

# LIVEWELL NURSING

*Preparedness Month*

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**COUNTY OF  
SAN DIEGO**



**LIVE WELL  
SAN DIEGO**

# Preparedness in Nursing: A Letter to Our Team About Change Across the Agency

by: Angela Mitchell, CNO



*Angela Mitchell*

Dear Colleagues,

Change is the one constant in our health and human services agency. Change arrives with each new population need, board mandates, policy shift, and advancement in how we care for those we serve. As the Chief Nursing Officer guiding our agency, I am writing to affirm that our strength lies in our ability to anticipate, embrace, and navigate these transitions together. The work we do in Aging and Independence Services (AIS), Behavioral Health (BHS), Medical Care (MCS), and Public Health Services (PHS) is deeply intertwined with the evolving needs of the communities we serve, and our readiness as a nursing workforce is what will sustain high-quality, compassionate care now and into the future (Duffy, 2022).

In the acute psychiatric setting, we are increasingly being asked to integrate behavioral health more seamlessly into general medical care and long-term care, to enhance safety and trauma-informed practices, and to adapt to changes in how we are reimbursed for the care we provide. This demands that every nurse, from frontline staff to leaders, remain agile in crisis prevention and de-escalation, continually expanding mental health literacy across our teams, and partnering across disciplines to create environments where safety and dignity co-exist. Culturally responsive care remains central; understanding diverse backgrounds, ensuring language access, reducing stigma, and promoting equity in treatment planning are not ancillary tasks but core obligations of the care we deliver (Narayan, 2021).

Our public health team faces shifts in population health management, funding, disease surveillance, social determinants of health, and community-based prevention. The nursing workforce here must be adept at utilizing population-level data to inform outreach, establish trusted relationships with underserved communities, and respond promptly to public health emergencies. Cultural competence, achieved through culturally and linguistically appropriate services, sustained community engagement, and trust-building, remains essential as we work to protect and promote the health of all residents (Lansing et al., 2023).

In our Aging and Independence Services (AIS) and long-term care, the realities of aging in place, workforce shortages, increasing resident acuity, and enhanced infection control necessitate continuous adaptation. Our nurses coordinate care, conduct geriatric palliative and end-of-life care, and cultivate resilience among staff who operate in high-stress environments.

We honor the values and beliefs of our residents and their families, emphasize family-centered care, and strive for multilingual staffing to meet the diverse needs of our community. Each adaptation we make is guided by our commitment to preserve dignity, autonomy, and quality of life for every resident (Brooks et al., 2024).

A cornerstone of our preparedness is cultural competence. It is not enough to know about cultures; we must practice cultural humility, competency, and partnership with the communities we serve. Regular reflection and training, interpreter services, translated materials, community advisory boards, and standardized culturally adapted assessment tools are integral to our work (Rothwell et al., 2023). By tracking disparities in access, utilization, and outcomes, we can identify opportunities for improvement and equity in every setting in which we care for patients and families (O’Kane et al., 2021).

Financial stewardship accompanies our clinical responsibilities. Our strategies for preparedness consider staffing patterns, training investments, and technology adoption, balancing costs with anticipated gains in quality, safety, and efficiency. Throughout, we emphasize value-based approaches that align with outcomes and incentives, and we plan through scenario-based budgeting and prioritizing high-impact, scalable interventions (Mijaset et al., 2020).

Mental preparation for change is a daily practice. Change is inevitable, and our response to it shapes our collective success. To support mental readiness, we normalize change as an integral aspect of professional practice, maintain transparent and timely communication about upcoming shifts, and provide resources for stress management, resilience training, and access to employee assistance programs. We are working to foster psychological safety, enabling every team member to voice concerns, share ideas, and contribute to shaping the path ahead. We encourage ongoing professional development that aligns with anticipated changes, whether that involves adopting new care models or digital health tools. We strive to establish clear, stepwise plans with milestones and feedback loops, as seen in our Home Visiting Business Process Redesign, ensuring progress is measurable and visible to all (Burke, 2023).

Navigating change requires deliberate and thoughtful leadership, as well as the active engagement of every team member. Our leadership approach centers on a shared, compelling vision for change, built through diverse coalitions across disciplines and settings. We communicate consistently through multiple channels and invite frontline input to ensure that policies, workflows, and performance measures reflect reality on the front lines. Operationally, we outline transition roadmaps with phased implementation and pilot testing, apply established change management practices, and standardize training and competency verification for new processes and technologies. We recognize and reward

adaptability as a valued form of performance, not just outcomes, because resilience and flexibility enable sustained quality of care. A powerful element of staff engagement is the concept of having a work best friend (WBF). The WBF is a trusted colleague who provides emotional support, practical help, and collaborative problem-solving. When staff feel supported by peers, burnout declines, job satisfaction rises, and patient safety improves (Connors et al., 2020). To cultivate this environment, we are expanding structured mentorship programs for new hires and staff transitioning to new roles, supporting team-based rounds and cross-functional huddles to strengthen connections, investing in nursing leadership training to model supportive behaviors, and instituting regular peer recognition that highlights collaboration and mutual aid (Vlerick et al., 2024).

The vision is that implementation remains practical and action-oriented. Before changes are implemented, it is essential to conduct organizational readiness and cultural needs assessments, along with workforce capability reviews, to identify strengths and gaps. Similar work includes our PHS–MCS integration workgroups. It is ideal that our education and training are modular and tailored to specific changes, including updates to clinical practice, the use of technology, cultural competence, and infection control. Transparent, two-way communication remains a hallmark approach, with regular updates that clearly explain the rationale behind decisions and encourage ongoing dialogue. We measure progress using nursing-specific indicators, such as training completion and policy adoption, as well as outcomes related to quality, safety, and patient satisfaction. Additionally, we track workforce metrics, including engagement, turnover, and burnout. We pursue change with equity and ethics at the core, ensuring diverse staff involvement in planning and upholding patient rights and privacy (George et al., 2020).

As nursing leaders and as colleagues, our practical responsibilities include aligning strategic changes with professional standards and regulatory requirements, investing in adaptive leadership development, and sustaining a culture of learning that values psychological safety, peer support, and collaborative problem-solving. Using data analytics to inform our decisions and monitor impact in near real-time, allowing us to adjust as needed to protect and promote the health of the populations we serve. Most importantly, we must place staff well-being and mental health at the center of preparedness and performance, because a healthy, supported workforce is better equipped to deliver compassionate, high-quality care in the face of ongoing change (West, 2021).

To illustrate how we can move forward together, consider a couple of realistic scenarios. In an acute psychiatric unit, reducing restraint use involves implementing de-escalation training, environmental modifications, enhanced staffing models, and a buddy system for new staff, with a focus on preventing restraint incidents, improving safety outcomes, and enhancing staff confidence. In long-term care during a public health emergency, enhancing infection control and telehealth would involve providing infection prevention education, implementing remote patient monitoring, establishing clear family communication policies, and developing culturally appropriate care plans. The outcomes would include reduced infection rates, fewer hospital transfers, increased family satisfaction, and improved staff workload.

As we move forward, let us remember that change is not something to endure but something to empower us. Our mission remains to deliver safe, culturally competent, and person-centered care to every person we serve, now and in the future. I am grateful for your dedication, resilience, and teamwork, and I am confident that together we will navigate the inevitable currents of change with grace, professionalism, and compassion.

With appreciation and solidarity,

Angi Mitchell

Chief Nursing Officer

County of San Diego, Health and Human Services Agency



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**Access the County's EBSCO  
Health Homepage using a  
Universal Link**

<https://my.openathens.net/>

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# Prepared to Respond – Public Health Nurses and Emergency Shelters

By: Morgan Smith, Sr. PHN, Public Health Preparedness and Response Branch

With the fall season comes shorter days and the hint of cooler weather, but persistently high temperatures and windy conditions result in elevated risk for wildfires across San Diego County. Wildfires, along with floods, natural disasters, and other emergencies may necessitate mandatory evacuations, forcing people to leave their homes until the danger has passed. Many people may stay at a hotel or with friends or family until they can safely return to their community. However, approximately 5% of people evacuated during a disaster may not have transportation or a place to go and thus require access to an emergency shelter.

The Office of Emergency Services (OES) maintains formal agreements with American Red Cross (ARC), and the ARC is responsible for standing up and operating emergency shelters during disasters. If the ARC is at capacity, the OES is responsible for operating additional shelters to meet the needs of impacted communities. All County employees are Disaster Service Workers and can be deployed to assist shelter operations. Public Health Nurses (PHNs) play a critical role and provide health services at shelters.

Shelter PHNs provide basic care to individuals while protecting the health and wellness of the entire shelter population. The main roles of the Shelter PHN include triage, assessment, disease prevention, case management, and first aid. PHNs are deployed in pairs to work 12-hour shifts at shelters and can access additional resources and support when needed. For example, PHNs can access supplies and forms they bring in their PHN Go Bags or connect with the Medical Operations Center to request consults and assistance.

In addition to providing critical services at shelters, PHNs make a difference by leading with empathy and compassion. Displaced community members may have pre-existing health conditions or recent exposures to smoke or other disaster-related hazards. Evacuees also face tremendous stress, and PHNs are skilled in delivering competent, client-centered, compassionate care.



Judy Wright, PHN Supervisor; ARC Shelter at Balboa Park Gym (January 2024)



Photo credit: PHPR staff, 2023 Portrero Fire



County PHNs prepare for disasters by participating in Shelter PHN trainings offered by the Public Health Preparedness and Response branch (trainings scheduled for Spring 2026). Nurses can also take time to familiarize themselves with the PHN Go Bags located at their facilities. All staff can create their own “go bag” and emergency plan for their household to stay safe during a disaster. Lastly, PHNs can promote disaster preparedness with their clients during their normal work and community engagement activities. PHNs have a key role in disaster preparedness and response, and it takes all of us to build a thriving and resilient community.



Photo credit: DEHQ; Epi/BT, DEHQ, and ARC shelter training with City of San Diego staff (9/2024).



PHN Go Bag



2003 Cedar Fire. Photo Credit: [Cedar fire's lessons, 10 years later – San Diego Union-Tribune](#)

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# Wildfire Preparedness

By Eloisa Melendez, Public Health Nurse Supervisor

As other parts of the country prepare for fall sweaters and chilly nights with hot cocoa, often in California we are still dealing with extreme temperatures and heat advisories as we enter the holiday season. Weather and climate conditions have been contributing factors in the surge of wildfires throughout California (Afolayan et al., 2024). According to the 2025 Incident Archive on the CalFire website, there have been over 6900 wildfires since the start of 2025 with 28 of those being located within San Diego County. “The diverse ecological features” throughout California “make it difficult to understand and control the factors that cause natural disasters” such as wildfires, making it that much more crucial to prepare for (Poudyal et al., 2024).

People newer to the area or simply unaware may anticipate this time of year to become cooler. However, it is important to keep our families and the clients we work with prepared for wildfires that may come at unexpected times and locations. The California Department of Forestry and Fire Protection website has lots of resources including a step-by-step guide on how to 1. Learn how to Get Ready for a Wildfire 2. Create a Plan with your family and 3. Prepare for Evacuation. Included in these resources on the CalFire website are also helpful videos about communicating with young children about fire safety or preparedness plans for individuals with diverse needs. Another helpful resource to stay up to date on any active fires is the Watch Duty App which is accessible on a desktop or can be downloaded to a mobile device. This application will provide notifications for any active fires and gives status updates for percent of fire containment or areas requiring evacuation. All very helpful tools and resources to review and share with friends, family members or the populations we serve. As we transition into this warm fall season, I hope that everyone stays alert, prepared and of course, “Healthy, Safe & Thriving!”



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- WatchDuty. <https://app.watchduty.org/>

# Emergency Preparedness: Staying Ready to Remain Calm

By Reanna Craig, MSN, RN, PHN



The best time to prepare for an emergency is before it happens. When emergencies occur, time is often limited, and emotions can run high. Having a plan and a personalized go bag can help you respond promptly, confidently, and in an organized manner.

A go bag is a key component of emergency preparedness. It should include essential supplies such as clothing, non-perishable food, water, medications, important family documents, child and pet supplies, a first aid kit, cash, a flashlight, and a battery-powered or hand-crank radio. Additional items may be needed depending on your family's specific needs. The Ready Campaign offers an excellent checklist to guide you in packing your go bag, available [here](#). Once a bag is prepared, checking the contents regularly can ensure items are not expired, documents are updated, and any new medical needs are considered.

In addition to these physical necessities, it is important to consider mental health during an emergency. This can be difficult when basic needs such as food, water, and shelter become unstable, but including comforting items such as family photos, games, sentimental objects, or a journal can help reduce stress and provide a sense of calm. For children especially, familiar items like a favorite toy or book can offer comfort and distraction from what is happening around them.

Preparedness is a conversation worth having with clients, friends, family, and neighbors. As mentioned by Mideksa et al. (2021), when there is high social support surrounding emergency preparedness, people are more likely to develop a plan to follow when a disaster strikes. Creating go-bags and emergency plans together can better equip individuals to handle unexpected events with greater confidence, less anxiety, and peace of mind.

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# LIVEWELL NURSING



**October: Domestic Violence Awareness Month**



Please e-mail submission (ideas, photos, articles, trainings, dates, accolades, local or national news, etc.) to  
[Araceli.Casas@sdcounty.ca.gov](mailto:Araceli.Casas@sdcounty.ca.gov)



For consideration in next issue, please submit entries by close of business on **October 17, 2025**. Submission limits: 125-275 words



## 2025 Topics

January: New Beginnings/Resolutions

February: Sustainability

March: Workplace Engagement

April: Community Engagement

May: Nurses Week posters

June: Equity

July: Service Delivery Coordination

August: Immunization Awareness

September: Preparedness Month (shelters/wildfires, etc.)

October: Domestic Violence Awareness Month

November: Gratitude & Kindness

December: Systems & Technology