

SPOTLIGHT ON NURSING

Hawai'i Nurses Play Major Role in COVID-19 Pandemic Response

Laura Reichhardt MS, APRN, AGPCNP-BC

The Spotlight on Nursing is a recurring column from the University of Hawai'i at Mānoa's School of Nursing and Dental Hygiene (UHM SONDH). It is edited by Mary G. Boland DrPH, RN, FAAN, Dean of UHM SONDH; Kristine Qureshi PhD, RN, CEN, PHNA-BC, FAAN, Associate Dean of Research for UHM SONDH and HJH&SW Contributing Editor; and Joanne R. Loos PhD, Science Writer for UHM SONDH.

Note: This Spotlight on Nursing column has been adapted from The Hawai'i State Center for Nursing 2020 Annual Report.¹ Please visit <https://www.hawaiiicenterfornursing.org/> for the full report.

The Hawai'i State Center for Nursing (HSCN) has a mission to provide accurate nursing workforce data for planning, disseminate nursing knowledge to support excellence in practice and leadership development, promote a diverse workforce, and advocate for sound health policy in the state of Hawai'i.² In 2019, the HSCN reported that although the state's nursing workforce was sufficient to meet the needs of Hawai'i, there existed a shortage of specialty nurses.³ The 2020 COVID-19 pandemic created a need for a larger number of nurses, including those with specialties in critical fields such as emergency, acute medical/surgical, critical care, nephrology, and others, and a need to fill the surge capacity demands across the state. Currently, Hawai'i's nursing workforce is insufficient to meet current and future "surge-capacity" nursing workforce needs.

During pandemics, the needs for health care workers become urgent across all communities affected by the event. Despite the fact that the United States has more than 4 million nurses, there are still critical shortages of nurses with the skills required for COVID-19 pandemic response.⁴ Such has happened in the State of Hawai'i. During the summer of 2020, hospitals in the state activated 80 National Guard health care workers (including nurses), hired travel nurses from other states, and transferred patients to other facilities due to shortages of nurses.⁵ As discussed in oral communication with the Healthcare Association of Hawai'i (HAH) and hospital administrators in August 2020, as active cases increased across the state and hospitalization rates reached full-capacity,⁶ the HSCN and the HAH undertook an urgent effort to assess hospital staffing needs, identify local nurse and health care provider availability, and request for federal support.^{7,8} In addition, to further augment the nursing workforce, the state waived license requirements during an emergency proclamation period to allow new nursing graduates to work with full scope of practice upon graduation, before taking the national licensure exam.⁹

Therefore, it is essential that the state of Hawai'i prepare for future surge nursing workforce needs. Such preparation includes increased numbers of nurses and systems for rapid cross-training for the various roles that nurses may fill. For the COVID-19 pandemic, such needs have included: management of patients in respiratory failure, COVID-19 testing and surveillance, and a variety of roles in mass vaccination endeavors.

The nursing deficit the state experienced during the second half of 2020 was multifactorial. For instance, our state opened additional beds to accommodate COVID-19 patients, decreased the nurse-to-patient ratio, for example, from 6 patients per nurse to as few as 2 patients in medical surgical units for COVID-19 patients, and created special COVID-19 units with nurses and hospital staff who were dedicated to those units, as stated in oral communication with HAH in August 2020. These measures all necessitated additional nursing staff who were not readily available. This was coupled with the demand for nurses with expertise in high-acuity medical-surgical, telemetry, critical care, and nephrology specialties. However, the state lacked the capacity to expand this workforce. The state also experienced sudden nursing workforce shortages in long-term care and residential care settings when COVID-19 cases entered those facilities, according to oral communication with the Hawai'i Provider Surge Capacity Taskforce in August 2020. At the same time, Hawai'i nursing education programs experienced devastating losses of clinical placement opportunities for both entry-level and advanced practice nursing students. This occurred for a variety of reasons, including a lack of personal protective equipment across the state, the need to direct the attention of the existing nursing workforce toward COVID-19 endeavors, and the need to limit the numbers of persons in the facilities in order to prevent the spread of the disease, as stated in oral communication various oral communication between HSCN and its Hawai'i Centralized Clinical Placement Collaborative from March 2020 through the present. Recent graduates experienced delays in being able to register to take the national licensing exam due to closures and a reduction of testing centers, as reported in oral communication with state schools of nursing in June 2020. Further, according to oral com-

Table 1. Hawai'i State Center for Nursing Assessment and Intervention Activities	
Focus	Activities
Workforce Research	2019 workforce data indicated that new graduate nurses in Hawai'i were employed at a similar rate compared to nurses nationally. However, new graduate nurses employed in Hawai'i were more likely to be hired into long-term care or other settings. This rate is proportional to employment settings for the overall nursing population in Hawai'i. Workforce research about enrolled nursing students and existing workforce was used to support surge staffing plans and estimate available workforce.
Evidence-Based Practice (EBP)	EBP engagement across hospital and school of nursing programs was sustained despite constraints due to COVID-19. EBP workshops and writing workshops pivoted to a more accessible online format with success.
Clinical Nursing Education	The Centralized Clinical Placement Collaborative program initiates weekly calls to address loss of and changes to clinical education access. The Center worked with the Governor's Office, Hawai'i Board of Nursing (HBON), National Council of State Boards of Nursing, Healthcare Association of Hawai'i (HAH) and others to address severe lack of access for certified tests needed to apply for nursing licensure by examination.
Recruitment of Nurses	HSCN worked with community partners and the Hawai'i Emergency Management Agency Emergency Support Function 8 (HIEMA ESF-8) to form a working group to identify scenarios and develop strategies for COVID-19 surge workforce shortages. Outcomes included working with Governor's Office and HBON to enable newly graduated nurses to work with a license waiver, co-leading an initiative with HAH to identify available in-state nurses and nursing students and link them to employers facing urgent nurse and nurse aide shortages due to COVID-19 cases.
Transition to Nursing Practice	Commitment to new-graduate transition to practice in hospital settings "residency programs" was reinforced, with a new national curriculum to be launched in 2021. The new curriculum enables expanded workforce development opportunities in specialty areas identified as needs prior to and intensified during the COVID-19 pandemic.
Preceptor Tax Credits	Preceptor tax credits were distributed for the first time after Act 43, SLH 2018 was enacted. Activities with academic partners and recruitment of preceptors continued in 2020 to promote and expand this program. Despite COVID-19 constraints, the Preceptor Tax Credits maintained the same volume of preceptor engagement in 2020.
Professional Development	Nationally accredited nursing professional development opportunities related to Center priority areas, mandates, and COVID-19 were provided by the HSCN in support of nursing-required continuing competency requirements (Act 27, SLH 2015) and pressing nursing issues in 2020. HSCN partnered with UH Mānoa School of Nursing and Dental Hygiene and HAH to disseminate needed COVID-19 education to nurses, statewide. Nearly 6000 hours of continuing nursing education was distributed as an outcome of these partnerships.

munication with the Hawai'i Provider Surge Capacity Taskforce in August 2020, nurses reported experiencing personal fears of contracting the COVID-19 virus through peer or patient contact, a lack of adequate personal protective equipment, and burnout from protracted periods of overtime, emotional, and physical exhaustion.¹⁰

The HSCN was able to directly respond. Notably, the HSCN used workforce data to inform strategy, workforce planning, and crisis mitigation, while leveraging partners such as government, hospitals, schools of nursing, and professional associations to actualize HSCN-led strategies and plans. In addition to responding to COVID-19, the HSCN maintained or adjusted operations and programs to the constrained working environment that the pandemic presented. The HSCN carried out specific assessment and intervention activities in response to the COVID-19 pandemic (Table 1).

Looking ahead, the HSCN commits to identify, investigate, and address nursing workforce issues that pose challenges to assuring an adequate nursing workforce to provide access to care for all people in Hawai'i. In particular, the HSCN plans to focus its efforts in the following areas:

- Clinical placement availability
- Faculty recruitment and retention
- Professional development and education support related to specialization in nursing in community-based settings and acute care locations
- Recruitment of nurses for certain areas, including licensed practical nurses, community-based nursing roles, and acute-care specialty areas

- The availability, or unavailability, of travel and out-of-state nurses in a time of national and global nursing demand surge
- The enhancement of the resilience of our own workforce in times of crisis

The HSCN continues to serve the calls to action that were set forth in 2003. It is committed to convening partners, building trust, delivering outcomes, and supporting innovation to ensure high-quality care is accessible to all the people of Hawai'i.

Author's Affiliation:
Hawai'i State Center for Nursing, Honolulu, HI

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