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President's Corner

Grant Scott, MD

Dear NM ACEP Members,

My three-year-old daughter recently had her birthday. For her, it may seem that life the last several years has been normal, but on her birthday, I had to take a moment to mourn the fact that she has spent two thirds of her life as a “pandemic child”. To her, it has been as normal as a snow day to have school canceled or rearranged with each positive case, or have to suddenly avoid her grandparents for weeks when she had a runny nose or cough.

Looking forward (is that possible?) to a stage where covid is a more endemic part of our work and lives - instead of a pandemic that intermittently throws our departments, hospitals and lives into disarray– I think it is important to take stock of how we have all spent two years as “Pandemic Docs”. I worry that like my daughter, it may become harder for us to remember the life we want to return to, while keeping less from the last two years we want to remember going forward.

This spring, we are looking forward to hosting our first in person chapter meeting in over two years. Our annual meeting will be on April 30th in Albuquerque. I hope you consider attending. I believe that it can be a time for us to sit down and talk to one another about how the last two years have affected us, both as “Pandemic Docs”, and as individuals. Like many of us, you may have had hardships through the last years that felt like a very isolated and lonely struggle. For some, that may have been the uncertainty and

fear of the early months and hard family discussions where you felt you had nothing to offer. For others, it may be the frustration of 10 phone calls to transfer a patient who has problems you can't fix, or the difficult "no" when a colleague calls and your hospital has no room to accept that same transfer. One of the special things that ACEP can offer us is connection to people who may have a shared worldview and understanding of what we deal with every day. I hope that this annual meeting can be a time to make the most of those connections and remind us of the connections we have to find support.

For members who want to have more involvement, there are many ways to engage more here in New Mexico or at the national level. We will be holding officer elections at our annual meeting, so please be in touch if you are interested in getting more involved at the state level. If you have specific issues or a niche that you are passionate about, you can also consider applying for committee work at the national level. Applications are open through May, see [national ACEP's website](#) for more information if you are interested – and for those of you who are already involved, thank you for representing New Mexico!

Hero or Villain?

Jessica T Evans-Wall, HO3

Currently, I am sipping tea in a truck camper in the parking lot of Holy Cross Hospital in Taos, NM while here on a rural rotation. Living in the hospital parking lot turns out to be very convenient when you have a dog, easy to pop out at some point in a 12-hour shift to feed her dinner and let her out. This was not the original plan; my pup and I are doing this because my partner is a nurse and took a crisis staffing covid contract in Texas this month. This is a small alteration to normal living for us, but it really pointed out how pervasive travel nursing has become. Everyone in healthcare is touched by the outflux of full-time staff nurses and influx of travel nurses to fill nursing needs. We have been feeling this shift at work since the start of the pandemic, but feeling it in my personal life highlighted how little I know about how all of this started. It is an interesting tension even as the partner of a nurse, the desire to remain committed to a team and a department through the thick of this pandemic and the feeling of lost opportunity in not taking advantage of the earnings available for travelers.

Travel nursing is not new. A decade ago, in February of 2011, the Journal of Nursing Administration published an article looking into nursing assessed quality of care in the population of travel nurses, which at that time was around 4% of nurses nationwide. At this time, the level of care provided as perceived by nursing staff was higher at Magnet designated facilities. This designation is given to hospitals that meet certain qualifications of nursing excellence, such as staffing ratios, having shared governance committees and further education opportunities for nurses. Whilst numerous hospitals in NM offer many of these to nursing staff, there are no Magnet designated facilities in the state of NM.

The need for travel nurses is not new. A study from the Legislative Finance Committee showed that New Mexico was short about 6,200 nurses in 2019, prior to the pandemic. According to data from UNM published in the Albuquerque Journal, the number of travel nurses at UNM Hospital increased 593% from February 2020 to November 2021. Staffing agencies sign nurses for traveling, and then the agencies negotiate contracts with

hospitals. There is competition across the country for the limited pool of nurses, so states like California and Texas are often outcompeting New Mexico for what they can offer as a salary for short term contracts, the most common length of contracts being 13 weeks. In the fall of 2021, the New Mexico Hospital Association wrote a letter to the secretary for the U.S. Department of Health and Human Services, asking for a temporary cap on the prices that staffing agencies can charge hospitals. Currently, Massachusetts and Minnesota are the only states to have any legislated cap on travel nurse salaries, and these had to be raised during the pandemic in order for hospitals to meet staffing demands. It is concerning at this stage with no cap that wealthier states and hospital systems can better afford to keep their departments staffed. Less populated states, such as NM, are at a disadvantage. There have been state and federal support deployed, such as the team of Department of Defense nurses and doctors who came to help boost staffing at UNM, but these are very short-term measures. There is no current federal legislation in the works to cap travel salaries, though it seems that a cap would help to reduce staffing disparities based on region. There is some widespread momentum against such a cap, including a nurses' march on Washington, DC planned for May 2022.

According to the American Nurses Association (ANA), more registered nurse jobs will be available through 2022 than any other profession in the United States. The US Bureau of Labor Statistics projects that 11 million additional nurses are needed to join the workforce to avoid a further and continuing shortage. How do we as physicians support nursing education and getting more nursing students into clinical spaces for training?

We have all had those codes that feel hectic and chaotic, where there is minimal communication, and you do not know the skill set of your teammates. We know the importance of investing in our team to care for patients. The code where you know everyone's names, and roles, where closed loop communication can thrive, are the ones that feel quiet, calm, and smooth. Those are the situations that lead to job satisfaction for all members of the team. How can we support retention so that all of us feel more moments of calm efficacy at work? Brandi Thompson, an ED staff nurse at UNMH, points to the importance for her that the hospital mission matches her own personal nursing mission. She mentions that her job satisfaction also comes from teamwork and a culture of mutual respect between nursing leadership and nurses, as well as between physicians and nurses. Brandi also points out that one of the gaps in relationship building, cultural competency and comfort with specific patient complaints comes from the difference in orientation times between staff and travel nurses. A staff nurse has 8 weeks of orientation to see the systems and learn from an experienced nurse. A travel nurse, who may have less overall nursing experience, only gets 2 shifts of orientation. It makes sense that they may feel less comfortable with certain protocols. We all see that this then puts more and more pressure on our staff nurses, who are in turn then more likely to transition to the higher pay of travel nursing.

The current system feels like a negative spiral of turnover and burnout, all putting our patients at risk. There are only so many extra tasks we as residents and physicians can take on to help in this nursing crisis, and it is already very exhausting and frustrating. It impacts learning for residents as well. We can focus less time and energy on the details of medicine when we are pushed to take on more and more non-physician roles. We all hope that this situation is temporary.

With all the talk of the 'healthcare heroes' now, it is easy to put our jobs in simple literary boxes. It is easy to feel betrayed when staff nurses leave to make 3-4 times as much

money as travel nurses. It is easy to see travel nurses who do not know our hospital systems as part of the problem instead of a symptom. We find ourselves vilifying our travel colleagues; villain, defined as 'a person or thing considered to be the cause of something bad.' Yet, of course, when we think about the system as a whole and the driving forces behind our situation, we see that no person is the cause of this issue, and no individual will solve it, but perhaps as a team we can start to make a small difference in focusing on retention. We all know this is not sustainable, but how do we as physicians and advocates for our teams and patients help to break the cycle.

One task we can for sure take on is learning names. Learn the staff, and traveler nurses' names, use them to promote closed loop communication and help to create a culture of mutual respect.

People may feel loyalty to departments and to their team but, in the current setting, staff nurses are feeling less supported, overworked and under compensated in comparison to travel nurses. The more we can create a desirable culture, the more we can work towards slowing the spiral.

I would posit that the travel nurse role is the antihero, maybe not the protagonist that we want, but certainly the protagonist that we currently need.

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Welcome NM ACEP New Members!

Scott Mueller, DO

FROM NATIONAL ACEP



ACEP Resources & Latest News

Black History Month: Don't miss this week's *Frontline* episode featuring [Dr. Ray Johnson and Dr. Sandra Coker discussing their experiences](#) working in EM. Dr. Coker founded the Black Girl White Coat nonprofit, and Dr. Johnson's been a leader in EM for more than 30 years. Find more BHM22 resources related to this year's theme, [Black Health & Wellness](#).

Nominate a Colleague for ACEP Awards! ACEP is accepting nominations for its 2022 Leadership Awards and Teaching Awards. [Leadership Award nominations](#) are due **March 8**, and Teaching Award nominations are due **April 15**.

Get New [Point-of-Care Tools](#) in emPOC App

Advocacy:

South Dakota scored an important [scope of practice victory](#) (2/23/22)

[ACEP applauds the Texas court ruling](#) that the No Surprises Act implementation fails to follow the letter of the law. The concerns validated by this ruling are some of those shared by ACEP, ASA and ACR in a [separate lawsuit](#) currently in a Chicago district court (2/24/22). Amplify on [Twitter](#), [Facebook](#).

- **The No Surprises Act:** [What You Need to Know](#)

ACEP Applauds Passage of Dr. Lorna Breen Health Care Provider Protection Act: On Feb. 17, 2022, the Senate passed the ACEP-supported "[Dr. Lorna Breen Health Care Provider Protection Act](#)" (H.R. 1667) by voice vote. It now heads to President Biden for his signature into law. [Read the full press release](#) and [additional background](#) about ACEP's efforts to develop and progress this bill through the legislative process.

ACEP and EMRA Send Workforce Statement to Senate HELP

Committee: ACEP partnered with EMRA to submit a statement for the record for a Senate HELP Committee hearing on workforce shortages (2/11/22). [Read more](#)

Regulatory Updates:

- [ACEP Provides Feedback on New Emergency Medicine Cost Measure](#) (2/24/22)
- [CDC Releases Long-Awaited Revised Opioid Prescribing Guideline: Open for Public Comment](#) (2/17/22)
- [The Flip Side of the Coin: A Look at the Increase in Health Insurer Consolidation](#) (2/10/22)
- [Update on ACEP Actions to Address Physician Mental Health Needs and Wellbeing](#) (2/3/22)
- [Recent Federal Efforts to Address Provider Consolidation](#) (1/27/22)

Upcoming ACEP Events and Deadlines

March 8: Deadline to apply for [ACEP Leadership Awards](#)
April 11-12: [Virtual Advanced Pediatric EM Assembly](#)
April 1 – May 31: [ED Directors Academy, Phase I](#)
April 15: Deadline to apply for [ACEP Teaching Awards](#)
May 1-3: [Leadership & Advocacy Conference](#)
May 15: Deadline to apply for [ACEP committee involvement](#)
May 18: Deadline for submissions to the [ACEP22 Research Forum](#)
May 23-25: [SIM Training Course](#)

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