



Supportive and dynamic partnerships, supporting staffing versatility to create positive post pandemic outcomes



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Introduction

Despite the challenges faced during the Covid-19 pandemic, the ECMO program within the Heart and Vascular Institute (HVI) at WVU Medicine has continued to develop and thrive. Our Extracorporeal Membrane Oxygenation (ECMO) program's goal was to flourish well beyond this laborious time, keeping all staff engaged, limiting turnover and ensuring the safest patient care.

During the pandemic, a partnership formed from multidisciplinary teams (RN, RT, PT, OT), which created collaborative practices and brought our programmatic mantra to life "Cannulate, Extubate, and Ambulate". Creative staffing solutions, staff incentives, and bonuses allowed for retention of highly trained staff.



Methodology

Starting Spring of 2022, consults for ECMO support began to diminish locally as well as nationwide. To retain our trained ECMO specialists in this highly skilled position, we shifted our focus to finding staffing solutions within our organization. Registered Nurses and Respiratory Therapists comprise our ECMO team. Nursing leadership at WVU concentrated on enhancing education and cross-training the ECMO team to their respective professions (RN/RT). Nursing leaders also focused on other unit specific needs and how our specialists could positively impact our unit as a whole having the specialists serve as additional hands-on deck. The staff embraced this role and carried out a "turn-team" responsibility. They assisted bedside nurses in all aspects of patient care, which include turning or off-loading, walking, bathing, and transporting patients on the unit. Staff identified an opportunity to further collaborate with bedside nurses, by taking on a "float/acuity" role. This endeavor brought specialists to our entire Heart and Vascular tower, as they rounded through each unit offering assistance to fellow nursing staff outside of our home unit.



Results

We quickly recognized how smart resource utilization can positively impact patient care. Our initial focus was to retain highly skilled ECMO staff with a creative staffing solution. After implementing "other duties as assigned", the ECMO staff felt at ease with their job security. Morale remained high as well as the overall staff satisfaction within the entire CVICU. Retention of valuable skilled personnel was achieved. The additional impact this had in our CVICU was a decrease in hospital acquired pressure injuries (HAPI). With our first quarter we saw 12 HAPI, however after implementing our "turn-team/acuity" roles we saw a significant decrease for our second quarter with a total of 2 HAPI.



Conclusions

Since May of 2020, our program has cannulated over 104 COVID positive patients. Utilizing multiple data platforms, our outcomes are well above the nations reported average. When compared to Extracorporeal Life Support Organization's (ELSO) reported survival to discharge rate of 47%, WVU's survival to discharge rate was 68%. Our new staffing solution aided to retain our valuable staff, and we continually strive to create positive patient outcomes.

