

3 COVID Lessons for CNOs

Leading nursing and patient care during COVID-19: Insights from executives at the June 2020 HealthLeaders CNO Web Exchange

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The arrival of COVID-19 has impacted health, resources, and life as we knew it. Nowhere was the pandemic more visible in flipping the world upside down than the nursing field, as professionals scrambled to respond on the front lines of the crisis. Chief nursing officers have had to draw upon their leadership skills as never before in guiding their teams through unfamiliar territory. And while the pace and pressure of working through the coronavirus has led to employee stress and increased acuity among patients, it also has ushered in new ways of thinking and operating.

In June, the HealthLeaders CNO Exchange web conference brought together more than a dozen leaders from health systems across the U.S., who shared their experiences, decisions, and lessons learned in managing through COVID-19. Three main insights surfaced as to navigating through a crisis and caring for team members, and what the future holds for nursing and care delivery.

**1 LEADING THROUGH A
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FAST TAKEAWAYS

- **Leading through a crisis demands high visibility, boldness, quick thinking, engaging others, and ingenuity.**
- **Achieving staff engagement requires fortifying your team.**
- **The crisis caused an upheaval in business as usual, but changes that remain will improve the practice of nursing and care delivery.**

Reverberations from COVID-19 caused the closing down of certain hospital operations and accelerated patient discharge. The upheaval forced CNOs to take action swiftly and lead by example, while training nurses to take on new roles and manage the emotional distress among their team.

“When [COVID-19] first started, the nursing staff was concerned about the unknown and taking something home to their family. We had ongoing conversation with the staff regarding our responsibility as nurses. ‘This is what we signed on for; this is what we do as nurses. COVID is the disease today, [but]

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many nurses have provided care through other alarming situations, such as AIDS and H1N1. There’s always going to be something that is very scary and puts us at risk.’

“One takeaway during this time is the visibility of nursing leadership--wearing uniforms every single day and being out there on the floor talking, answering questions, providing reassurance, being visible and approachable. That was the most important thing for the nursing staff to see because they were afraid. Visibility of leadership let them know we are all in this together. This was not the time to sit in an office behind closed doors.”

Jacqueline Herd, DNP, MSN, RN, NEA-BC, executive vice president and CNO, Grady Health System, Atlanta

“We knew that in a three-day span we weren’t going to create an ICU nurse, so I looked at some models and decided to use extenders. We asked for nurses who had PACU or ICU experience to volunteer to go through an immersion course and brush up on using ventilators and medications. Then they shadowed two days in the intensive care unit to see the environment firsthand. We also created cheat sheets and guides to communicate everything they needed.”

Meg Scheaffel, BSN, RN, MBA-MHA, vice president and CNO, Carilion Clinic, Roanoke, Virginia

“A lot has not hit the literature yet, so we had to figure it out. We established runners; we had an inside [the COVID patient room] nurse and an outside nurse, who communicated via headsets under their gowns so the communication between doctors and nurses was better.

“It was amazing the creativity everybody demonstrated. We were planning to move into telehealth and had talked about it for several months. We had a lengthy project plan to get approvals, design, and implement, but when COVID-19 hit, within two weeks we had a complete telehealth system up and running. Amazing!”

Sheila Kempf, PhD, RN, NEA-BC, vice president, patient care services and CNO, Penn Medicine Princeton Medical Center, Plainsboro, New Jersey

“I’ve been bolder than ever before in making decisions and saying this is the way we’re going to do it.”

Linda Hofler, PhD, RN, NEA-BC, FACHE, senior vice president and nurse executive, Vidant Health, Greenville, North Carolina

2 ACHIEVING STAFF ENGAGEMENT REQUIRES FORTIFYING YOUR TEAM.

Knowing the enormous demands being placed on their workforce, CNOs responded by providing extra

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(SECOND FROM LEFT) SHEILA KEMPF, PHD, RN, NEA-BC, VP, PATIENT CARE SERVICES & CNO, PENN MEDICINE PRINCETON HEALTH



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care for their physical, practical, psychological, and emotional needs.

“Although we had created a clinician wellness initiative that focused on physicians and nurses, when COVID hit, we ramped up our program as much as we could, but it wasn’t enough. So, we reached out to the community, and the amount of support we received helped sustain our employees and kept them from going into the abyss.

“We received donations of PPE, catered meals, even pajamas for the nursing staff if they had to stay overnight. We also established serenity rooms with relaxation chairs that were donated, and local high school students volunteered to help with home schooling employees’ children via Zoom®.”

Claire M. Zangerle, DNP, MSN, MBA, RN, NEA-BC, FAONL, chief nurse executive, Allegheny Health Network, Pittsburgh, Pennsylvania

“There’s a long list of things we put in place to help ease the way of our caregivers during this time, but I still have a sense that it’s not enough. It’s such a difficult situation to be in and burden to carry throughout the duration, and continues with so much uncertainty.

“We were able to offer our caregivers credits to use with a childcare service, as well as partnered with a spiritual care service. Our cafeteria set up a grocery store with basics since people didn’t have time to go to the store. It was a small act, but meant the world to our caregivers.”

Jennifer Gentry, MS, RN, NEA-BC, chief nurse executive, Providence Portland Medical Center, Portland, Oregon

“Our staff nurse advisory council established a Code Lavender program in which we filled bags with a stress ball, chocolate, tea bags, and some sayings



Jennifer Gentry, MS, RN, NEA-BC, chief nurse executive, Providence Portland Medical Center, Portland, Oregon

that we gave to everyone in the hospital. Donations from the community were incredible: [Staff] were served breakfast, lunch, and dinner on-site for weeks. In addition, our foundation raised money from the community for staff dinners to take home to their family so they wouldn’t have to cook after work.

“We also realized that we were only focusing on death and dying, so with every discharge, we began playing ‘Here Comes the Sun’ over the loudspeaker, and every patient released off the ventilator got a clap-out. The impact was amazing in how it resonated throughout the place.”

Sheila Kempf, Penn Medicine Princeton Medical Center

3 THE CRISIS CAUSED AN UPHEAVAL IN BUSINESS AS USUAL, BUT CHANGES THAT REMAIN WILL IMPROVE THE PRACTICE OF NURSING AND CARE DELIVERY.

Often winging it the first time the pandemic hit, nurse leaders say they are better equipped to apply lessons learned to the next wave.



Claire Zangerle (second from right), DNP, MSN, MBA, RN, NEA-BC, FAONL, chief nurse executive, Allegheny Health Network, Pittsburgh, Pennsylvania with team members donning masks

As the initial surge dies down for some organizations, CNOs are figuring out how to move back to normal operations while examining what modifications should continue. The situation has prompted permanent decreases in staffing, a larger remote workforce, more nurses requesting eight-hour shifts, quick adoption of telehealth, and reduced length of stay. But the wider brunt of the coronavirus is a sicker population that has delayed care and placed more demands on caregivers.

“We’re struggling with getting back to a structured world. People are moving back into the roles and areas they were hired into and seeing the world a bit differently. It’s trying to get them back into a different framework, but also making sure the organization learns from this experience and what we can do differently. Do we need to go back to that whole structured [environment] in which decisions have to be run up the chain of command, or how can we make more active contributions to the front line?”

Marti Bauschka, MSN, MBA, RN, vice president of patient care services and CNO, Southwest General Health Center, Middleburg Heights, Ohio

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“The acuity [among non-COVID patients] is significantly higher than it was before. Everybody is much sicker and that’s trickling down to inpatient beds. Many people didn’t seek care for an extended period of time, so who we’re seeing coming to the hospital is much sicker. Although it’s not the same volume, it’s so much sicker and it’s requiring more to provide the care.”

Jennifer Gentry, Providence Portland Medical Center

“We shifted a significant number of outpatient appointments to the telehealth platform with the result being steady volume. We will continue to grow this tactic because our patients like the flexibility and the physicians are seeing a high compliance rate of keeping appointments.”

Claire M. Zangerle, Allegheny Health Network

“We learned a lot of things in COVID that have helped us ask more questions, and there’s more camaraderie and relationship-building from being exposed to people we typically didn’t work with. So, we’ve developed new relationships and appreciation for others’ work.

“In the first month [of COVID], there was a sense of team and [it] was easier to shut things down and do things than it is now, in which we’re not exactly sure of what we should start doing normal again and what we shouldn’t.

“There’s an odd sense of, ‘When we go back to doing it the way we used to.’ It’s a sense of denial in not realizing that we’re never going back to totally the way it was. It’s a weird space.”

Linda Hofler, Vidant Health

“A lot of change has occurred in nursing and we’ve learned a lot, and now I’m having conversations with nursing schools: Your students are going to be wearing a shield and surgical mask despite who they’re taking care of. This is the new norm. They are not aware of all this, and we’ve lived and breathed it.”

Meg Scheffel, Carilion Clinic

“Everything is being reevaluated with a new lens. We will look fundamentally different than we did before.”

Jennifer Gentry, Providence Portland Medical Center

Julie Auton is Leadership Programs Editor at HealthLeaders. She can be contacted at jauton@healthleadersmedia.com.

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(SECOND FROM RIGHT) JACQUELINE HERD, DNP, MSN, RN, NEA-BC, EVP & CNO, GRADY HEALTH SYSTEM

