

Shaping Resilience Today to Lead Critical Care Tomorrow

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The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background.

England



Critical Care Nurses

Specialised and critical role in responding to:

- Mass casualty/MAJAX
- Pandemics/ Bad Winter
- Weather disasters
- Power Outages
- Evacuations
- Chemical, Biological, Radiological and Nuclear (CBRN)

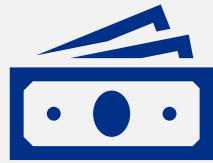
Essentials for achieving this response

- Skills
 - Patient monitoring and assessment
 - Complex care and organ support
 - Communication
 - Strong leadership
- Emotional resilience
- Stress management
- A plan

What gets in the way?



Time



Money



Clinical
pressures



Other priorities

What you can do today for tomorrow

Health and
Wellbeing
Structure

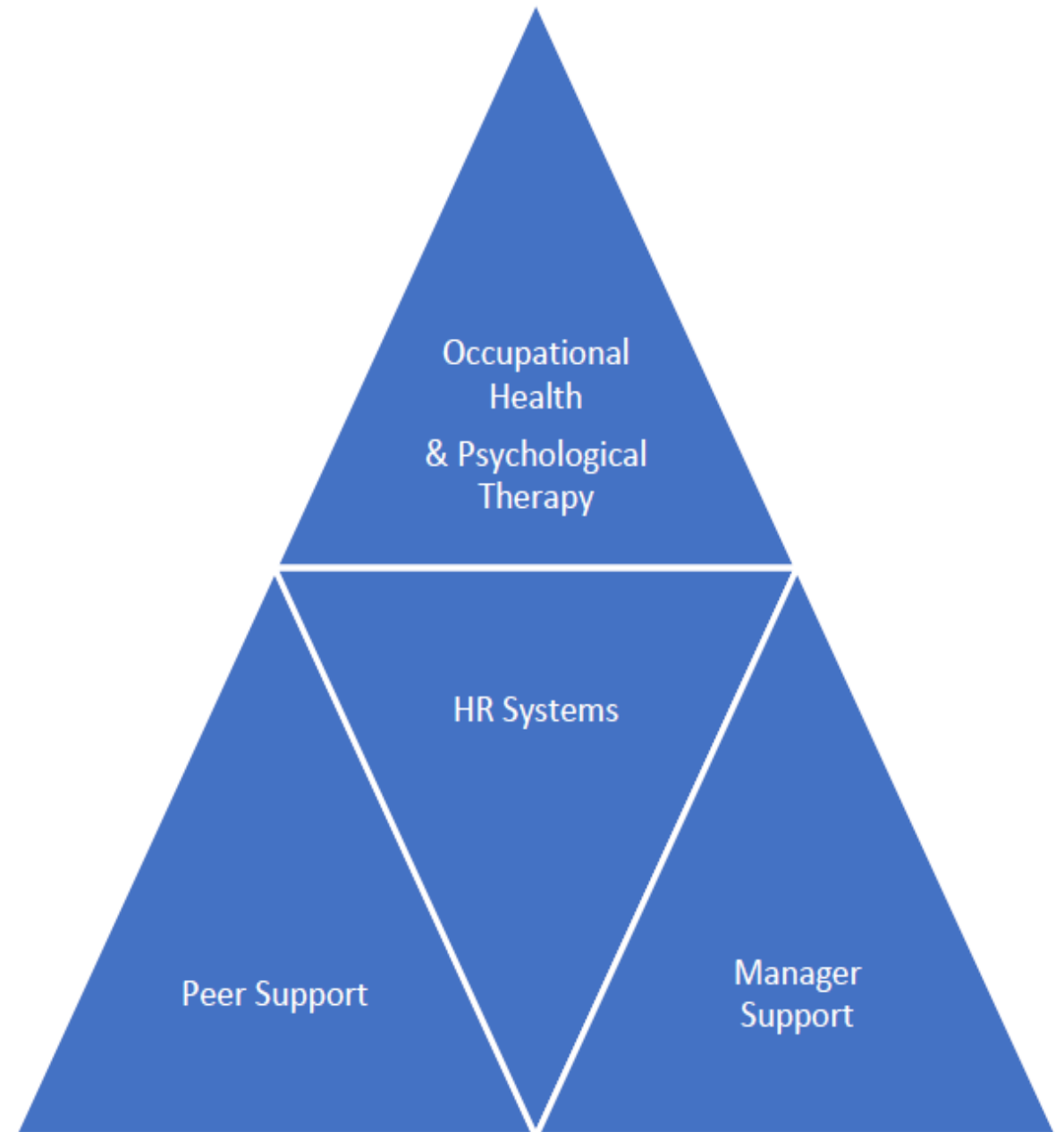
Prioritise
Education and
Development

Critical Staffing
Plans

“Resilience is not a rare trait, but is a common, dynamic and teachable skill characterized by the ability to maintain a stable, healthy trajectory of functioning after highly adverse events.”

-- George Bonanno

**What do you have
in place now?**



Health and Wellbeing Resources

National/Local Resources

- Staff Psychology
 - Lots of resources
 - Leading through uncertainty
 - Stress management
- EAP
- Doctors in Distress
- Regional Resources

PNA

- Newly qualified groups
- Intro into Leadership
- Support in an emergency
- Follow up after events
- Can help to normalise giving/receiving support

Your Team

- People are often more likely to reach out to someone they know
- Check ins
- Code Lavender
- Team building & accomplishments

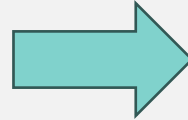
“Using a simple analogy, nursing personnel to a healthcare organization is not like gasoline to a car; rather it is like the car engine itself, and it breaks down without attention to maintaining key components.”

Yakusheva, Lee & Weiss, 2024

Prioritise Education and Development

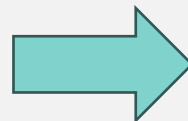
Shift in thinking...

Clinical



Productive

**Costly Labour
Input**



**Value-adding
Human Capital**

Prioritise Education and Development

Is E&D 'non-clinical' vs 'productive time'?

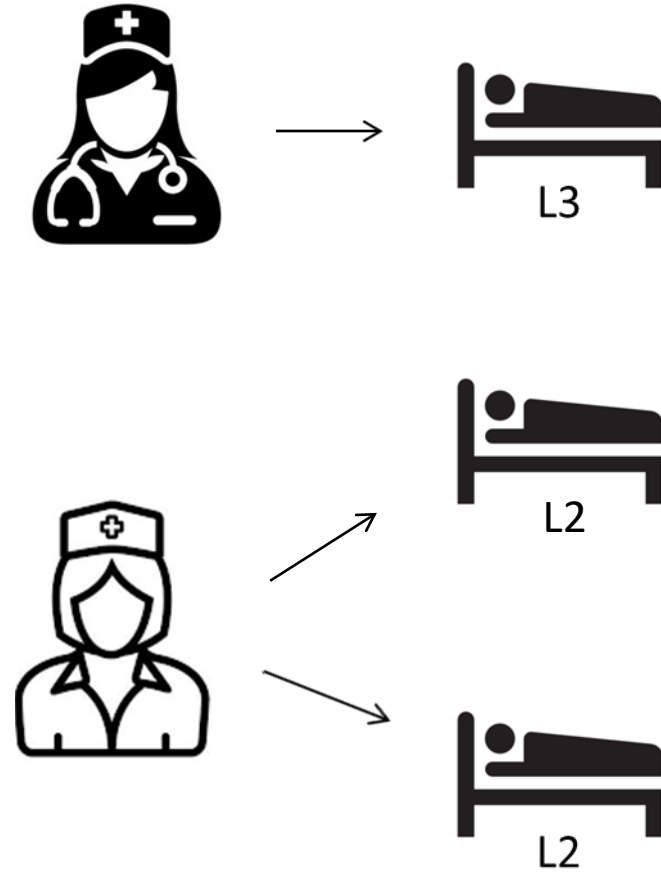
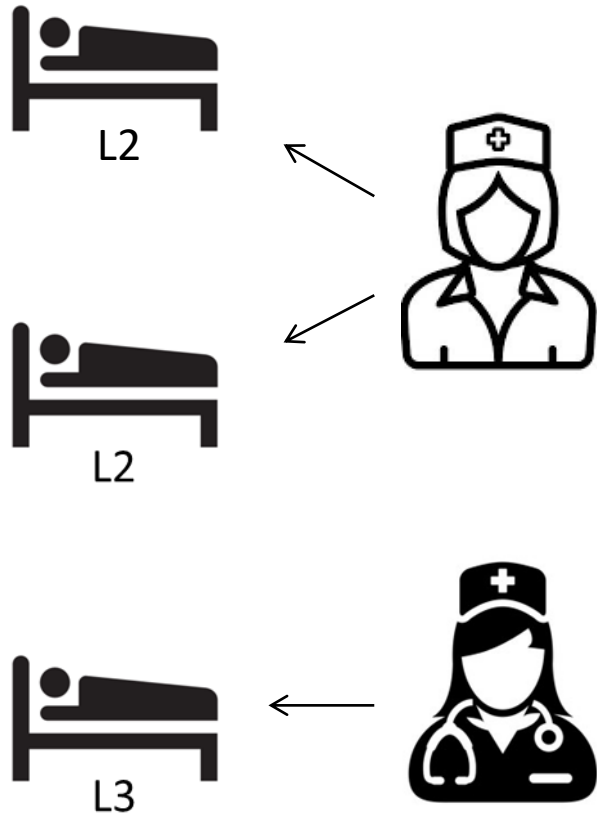
How often are you pulling people from study days?

Do you track who has been pulled?

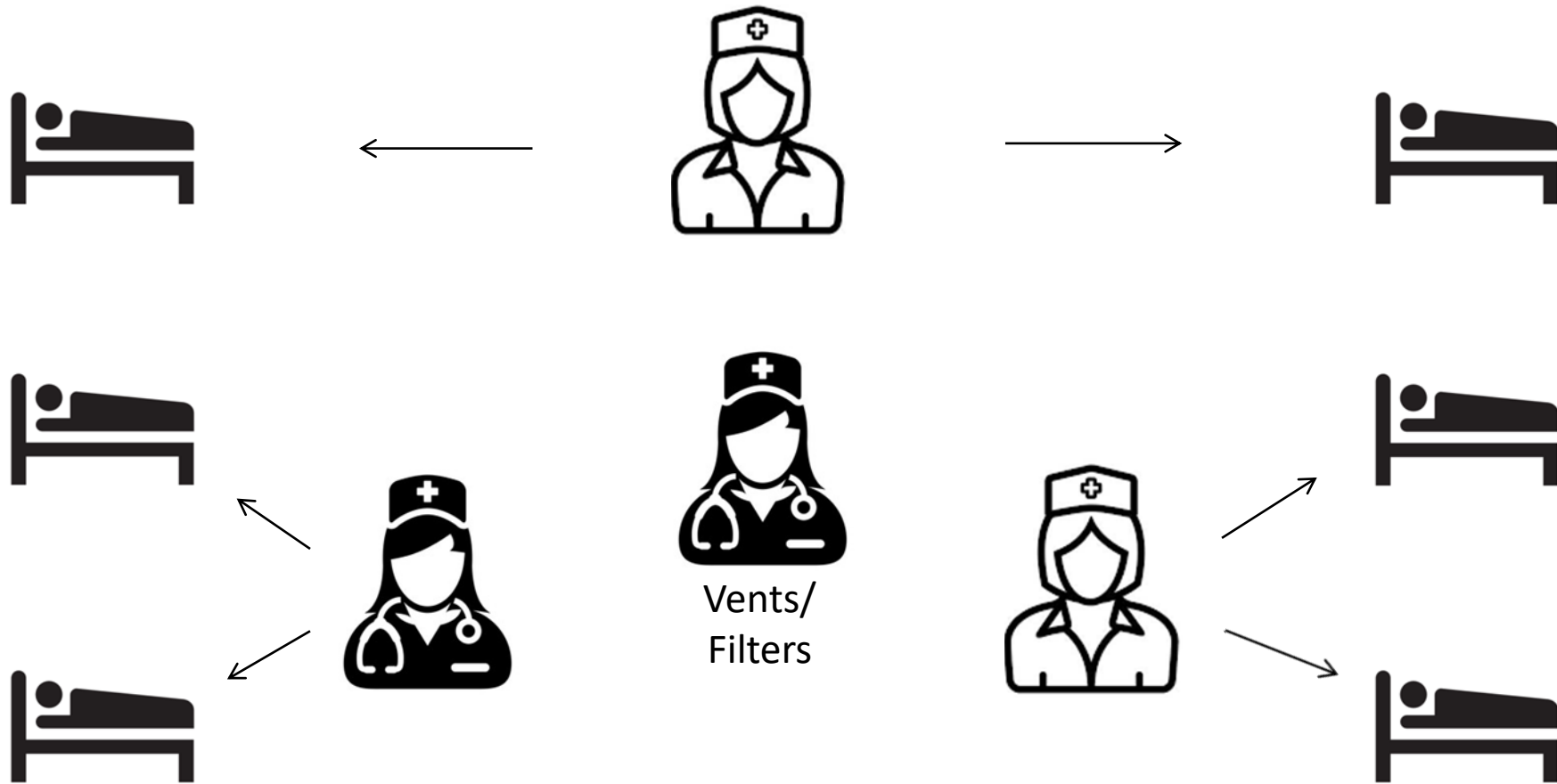
“Staff nurses should be in a state of continual disaster preparation. Leaders are challenged to keep their staff ready with an understanding of the disaster plan and preparedness to fulfil their roles in a disaster.”

International Council of Nurses

Critical Staffing Scenario

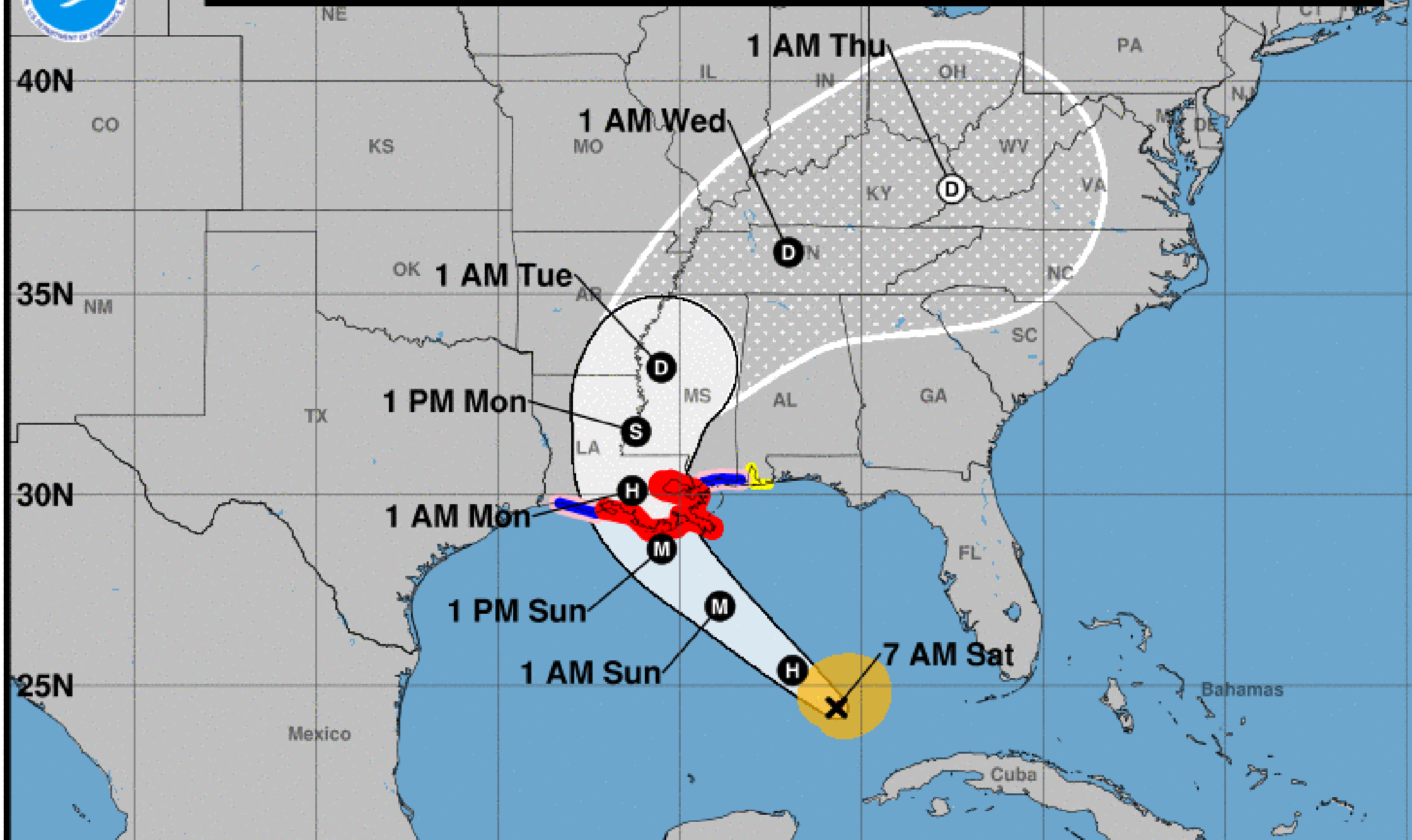


Thinking Differently





Note: The cone contains the probable path of the storm center but does not show the size of the storm. Hazardous conditions can occur outside of the cone.



Plans for Disaster/Incident Staffing

Response

- ✓ Can they come in at short notice?
- ✓ Do they have carer responsibilities?
- ✓ Do they have health/MSK issues?
- ✓ Teams often want to volunteer together

Recovery

- ✓ May have carer responsibilities, but can plan ahead to change schedule 2-3 days in advance
- ✓ MKS or health issues
- ✓ Lacking resilience

Go bags – Pre-Prepare



Uniforms for 3 days



Personal
hygiene/supplies



Extra food/water



Phone
charger/battery
pack



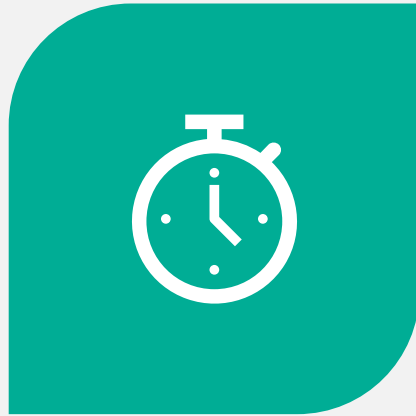
Flashlight

2016 Catastrophic Flood

- +20in (45cm) rain in 48 hours
- 13 Deaths
- £7 – 10 billion in damages
- 1/3 of staff affected



Lessons from Flooding



HOSPITALS ACTIVATED PRE-PLANNED TEAMS AT VERY SHORT NOTICE, SOME WERE UNCONTACTABLE



STAFF SLEPT ON-SITE FOR +4 DAYS DUE TO FLOODING AND ROAD CLOSURES



LESSONS: IMPORTANCE OF GO BAGS, FLEXIBLE STAFFING, AND MENTAL HEALTH SUPPORT



Thank You