

Best Practices

Who is already doing it?

Jennifer shared her journey to developing a surge plan that can be implemented at any time. Leaning on her own background of crisis planning during hurricane disasters in Texas, she was quickly able to draft up a Nurse Staffing surge plan. It likely is no surprise that Texas is well versed. An alternate consideration is California. Fortunately and unfortunately Oregon and Washington are considerably “safer” from disasters and environmental crisis. We simply don’t have ready experience and frameworks at hand...

Bottom-up Approach

Who will (likely) be impacted most and what do they need?

Jennifer went to the people actually doing the work. The ask was effectively “If we are in this situation, what likely will happened and what do we need to do to handle it?” The management team was charged with facilitating the clinical and support operations to prepare their processes, logistics, staffing plans and materials based on the needs identified by the teams ultimately responsible for providing care. A reverse hierarchy, bottom-up model. Drawing on the expertise of the Charge Nurses, they developed cross-training tools that would help nurses to feel confident when reassigned to another unit. They built a team-nursing model that can be implemented at any time. The nurse staffing model mirrors plans for expanded space for surge

Transparency**Straight talk, open communications.**

Providence Portland was realistic about their lack of prior experience in planning and responding to these types of dilemmas. They spent little time ruminating on the past and focused on being direct and transparent with their teams. There was no need, nor time, for any communication that was not direct and transparent about the risks, concerns, impacts, issues and responsibilities. This purposefully does two things: It reduces ambiguity and builds trust. It also facilitates getting staff to immediately focus on the issue at hand.

A Ready Culture**Is there a Secret-Sauce?**

Yes. Culture.

Jennifer's success in Texas and now in Portland, she stated, was based on the foundation of a team of professionals working in a culture of trust and a spirit of voluntarism and camaraderie also helped to propel buy-in for the surge plan. We can all attest that without this positive cultural bias, implementing strategic plans, especially in a hurry or in crisis, is almost impossible in some cases. That said, if the future holds more uncertainty due to unplanned 'corona-esque' crisis, which feels increasingly likely, it behooves all of us as leaders to ensure our organizations cultural foundations are both strong enough and flexible enough to adapt quickly.

Creative + Resourceful**Thinking outside the box.**

We also heard from nurse leaders in OR and WA in rural and smaller community hospitals who shared their organizations small team success. They instituted voluntary call shifts, invited 2nd year RN students to be trained as "runners" or to assist with basic patient care. It was an "all hands on deck" approach to preparation and everyone rose to the occasion. The overall lesson here is nurses are continuing to find ways to bring calm to the chaos and to create valuable impact with innovative and inspiring leadership.

Find the Presentation
here at NWONL [Leader
Resources](#)

Reports from Oregon & Washington

Oregon

The Oregon Center for Nursing (OCN) convenes every Friday morning.

Hospitals across Oregon were asked to complete a needs survey looking at workforce over the next few months. Most hospitals continue to need RNs and CNA's but not at an increased demand due to COVID.

The economic impact to healthcare workers is starting to come to light and there is about a 6% rate of unemployment in Oregon that fit in this category.

There was robust discussion about Long Term Care and how they can be better supported moving forward. Many LTC facilities are actively recruiting for staff.

Washington

The WA Dept. of Health is reviewing a longer term strategy for supporting LTC in the state as it is realizing the public health impact. Additionally, LTC remains a viable placement for student clinical and a place where there are opportunities for nursing leadership. As healthcare shifts and evolves after the pandemic, there could be some innovative work in this area.

All organizations and associations are beginning to focus on the re-starting of elective surgeries. We all agree that this will require adequate PPE, surge plans in place should they be needed and a slow return to elective procedures.

CNEWS and Academic Updates

The Pearson Professional Center (PPC) network that provides NCLEX testing will open on May 1st. All testing centers will uphold social distancing

The OCN Friday Huddle can be found here [OCN Report](#).

WA Guideline: [Governor's Office Update](#).

guidelines. This is great news for students!

Simulation labs are going strong and the general sentiment is that the students are on track to complete their current coursework on time. Plans are cautiously being made as far out as the Fall courses to return to in-person clinical experience.

Check NWONL's homepage for what's happening: [Updates and Events](#).

Telehealth continues to be a viable option as a clinical training ground, although quality continues to be a concern.

Schools of Nursing are being proactive to help bring students back in a safe way, in order to avoid unforeseen problems.

New NWONL Resources

NWONL message boards are open!

Jump in and add to the discussion, there are currently 2 Topics open.

[Academic Practice Partnerships](#)

[Surge Plans and Nurse Staffing](#)