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Amid massive storm's wrath, healthcare professionals answer call

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Local healthcare facilities and nurses are dealing with the aftermath of Superstorm Sandy. By Oct. 30, EDs across New Jersey and Hudson Valley were overflowing with patients including seniors who needed shelter, heat, light and access to family and those who had been medically cleared but could not be discharged to their homes safely.

The storm killed more than 100 people in the U.S., left millions without power and caused billions of dollars in damage. With emergency preparedness plans in place, hospital command centers were in full operation, and hospital administration and staff continue to respond to the emergent needs of the community.

The impact on local healthcare facilities and nurses was immense during — and now after — the powerful storm that came ashore Oct. 29. The storm left many facilities with flooding, power outages, evacuations and an influx of patients from other hospitals.

Impact on EDs

Working at the command centers in the Perth Amboy and Old Bridge divisions of Raritan Bay Medical Center, Micki Patrick, RN, MSN, director of nursing for Magnet, nursing organizational effectiveness and the ED, knew vast numbers of people in the surrounding areas had lost power, and many needed medical care and physical support.

"Our EDs were filled to capacity, and in both facilities we set up temporary locations where patients could receive nebulizer treatments and oxygen as well as food and sleeping accommodations," Patrick said.

Not only were ED nurses seeing patients with multiple injuries as a direct result of the storm, but they also were treating patients on dialysis who were in respiratory distress and fluid overload and patients on ventilators at home whose electricity was out, said Matt Kearns, RN, ED staff nurse at RBMC-Perth Amboy.

"During those initial days right after the storm, our ED was like our normal day times 10," said Keas, who was a New York City police sergeant for 22 years before he became a nurse two years ago.

Jersey City (N.J.) Medical Center's ED was holding critical care patients because there were no open inpatient beds, with an additional 30-40 patients in the waiting room. Extra support staff helped mobilize patients to inpatient rooms; nurses from the units came down to get them; and nursing supervisors worked to coordinate bed assignments, which helped alleviate the situation, said Kim Palestis, RN, CEN, ED assistant nurse manager.

Patient volume jumps

Palestis said an explosion in a Jersey City building added to the already heavy patient volume early on Oct. 30 when about 10 police officers and seven trauma victims were admitted to JCMC. "We quickly opened up our fast-track unit, which is usually closed at night, and our NP assessed and treated the police officers' minor injuries and smoke inhalation, and fortunately, they were released," Palestis said. Four of the trauma victims were transferred to the Burn Center at Saint Barnabas Medical Center in Livingston, N.J., and three were admitted to JCMC.

Because of the demand placed on the ED at JCMC, Cris Simeone, RN, BSN, nurse manager, critical care services, created a medical support unit staffed by critical care and med/surg nurses, who cared for patients

who needed medical equipment charged, nebulizer treatments or prescriptions for medications. Once the patients were stabilized, staff transferred them to the armory in Jersey City if they needed shelter and food.

Preparation pays off

Claire Donnelly, RN, BSN, MA, director of emergency preparedness and disaster readiness at Sound Shore Medical Center in New Rochelle, N.Y., is a member of the Westchester regional emergency management group that maintains a mutual aid agreement. The Westchester emergency management officer helped Donnelly get addresses of patients who lost power or needed oxygen and sent regular updates on traffic conditions and regional shelter availability.

"I can also call any emergency manager at any hospital at any time, and it's great because you're never making decisions in isolation," Donnelly said.

Besides accepting some transfers from a nearby long-term care facility, Sound Shore opened an extra unit to serve as a shelter for those who needed medical support but not emergency care. "We provided oxygen and power for patients on ventilators, as well as rooms and beds, food and nursing care," she said.

Patients on the move

Hoboken (N.J.) University Medical Center transferred five of its patients from the child and adolescent psych unit to Trinitas Regional Medical Center, Elizabeth, N.J., which has one of eight acute crisis intervention units in the state.

Critical to a smooth transfer process was obtaining complete patient histories before transfer, coordinating transfers in stages, arranging for patient placements with the least amount of disruption to those at Trinitas and transitioning and acclimating new patients and their families in a reassuring and attentive manner, said Marlyse Benson, RN, MA, director, behavioral health and psychiatry at Trinitas.

Because the Denville, N.J., campus of Saint Clare's Health System was maintained on a backup generator for some time during the storm, Jackie Galante, RN, BSN, staff nurse, surgical unit, transferred two of her patients for emergency urologic and orthopedic surgeries to the Dover, N.J., campus.

"I knew that my hand-off reporting and communication must be clear and complete; that my patients must be ready to go because time of transport changes; and that my patients' needs were top priority during the entire process," said Galante, who, despite phone service limitations, reached the anesthesiologist and obtained a STAT IV antiemetic order for one of her patients before transfer.

Above and beyond

Nurses in the region chose to travel to their workplace either the day before Sandy arrived or early Oct. 29, and many stayed for one or more nights at their facilities, not knowing what to expect.

Some RNs went to work after being evacuated from their homes. Despite their own personal losses and devastation, many worked longer hours so colleagues who lived farther away or had no transportation to the facility did not have to work. Others rallied around coworkers who had lost everything in the storm, providing food, clothing, money and emotional support.

"This is our job and the life we chose, and we all help one another," said Majella Venturanza, RN, MA, CCRN, director of critical care and med/surg, Lawrence Hospital Center, Bronxville, N.Y. "That's what nursing is all about."

Lawrence nurses proactively called one another to arrange unit coverage or arrived at work to see whether

they were needed, said Lisa Hanrahan, RN, MSN, CENP, CPHQ, CPHRM, director of nursing for maternal child nursing and education, who had RNs ready to scrub in case of an emergency cesarean section.

Acts of kindness

Amid chaos and confusion, there were countless acts of caring that made the difference in many patients' lives during the storm's aftermath.

Despite bay flooding and debris blocking street access, Debbie Prinzo, RN, BSN, ANCC, nurse manager, outpatient medical day stay infusion department, RBMC, brought a two-day supply of potassium to an oncology patient who could not leave his home and had a critically low potassium level. "I knew where he lived," Prinzi said. "I wanted to go, and thankfully, several days later, his potassium level stabilized."

When a patient's condition declined in the ED at Trinitas, two nurse managers drove to pick up the patient's mother, who had returned home for a short time, and brought her back to the ED, said Mary McTigue, RNC, MA, CENP, vice president, patient care services. During a brief time at night Oct. 29 when Trinitas lost emergency generator power, a patient needed to be transferred to the ICU immediately. Because the building elevator was down, four members of the nursing management team and a respiratory therapist took him down five flights of stairs in an evacuation chair.

"Walking down the steps with an adult male patient who had chest pain and was on a monitor with oxygen was quite a feat, especially for the person at the front of the chair who had to go down backwards," McTigue said.

Patient needs top priority

Eleven patients from New York Downtown Hospital arrived at White Plains (N.Y.) Hospital Center the day before the storm. Though the transfers went smoothly, there were language barriers and the difficulty contacting family members.

"We used the Crycom phones and found a nurse manager who spoke Chinese, and that helped immensely," said Patricia Allinger, RN, MSN, assistant vice president of nursing. "Over the course of a few days, we worked very hard and were successful in eventually reaching the patients' families."

After seeing patients in the medical support unit at JCMC, Simeone recognized their multiple needs and wants to foster more community preventive and educational programs.

"The storm has opened my eyes up as to what we are lacking in our area, and I want to help our patients before they have to come looking for us," Simeone said.

Sandy Foley, RN, MSN, charge nurse, ED, Saint Clare's Health System, Dover campus, wants to focus future efforts on identifying and working on the needs of seniors.

"So many of our elderly don't have family or community support, and we need to help those who can't help themselves," Foley said.

By nature of her specialized nursing care, Hedy Ciombor, RN, BS, CNN, staff nurse, hemodialysis, Vassar Brothers Medical Center, Poughkeepsie, N.Y., wanted to be at work for those who needed dialysis.

"I didn't even think twice about bringing an overnight bag with me, and so many of our staff is like that," Ciombor said.

Her colleague, Renee Santiago, RN,C, staff nurse, works on the 37-bed oncology unit at the facility and was among many who chose to stay overnight to care for patients and relieve coworkers. •

Janice Petrella Lynch, RN, MSN, is a regional nurse executive. How did the storm affect you? Post a comment below or send a Letter to the Editor to editorNJ@nurse.com