Emergency Preparedness in the Neonatal Intensive Care Unit (NICU)

Background
The NICU staff identified a need to energize, retain and promote job satisfaction among their nursing staff. To promote team building and a sense of community, the staff decided to develop a multidisciplinary, horizontal evacuation plan to ensure patient and staff safety in an emergency situation. In light of the recent natural disasters this was a timely project.

Purpose
The purpose of the emergency preparedness project was to assure that all Riley NICU nursing staff would receive guidance, education, training, and resources to initiate and mobilize disaster preparedness and response efforts to a potential an internal or external emergency. The multidisciplinary working group was formalized to devise and cultivate a master plan for emergency preparedness in an attempt to foster unit team engagement and retention.

Methods
- Pre-education survey was administered to Riley NICU healthcare providers (i.e., Registered Nurses, Respiratory Therapists, Neonatologists, Neonatal Nurse Practitioners, Social Workers, etc.) regarding NICU emergency preparedness.
- A NICU shared governance emergency management multidisciplinary team was formed to focus on these endeavors.
- Education tools were developed depicting the need for evacuation drills and planning in the NICU as well as the types of disasters and evacuations that could potentially occur.
- Comprehensive NICU horizontal evacuation plans, procedures, education, and training were developed.
- Mandatory evacuation drills were held during days, nights, and weekend shifts for the multidisciplinary team members.
- Survey tools were developed, validated, and administered to measure pre-/post-confidence and perceived competence of all NICU healthcare members who participated in the drill.

Leadership Journey
Modeling the Way:
- Facilitated shared interprofessional leadership on the unit.
- Lead by example to show a deep, personal commitment to the vision.
- Emulated behaviors of courage and courtesy with conviction.

Inspiring a Shared Vision:
- Embraced an ‘anything is possible’ mentality.
- Changed behaviors and attitudes one conversation and interaction at a time.
- Helped the multidisciplinary team find a true ‘magnetic north’ and underlying burning platform/reason for action.

Challenging the Process:
- Personally and professionally challenged and strengthened my leadership style through the STTI MCH Leadership Academy and implementation of this project.
- Developed for a judgement-free atmosphere where innovative ideas can be openly and creatively shared.

Enabling Others to Act:
- Leveraged strengths and passions of individual team members while stressing the importance of each team member’s contribution to the overall project.
- Mentored, coached, and listened to NICU team members throughout the project’s, thus empowering team members to independently solve problems.
- Led the group to project completion while showing a caring and compassionate attitude.

Encouraging the Heart:
- Integrated recognition into my daily work and showed appreciation for the individualized efforts.
- Celebrated the team’s progress every step of the way, recognized success, and had fun by reinvigorating joy in the workplace.

Results
- 90 participants of the NICU healthcare team completed pre- and post-assessments designed to assess the effects of this multi-faceted, comprehensive NICU horizontal evacuation plan project.
- 41% improvement in perception of participant’s own preparedness to evacuate the NICU patients in case of emergency.
- 15% increase in knowledge regarding the placement and storage of emergency equipment.
- 22% increase regarding how ‘Evacuation Baskets’ are to be used.
- 60% of participants felt confident that they had a clear understanding of their duties in the case of a disaster, (up from 26%).
- 87% of participants felt that they knew which patients should be moved first in the case of an emergency (up from 25%).

Conclusion
Establishing unit based emergency management plans, procedures, education, and training is of the utmost importance in order to ensure that patients are safe during moments of crisis. Perceived confidence and knowledge increased significantly following the implementation of this comprehensive program. However, knowledge scores did not increase as predicted suggesting that booster interventions may be needed over time. The development, planning and implementation of this project resulted in important changes in the nursing staff team spirit and engagement; several asking when the next phase of the project will occur.