**EP13: Describe and demonstrate how nurses have assumed leadership roles in interdisciplinary collaboration.**

Riverside Medical Center nurses serve a variety of roles on interdisciplinary committees and task forces in the hospital. One example of the development, dissemination, and enculturation of the structures, processes, and outcomes of these roles was provided in EP2, in the description of our unit-based peer review councils. Direct care nurses and nursing leaders spurred the development of the 2ICU Ventilator Associated Pneumonia Peer Review competency.

There are numerous Riverside interdisciplinary committees, councils, and task forces, as demonstrated in OO15. Nurses at all levels serve as chairs and co-chairs on these councils and work collaboratively with members of other professional disciplines to address patient care issues and make improvements in patient care structures and processes. One of our best examples of nurses, who have assumed leadership roles in interdisciplinary collaboration is our Director of Emergency Preparedness and Trauma Services, Sherry Mayes, RN, MSN. Sherry’s led the development of our multidisciplinary emergency preparedness program, which involves healthcare and services professionals inside and outside of Riverside’s walls.

Emergency Management became a top priority for hospitals after September 11, 2001. The risk of disasters worldwide is increasing due to the increase in the world population. According to Lindell, Prater, and Perry, (2007) other global challenges include increasing resource scarcities, climate changes, and rising income inequality. It is projected that the world population will be 8.9 billion by 2050 (Hogan & Burstein, 2007). Prior to September 11, 2001, there was very limited preparation of our local, state, and national public and private healthcare workers on bioterrorism and disaster education.

Inadequacy in the nation’s disaster response capabilities has underscored the importance of leaders providing more education and training in disaster response. Nurses have the unique opportunity to be involved in leadership positions in all aspects of emergency management, including public health, education, administration, mental health, and emergency management systems. They can become advocates for our vulnerable populations, our communities, and for healthcare workers in a variety of disciplines.

**History**

Riverside has developed a comprehensive Emergency Management program. We are vigilant in sustaining a culture of preparedness throughout our organization. Employees are trained in all departments and all levels on their roles and responsibilities during a disaster situation. Our Emergency Management program focuses on preventing or minimizing further loss of life and injuries, ensuring personnel safety, providing a flexible and scalable response, and minimizing disruptions to critical operations. Research has revealed that hospital workers who have experienced a true disaster have increased administrative support of their emergency management programs.
Our local community experienced an Amtrak train crash disaster on March 15, 1999. The train crash killed 11 people and injured many others. National media flowed into the area to cover this unfortunate tragedy. After the train crash, 114 injured victims were transported to Riverside Medical Center. Our hospital disaster plan was activated. As a result of this incident, our hospital leadership team and staff are very committed to emergency preparedness. Lessons learned from previous disasters help us improve our future response.

Riverside is a leader in our region in the field of Emergency Preparedness. Our hospital has worked collaboratively with Olivet Nazarene University since 2005 and developed a Regional Alternate Care Site (ACS) plan, which includes a Memorandum of Understanding with the University. The ACS would be activated in the event of a catastrophic disaster or other crisis situation that overwhelms the ability of hospitals in our region to provide adequate medical care.

**Structure**

Riverside is considered the lead agency in establishing the ACS at Olivet in the event of regional disaster activation. Our hospital has exercised the Alternate Care Site plan by conducting large full scale disaster exercises at the university in 2006 and 2008. There were over 294 participants in the 2008 exercise, including Riverside direct care nurses, hospital leaders from almost every department of the hospital as well as representatives from multiple agencies. The best time to learn about each other's role and name is prior to the disaster, not during a crisis. Regional disaster planning is invaluable. Hospitals within a region can plan together and share personnel and resources in the event of a disaster.

Sherry Mayes, RN, MSN, the Director of Emergency Preparedness at Riverside, is our organizational leader in emergency preparedness and management. She coordinates plans with all other hospital leaders, direct care staff, and outside agencies such as the other hospital in our community, ambulance personnel, and police and fire department personnel. Her experience as a nurse leader and emergency management leader has been invaluable to our organization, our community, the region, and the state of Illinois.
Sherry was asked to present an Alternate Care Site workshop and tabletop exercise at a program sponsored by the Illinois Department of Public Health in October of 2009. The request was based upon her experience with establishing an Alternate Care Site at Olivet as well as working at an Alternate Care Site when she was deployed to Louisiana during Hurricane Katrina in 2005 as a member of the Illinois Emergency Medical Response team.

Riverside has been the recipient of grant funds from the Illinois Department of Public Health (IDPH) through the Department of Health and Human Services for the past six years. We have utilized the grant funds to enhance our ability to respond to disaster and crisis situations. Riverside has an extensive inventory of disaster equipment, supplies and pharmaceuticals as part of our preparedness program. Our stock includes over 200 cots stored at Olivet as well as a 24 foot disaster trailer and a 16 foot Hazmat Trailer, seen in the accompanying picture.

Sherry also served as a consultant in developing a Masters of Nursing in Emergency Preparedness for Olivet Nazarene University in 2007. In exchange for her expertise and assistance in developing the degree program, Olivet provided her with free tuition to earn her MSN degree. She also is Chair of the Local Emergency Planning Committee and the Regional Alternate Care Site Committee. In this position, she has the unique opportunity to represent Riverside, and work collaboratively with other local community agencies as well as regional agencies on emergency preparedness and response activities. According to Lindell, Prater, and Perry, (2007) it is important to involve community stakeholders in disaster planning. These stakeholders include local government, social groups, and various economic groups.

**Process**

The Riverside Emergency Preparedness Committee serves a vital role in developing, implementing, evaluating, and improving the hospital’s Emergency Management program. The committee is multidisciplinary and membership includes two Vice Presidents of Nursing, nurses from our Home Health agency, and nurses from various hospital departments, including nursing supervisors, Emergency Department staff, peri-operative services, and infection prevention. Other disciplines represented on the committee include Information Technology, Security, Facilities, Public Relations, Risk Management, Riverside Community Health Centers, Material Management, Engineering, Educational Services, and Human Resource Management.
There are many factors to consider when developing a successful hospital Emergency Management program. These include identifying hazards, organizational culture, community expectations, available resources, active interdisciplinary staff involvement, and leadership commitment. Riverside is very fortunate to have a robust Emergency Management Program and a culture of organizational preparedness. One of the keys to our success of this program is due to collaborative interdisciplinary teamwork, dedication of staff, administrative support, and the leadership of our nurses. Our multidisciplinary team regularly conducts exercises and participates in the planning, development, and execution of an annual countywide exercise.

The nursing profession, which constitutes the largest healthcare workforce, is at the forefront of disaster response. It is critical that nurses have proper training in disaster management and response. It is the responsibility of hospitals to provide disaster education to all hospital staff including leaders. Staff have a responsibility to know their individual roles during a disaster. Participating in disaster exercises with community partners and attending critiques is critical. These educational activities assist us in evaluating the effectiveness of our emergency preparedness plans and identifying opportunities for improvements.

Riverside requires all staff to complete annual disaster competency based training in OLIE, our electronic education and management system. We also have annual Hazmat training for our Hazmat Team. Leadership members, team leaders, and managers, are required to complete web based Federal Emergency Management Incident Command courses. Staff also have the opportunity to participate in Tabletop Discussion based exercises as well as full scale exercises annually. “As was seen in the aftermath of Hurricanes Katrina and Rita in August and September of 2005, having a well-rehearsed plan in place is critical because of the suddenness and significance with which an emergency can affect a hospital’s ability to provide services.” (Farmer, 2006, p. 7) According to The Joint Commission, there are six key areas that hospitals must be prepared for in emergency response plans. Riverside has appointed Emergency Preparedness subcommittees to oversee these critical areas: communication, safety and security, employee roles and responsibilities, clinical caregiver support, utilities, and resources and assets. Nurses help lead some of these committees.

Job action sheets located in the hospital command center outline key tasks to complete in order of priority for staff assigned to key positions during disaster. Our executive team, which includes five RNs, take turns being on call and serving as incident commanders during mock and real disasters. Color coded emergency response guides are also located in every department for quick reference. All emergency code activations are preceded by a warning alarm, in order to gain immediate staff attention. Riverside Medical Center has adopted the National Incident Management System.

Outcome
In July of 2008, five Riverside employees attended a course at the Center for Domestic Preparedness in Anniston, Alabama. The course was Healthcare Leadership and Administrative Decision making during disaster. The Federal Emergency Management Agency (FEMA) conducted the training. This course was phenomenal, and the ultimate goal was to involve more staff in assisting with training and involvement on the Emergency Preparedness Committee. Since that course, Riverside attendees have become very active on the Emergency Preparedness Committee and have assisted with Tabletop exercises and training. Attendees included our Director of Patient Safety/Employee Health; Jean Koehler, HR Manager; Sherry Mayes, RN, MSN, Director of Emergency Preparedness and Trauma Services; Sumit Segal, Information Technology; Deborah Denham, RN, House Supervisor; and Tanya Huston, RN, BSN, E.D. Manager.

Another area where nurses have assumed leadership positions in interdisciplinary collaboration and have affected positive outcomes is on our Influenza Task Force. The 2009-2010 H1N1 Pandemic Influenza situation highlighted the importance of having a comprehensive Emergency Preparedness program and involving staff from all hospital departments. In the spring of 2009 during the first wave of H1N1, our hospital Command Center was activated and we had weekly interdisciplinary influenza task force meetings. Riverside activated a Disaster Preparedness website and posted all pertinent updates from the CDC and Illinois Department of Public Health for easy staff reference. Education was conducted for staff on current CDC guidelines regarding the testing and treatment of patients with H1N1. Visitors, employees, and patients were also educated on Respiratory Etiquette. Handouts were distributed. Signs were posted at all entrances regarding flu precautions and anyone entering the hospital with influenza symptoms was asked to wear a mask. Visitor restrictions were implemented for any patient admitted with H1N1. Riverside received supplies from the Strategic National Stockpile. Additional personal protective equipment was ordered. Several of our internal structures, which served as foundations for practice are our Influenza Policies.

During the second wave of H1N1 in September 2009, the Emergency Preparedness Committee again implemented procedures to mitigate the disease in our hospital and community while working closely with other agencies to coordinate our response. Flu prevention strategies were implemented. The Influenza task force reconvened interdisciplinary meetings. There was representation from all areas of nursing, as well as other hospital departments. Discussions ensued and new guidelines were reviewed at the nursing meetings. All staff was encouraged to receive a seasonal flu shot.

Martha Bouk, RN, Infection Preventionist, and members of the Emergency Preparedness Committee held a Hospital Dispensing Vaccination Drill and vaccinated 372 employees during our first staff flu vaccination clinic on September 17, 2009. A total of 27
staff members from various departments assisted with the vaccination clinic, including nurses, pharmacists, security, human resources, community health center staff, and employee health. In the picture at the right, Don Albrecht, DPh; Cheri Rogers, RN, MSN, 2ICU manager; Brenda Menard, RN, MS, Director of Case Management; and Martha Bouk, RN, BSN, Infection Preventionist; vaccinate employees at one of the flu vaccine clinics.

Our goal was to achieve 80% vaccination compliance of staff with the seasonal flu vaccine and we achieved this goal. Ms. Bouk scheduled multiple flu clinics throughout the next 6 weeks and several nurses volunteered to assist her. We were the first healthcare agency in the community to receive a shipment of H1N1 influenza vaccine because of Martha’s leadership and proactive planning. Riverside received a Pandemic Influenza Preparedness Grant in September and the funds were utilized to purchase additional personal protective equipment. Vicki Haag, RN, MSN, Magnet Coordinator and Michelle Peterson, Educational Specialist, made inquiries into also vaccinating nursing students and students in other healthcare career programs, who were in clinical training experiences at the hospital. The Director of Patient Safety/Employee Health made the decision to provide free seasonal and H1N1 vaccines for all students.

Other procedures Riverside implemented included a pre-recorded phone message for H1N1 inquiries. The Infectious Disease Specialist has conducted several educational programs on H1N1 for hospital staff, the Medical Staff, hospital leaders, and the Board of Directors. The Director of the Education Department, Janet Jensen, was instrumental in developing a mandatory H1N1 evaluation tool for all direct care providers, as well as a mandatory influenza education module for any staff member who declined the influenza vaccine. The Flu task force began meeting weekly and the Pandemic Influenza policy was revised. Daily tracking and reporting of respiratory illness-related call-offs was required to be completed by all department managers.

H1N1 information/fact sheets were posted in lobbies, waiting rooms, and clinics. An H1N1 information link was posted on the Riverside website and CDC recommendations were included in the Riverside Newsletter. The E.D. developed a separate waiting area for patients presenting with influenza symptoms. A Pandemic Flu tabletop exercise was conducted on Oct. 2, 2009, at Riverside Medical Center. It was facilitated by Infection Control Preventionist, Martha Bouk RN; Infectious Disease Specialist, Dr. Ramani; and Sherry Mayes, Director of Emergency Preparedness and Trauma Services. All internal and external departments were invited to participate including the Kankakee County Health Department and local Emergency Management Agency. There were a total of 42 participants. Sherry also scheduled a meeting of the Local Emergency Preparedness Healthcare Committee to develop a Pandemic Influenza Incident Action Plan. This committee met weekly during the height of the influenza planning period.

It is critical to improve communication between agencies and strengthen personal relationships in order to improve the disaster mitigation, preparedness, response, and recovery efforts in the community (Bruhnke, 2008). Active participation in planning initiatives, trainings, and exercises enhances response, coordination, and hospital and
community resilience. Riverside nurses have been involved in coordinating and sponsoring the annual Regional Emergency Preparedness Conference for the past three years. A brochure from the 2007 conference is shown below.

According to the United States Department of Homeland Security (2008), the actual planning process is much more important than the final document that results from all of the planning meetings. Hospitals should not plan or respond to disasters in a vacuum. In order to be successful in emergency management, information must be shared, and all local, regional, state, and federal agencies must be committed and involved in the planning process.

**Summary**

A variety of councils, committees, and task forces, led by nurses at all levels, exist at Riverside Medical Center. These nurse-led teams, such as our unit-based peer review councils, have been instrumental in improving patient outcomes and developing structures and processes that involve interdisciplinary collaboration. The involvement of Sherry Mayes in emergency management in the hospital, community, region, state, and national levels has made Riverside Medical Center a role model for disaster preparedness. Sherry’s, Martha Bouk’s, and our Patient Safety/Employee Health Director’s leadership roles in planning for a potential influenza pandemic is another
example of Riverside nurses’ commitment to keeping employees, students, patients, visitors, and community members safe and healthy.

Understanding recurrent issues with disasters and common responses of the human population allows for improved disaster planning among community partners (Veenema, 2007). Nurses play a key role in disease and disaster mitigation, preparedness, response and recovery. Ultimately, Emergency Preparedness is everyone’s responsibility. A coordinated team approach to crisis management is critical. Riverside is committed to the National Incident Management System and a team approach at the local, regional, state, and national level, and has committed to providing Riverside nurses as leaders in these efforts.

References


