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From the Front Lines to the Back Page

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Collaboration Between Infection Prevention and Clinical Education in Response to COVID-19

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With the rapid escalation of COVID-19 educational needs within hospitals, it was imperative for content experts of the infection prevention departments to lean on the expertise of nursing professional development specialists. This article provides a brief overview of how a clinical education and professional development department was deployed to assist and support the COVID-19 response efforts.

CHALLENGES FACED

On January 30, 2020, the World Health Organization declared the COVID-19 outbreak a public health emergency of international concern (World Health Organization, 2020). Hospital-based infection prevention (IP) and hospital epidemiology departments around the United States worked to prepare a comprehensive plan on how to care for COVID-19 patients. At one large academic health system in the southeast, a centralized command center was implemented to assist with planning, logistics, and operations with preparing for an influx of COVID-19 patients. Each of these small teams was imperative for assisting the hospital; however, with the rapid escalation of the pandemic, one major deficit was the need to quickly educate staff and patients on new processes and procedures related to the care of COVID-19 patients.

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DECISIONS MADE AND RESOURCES NEEDED

To assist with staff learning needs, the health system's clinical education and professional development (CEPD) department was mobilized to collaborate closely with the IP department. The IP department, composed of Infection Prevention Specialists, a Clinical Nurse Specialist, a Clinical Services Nurse Educator (CNE), a data analyst, hand hygiene and personal protective equipment (PPE) auditors, a public health epidemiologist, and Infectious Disease physicians, leads IP surveillance, assessment, planning, implementation, and evaluation across the enterprise as well as provides expert knowledge, recommendations, guidance, and coaching to all healthcare system employees and providers.

From a strategic operations perspective, the challenge for professional development leadership involved the mobilization of departmental resources. To distribute the necessary work, the clinical education leader served as key IP/command center collaborator, and the patient education leader managed critical communications coming from the command center through IP. Other clinical education directors managed redeployment cross-training (a key nursing professional development practitioner role of *partner for practice transitions*), staffing hub support, regulatory consulting around streamlined documentation and practice

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policy development, continued onboarding, and associated remote and online training.

The expertise of the clinical nurse educators was used as resources for numerous needs, including education on PPE donning and doffing, rounding on units to answer questions about PPE, and assistance with developing patient and staff educational materials.

For nurses engaged in nursing professional development, there are key roles that lead the practice. In this instance, it was critical to utilize those roles in order to adequately partner with IP colleagues. Clinical nurse educators from CEPD served as *learning facilitators, change agents, mentors, and leaders*, and with the knowledge shared with them by IP, they became a *champion of scientific inquiry* related to IP and COVID-19 (Association for Nursing Professional Development, 2016).

OUTCOMES IDENTIFIED

As information changed rapidly, it was critical to have frequently updated patient, family, and staff education and a central repository for the approved materials that were vetted by IP experts. In collaboration with IP, patient education experts from CEPD helped to develop educational materials, including after-visit summaries and informational sheets. Our patients, families, and staff needed information written in plain language promoting best practices of health literacy to enable the patient to obtain, process, and understand COVID-19 instructions and make appropriate health decisions (Batterham et al., 2016). To comply with national standards, patient education should be at or below the fifth-grade reading level using a readability scale such as the Flesch–Kincaid Scale (Stossel et al., 2012). Educators with expertise in patient education and health literacy quickly reviewed educational materials and provided invaluable feedback and edits to ensure documents were at an appropriate reading level and incorporated icons or images to promote retention and readability.

Educators also lead PPE donning and doffing courses, including a video and hands-on demonstration on the appropriate process. A small group of educators worked with IP, emergency management, and occupational and environmental safety departments on developing short videos on the donning and doffing process to be able to disseminate this information widely throughout the system. After receiving daily updates from IP experts, CNEs made rounds on COVID-19 units, assisted in teaching, and provided at-the-elbow support. In the beginning of the effort, CNEs served in teaching and facilitation role, making sure that any key IP changes were communicated clearly to the frontline staff. As the weeks progressed, the role of the CNE evolved to that of advocate, mentor, and coach. This daily rounding, across two shifts, not only promoted updated clinical education to staff but also decreased anxiety so that nurses could focus on caring for patients.

KEY STAKEHOLDERS INCLUDED

Together, the IP and CEPD departments collaborated with numerous teams, including quality, marketing and communications, informatics, international services, the Occupational and Environmental Safety Office, emergency management, procurement, and supply chain. The director of the clinical education team attended daily conference calls with the IP and quality departments to provide guidance and support to these key stakeholders.

RESULTS (IF KNOWN)

As a result of the clinical education team collaboration to the COVID-19 response, over 80 PPE courses were taught, with 2,100 clinicians attending. Ten new patient and family educational materials were developed in English and Spanish, plus several patient letters. The patient education team also collaborated with our patient education content vendor to expedite newly developed COVID-19 written and video resources into our available clinical reference resources. Over 60 other documents with guidance for healthcare staff were developed by the IP department.

RISKS, FACILITATORS, OR OBSTACLES ENCOUNTERED

As nursing professional development leaders, it was a challenge mobilizing educators daily for this collaboration while also managing online classes, facilitating remote nursing orientation, and mobilizing staff to support other needed operations. Concurrent operational needs included staffing hub development and implementation, along with competency validation for cross-training and redeployment of nearly 200 other staff members to support COVID-19 efforts. We divided our leadership team across these functional areas.

Whereas many obstacles were encountered, there were also many facilitators. Having formed previous relationships with the IP department served as a facilitator for the collaboration during the COVID-19 pandemic. Communication between CEPD and IP was imperative. The lead CEPD director for IP collaboration was invited to daily COVID-19 conference calls with the IP department, which helped with transparency of needs for both departments.

Any questions identified by staff during the CNE's rounds were addressed by IP to close the loop. Furthermore, daily CEPD educator huddles were started to hear concerns educators brought back from rounds, anticipate potential barriers, brainstorm/clarify proper protocol, and strategize on education solutions. This was another forum the educators used to advocate for the nurses at the bedside and to support each other. Lastly, what began as PPE training ended as a rich interdepartmental collaboration that involved daily coaching and mentoring of clinical staff every day across both shifts. IP and CEPD's focus on teamwork and safety, two values held by the institution, was critical to the successful collaboration.

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In conclusion, the collaboration between CEPD and IP was imperative in navigating the unprecedented COVID-19 response at our hospitals. As experts in prioritizing and providing education and training for frontline staff, we were able to assist and support the provision of safe and efficient care for COVID-19 patients.

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