

# WORKFORCE

COVID-19 has had a significant impact on the health care workforce. As most parts of the country have been expected to social distance and stay at home, our health care heroes have been on the front lines of this crisis. Hospitals and health systems, particularly those that were not in “hot spot” areas, experienced greatly reduced patient volumes as they moved to conform to federal authorities’ directives to severely limit non-emergency surgeries and postpone other non-urgent procedures. In addition, community fear of exposure to COVID-19 caused many patients to stay at home, rather than seek needed medical attention. These diminished numbers of patients coming to the hospital for care meant many hospitals had to furlough valued health care providers and administrative staff.

In areas that did experience an influx of COVID-19 patients, and particularly in hot spot areas that had large numbers of COVID-19 patients, there are many workforce challenges, including concerns related to mental health, resiliency, education/training, staffing models and other operational considerations. These challenges also present a unique opportunity for health care organizations to consider how different training, resources and deployment of the workforce might better support our health care workforce meet the health care needs of the future. Below are areas of consideration as hospitals and health care organizations begin to move toward more normal operations.

## STAFFING<sup>1</sup>

- Do we have a comprehensive plan and process to strategically bring back workers who were furloughed, considering which services can and should be reopened first? In addition, consider whether some of the furloughed workers can and should be deployed to allow those who have been on the front lines of treating COVID-19 patients to take time off to rest and recuperate.
  - Does this plan include communications to the furloughed workers so they are clear about how the organization is staging their return to work?
  - Have we considered what training needs are necessary to equip the returning workers with information on the new protocols for safely treating patients, including those whose COVID-19 status is either unknown or is positive?
  - Does the plan describe how we will manage those furloughed workers who are receiving unemployment benefits that pay more than their compensation and do not intend to return to work until those benefits are exhausted?
- How are we prepared for potential staffing challenges related to requests for new federal leaves allowing up to 12 weeks of leave related to child care issues?
- Do we have a plan for vacation coverage for employees who were unable to take leave during the outbreak? If the outbreak continues to create difficulties for staff to use their time away, should we consider additional options like buybacks or offering/increasing carryover into 2021?
- Have we considered how we might comply with Centers for Medicare & Medicaid Services (CMS) guidance suggesting that some staff be assigned exclusively to the care of COVID-19 patients, while others are assigned exclusively to non-COVID-19 patients to reduce the opportunity for accidental transmission?
  - Have we considered how to best staff new responsibilities, such as COVID-19 screening, temperature taking and tracing contacts?

- Have we explored how new or emerging COVID-19 roles might be taken by furloughed or staff redeployed from another role?
- Have we considered whether staff who test positive for COVID-19 but are experiencing no symptoms or only mild symptoms might be redeployed to work-at-home roles or other modified duty, taking into account Occupational Safety and Health Administration (OSHA) or workers compensation rules and regulations?
- Do we fully understand the impact of clinicians, who are currently practicing at the top of their license due to waivers, returning to their previous roles? What needs to be done to ensure the timeline and expectations are formally communicated to not only the affected clinicians but also to physicians and other staff who might have relied on higher level of practice during COVID-19?
- Have we established a timeline or threshold when we will return pay practices to pre-COVID-19 levels? Will it be a gradual or all-or-nothing approach?

## BEHAVIORAL HEALTH<sup>2</sup>

- Are we prepared to identify and address potentially increased behavioral health needs of our employees due to issues related to COVID-19?
- When a caregiver, employee or family member feels overwhelmed and seeks help, do we have a seamless process to guide them to appropriate resources based on their preference? Is this process well known by supervisors and easy for staff to access?
- Given that many experts believe there will be a potential surge in demand for behavioral health services following COVID-19, do we have a plan to provide needed services, such as telepsychiatry capabilities for our employees and the community?
- How do we equip leaders at all levels, especially those with point-of-care staff, to identify behavioral health needs in staff before they become critical?
- Can we deploy our internal ethics and root-cause analysis resources to address work environment issues?
- Consider using the process of trauma debriefing, a process that is activated when there is some type of traumatic experience staff have — for example, mass casualties, error that results in death, death of a colleague (maybe someone who took care of them), etc. Those involved are traumatized, and the process is to bring in skilled professionals to help staff work through their emotions and the situation. These could be chaplains, experts in facilitating these interventions or other professionals.

## RESILIENCY AND BURNOUT

- Are we placing adequate attention to addressing resiliency and burnout for employees?
- Are there programs in place or planned to provide bedside staff, especially nurses, the opportunity to define lessons learned from their experience or to identify opportunities for improvement?
- Are there new leadership models that emerge from this experience, which should be incorporated into organizational plans going forward, e.g., more prevalent dyad models at the clinical unit?
- How do we appropriately celebrate and recognize the accomplishments of the workforce to support hospital workers?

- Are we communicating effectively with employees ensuring that information is flowing from leadership as we continue to transition back to more normal operations?
- How can we best instill or enhance employee trust and loyalty over potentially perceived issues impacting employee safety, such as adequate personal protective equipment (PPE), or with employees who were furloughed?
- Have we considered the impact to staff/teams who prepared for readiness and were not utilized?
- How do we encourage and support people to take time to recover/take time off so they have renewed energy to be ready for a potential second wave of COVID-19?
- Do we have special provisions in place for those work units that have experienced a loss due to COVID-19, e.g., colleague, family member, etc.?

## **EDUCATION AND TRAINING**

- What training needs to be created or revamped to ensure that our organization is better prepared for future outbreaks?
- Have we reviewed and considered potential flexibility or waivers for annual competency reviews or performance appraisals?
- Have we considered other technology training needed to successfully operate new and increased usage of systems, such as those used for telemedicine?
- Are there protocols in place for shifting clinicians via competency-based training to work in critical care units or other areas where they are most needed?
- Do we have education and training for employees on testing protocols and plans as appropriate?
- Have we curated and shared appropriately all the lessons learned from this pandemic?
- When will we reinstate any suspended clinical rotations, internships or other training program offerings?

## **BACK-TO-WORK TRANSITION<sup>3</sup>**

- Are we prepared to communicate and reinforce organizational policies that have been changed during the COVID-19 surge?
- Are there roles or departments that can transition to permanently remote roles? How are we considering expanding clinical remote work options, such as telehealth?
- What technology needs have been identified during this surge of remote work to ensure future remote work is adequately supported?
- What new productivity monitoring tools are needed to support remote work?
- Are there new variable compensation models that would better match remote work models?
- How long will leave of absence (LOA)/quarantine benefits related to COVID-19 need to be extended? Are we prepared for requests from our staff to retain and expand the pay to other highly communicable diseases?

- Is our employee health and wellness function ready to return to normal operations while still responsible for activities related to COVID-19? What will be our timeline?
- Are our workers compensation programs up to date relative to the experienced and expected work environment?
- Is our human resources team prepared to assist staff who may be or have been furloughed, e.g., unemployment claims, COBRA, etc.
- How will we restart our volunteer program(s)?

## **PHYSICIAN/PROVIDER RELATIONS**

- How will physicians/providers and their teams be part of the decision process and prepped to share with patients the prioritization of backlog cases?
- What impact will the reassignment of physicians/providers redeployed to other areas have on bringing back other services?
- How will physician/provider workload be impacted by advanced practice professionals returning to previous duties?
- Do we have defined communications and decision-making processes to meet the needs of both employed and independent physician/provider groups? Have these been developed in collaboration with our medical staff and our employed medical group(s) governance structures?
- How will we support outpatient physicians/providers in ramping up their practices again in coordination with the hospital, ensuring there are appropriate ancillary services to support their work?
- Are we monitoring the Stark waivers and prepared to respond should those waivers be reversed?

## **INTERNAL AND EXTERNAL PRESSURES**

- Is our organization prepared for questions and possible resistance from staff about the return to pre-COVID-19 practices (policies, pay programs, flexible work options)?
- Is our organization prepared for the potential of labor unions wanting to negotiate over issues such as:
  - Nursing salaries, bonus pay and living wage for support employees
  - Paid LOA and quarantine
  - Staff safety, specifically PPE
  - Patient safety-events and patient ratios
- Is our organization aware and monitoring potential workers compensation claims related to COVID-19?