

Rocio G. Garcia MSN, RN, CNL, Executive Director Emergency Services
Rhiannon Rasmussen MSN, RN, CNL, Assistant Director Quality Emergency Services
Dina Perez-Graham MSN, RN, Associate Chief Nurse Executive
University Health San Antonio

I Have the CNL Power – Employer Category

University Health’s (UH) first COVID-19 patient presented to the Emergency Department in February of 2020. Community spread came quickly after and was noted by March 2020. Our response as the Executive Director and Nurse Manager of the Emergency Department had to be efficient, effective, evidence based, flexible and sustainable. It was imperative that we devise our plan and respond quickly. Having both completed our Masters’ degrees in Clinical Nurse Leadership (CNL) and being certified as CNLs we were confident in our skill set and knowledge and knew that we would lead our team to success during these unprecedented times.

Our training and experience as CNLs prepared us for the complexity and evolution of the COVID 19 pandemic. The CNL training in lean methodology afforded us the ability to adapt care models and delivery both efficiently and effectively. The CNL training in leadership ensured that we understand the importance of communication and preparation as we continue to lead our staff in providing quality patient centered care during the ever-evolving setting we are experiencing together.

In order to provide safe and efficient care in the emergency department we had to redesign and reimagine the current patient care spaces. A multidisciplinary team approach and the lean methodology of Plan Do Study Act (PDSA) were utilized in executing plans and processes. The PDSA cycles allowed for rapid evaluation and implementation of multiple plans and process over the next 12 months.

It was imperative that all staff members were kept informed of the evolving situation and response. A communication tool was implemented that utilized a “red, yellow, green” approach. The tool clearly communicated the concern, the resolution as well as status on the resolution. The communication tool was a transparent source of “truth” providing real-time information that staff could access as needed. Other modes of communication were also used to update staff. This included a manager providing a situation update every four hours to all active staff.

Plans and processes were put in place to obtain and mobilize an outside tent as an alternative care space. The tent provided an additional 32 treatment spaces. Utilizing the tent as an effective treatment area required acquiring resources such as supplies and running water. There were several mock runs during day and night shifts to ensure the department was ready for the anticipated surge with little to no warning. As UH’s Covid-19 numbers decreased the tent was demobilized and plans were devised and executed to allocate 2 interior spaces for the use of triage, treatment and disposition of stable COVID-19 patients. Designating the space for Covid-19 yielded another 38 treatment spaces. The internal space provided all resources for safe, efficient care to include a donning and doffing station.

A process for separating more acute COVID-19 patients from non-Covid-19 patients was implemented in the form of a “respiratory hallway.” This allowed the physical separation of potentially contagious patients from non-respiratory patients. Separating the more acute treatment spaces increased resource management as well as improved the patient’s care by creating a space where supplies and resources were easily obtained. The care provided to all patients in the Emergency Department and other areas of UH during the past year is a testimonial to nursing as a profession. We are proud to serve our team and community alongside our fellow leaders. We are thankful for the tools our education and training as CNLs has provided us.