Emerging Practices to Combat Coronavirus Disease (COVID-19): Staff Impact

COVID-19 Clinical Knowledge Transfer from Vizient members and industry resources
Updated: April 9, 2020

Vizient is committed to ongoing research of Vizient members’ emerging practices and other related updates to federal and regulatory guidelines in support of efforts to combat the COVID-19 pandemic. The purpose of this document is to assist our members with critical information to supplement this work. As new information surfaces, updates will be provided.

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Practice trends

One of the most important assets for any health system is its staff. Keeping the workforce safe and supported throughout this pandemic is paramount. In this section, our members share strategies on how to communicate, support and help their staff through hardships and difficult decisions.

New this week, organizations shift from staff deployment to safety measures; for example, how to prevent and treat pressure injuries resulting from wearing face masks, goggles and shields for prolonged hours.

Our members also share payment strategies as they struggle to pay for the influx of critical care patient supply needs and the addition of staff necessary to provide care to COVID-19 patients. Their strategies range from furloughs to executive pay cuts.
Behavioral health

Staff resilience

In addition to providing self-care information to frontline workers, some health systems identify stress reliever solutions that workers can use on the job. Center for the Study of Traumatic Stress

Practices shared by Vizient members:

- Deploying wellness/well-being teams to provide peer and group support, counseling, virtual meditation and a wellness hotline staffed by internal psychiatric and mental health teams.
- Eliminating membership fees for mental health and mindfulness mobile apps (i.e. Headspace or Calm).
- Conducting virtual conferences on resilience and stress management including compassion fatigue, mindfulness, traumatic stress and disaster recovery support, etc.
- Using ethics committees to assist with medical resource distribution to avoid burdening individual providers with difficult decisions. NEJM: Fair allocation of scarce medical resources

CDC: Information for Healthcare Professionals
CDC: Manage anxiety and stress
IHI: Does joy in work matter during a pandemic?
Updated 4/9/2020

Prepare for the psychological impact of quarantine

- Recommendation: Communicate clearly; leverage virtual interactions to remain connected and to find ways to occupy time with new activities; increase physical activity and keep a schedule.
- Be mindful of lower income quarantined staff as they may also be concerned about financial implications of not working.

The Lancet: The psychological impact of quarantine and how to reduce it
Added 4/6/2020

Staff safety and support

Vulnerable staff

Practices shared by Vizient members for their vulnerable staff when caring for COVID-19 or Person Under Investigation (PUI):

Pregnant personnel:

- Give pregnant personnel choice to opt-out of direct care; follow HR accommodation process to opt-out.
- Exempt pregnant personnel from direct care.
- Re-deploy pregnant personnel to other clinical or non-clinical areas as appropriate.
- Recommend pregnant personnel follow risk assessment and infection control guidelines to limit their exposure. CDC: Information for healthcare providers: COVID-19 and pregnant women

Immunocompromised personnel:

- Cohort personnel by those who can care for COVID+ or PUIs and those who cannot.
• Assign those who cannot care for COVID+/PUI patients to alternative clinical work.
• Follow HR accommodation process; review and approve each case individually.

Other personnel:
• Evaluate whether other restrictions should be implemented for care of COVID-19 positive patients; some organizations restrict nurses 65+ years from direct care.

*Updated 4/6/2020*

**Infection prevention**
Facial skin protection: Prevent and promote healing of pressure injuries from prolonged use of facemasks, googles or shields:
• Identify pressure and friction reducing strategies that do not compromise the mask’s fit or seal:
  o Some members use: Foam, hydrocolloid dressings, petroleum jelly, Mepilex transfer, Duoderm, Tegaderm, thin padding or gauze applied directly to mask before and after PPE use.

  *Elsevier: Prevention and treatment of skin lesions associated with non-invasive mechanical ventilation*

  *Wound Management & Prevention: Skin tears, medical face masks and coronavirus*

• Determine the appropriate treatment of the injury based on the stage of the wound.

**Scrubs:**
• A few Vizient members are issuing and laundering scrubs for staff working in high risk areas (ICU, ED and COVID+ units). While many other organizations with limited supplies or resources, recommend staff wear street clothes to and from work, change/shower before leaving work, bag uniform scrubs and launder immediately at home.

• CMS issues blanket waiver allowing hospitals to provide staff laundry services for personal clothing.

  *CMS: Waivers and flexibilities*

**Staff housing:**
Practices shared by Vizient members – partner with hotels, college dorms and temporary housing alternatives for:
• Front-line workers to sleep or shower prior to going home.
• Staff that do not want to go home and compromise elder parent, immunocompromised spouse, etc.
• Prioritize room assignments for COVID+/PUI staff or those providing direct care to COVID+ patients.
• Cost: many organizations cover the cost of hotels, others split the cost 50/50 with staff.
• Some organizations provide temporary housing at a reduced rate.
• Other organizations request hotels to donate a block of rooms.

*Added 4/9/2020*

**Reduce staff exposure**
• Institute a work-from-home policy for non-patient facing staff: finance, billing, scheduling, revenue cycle, quality, analytics, administrative staff, etc.
• Establish drive-thru testing sites and telephone triage hotlines for employees.
• Upon entry, some organizations use infrared thermometers to scan staff and patient temperatures. Others require staff to wear face masks upon entry, some limit mask requirements to only vulnerable patient areas.

• CDC: Return-to-work criteria for healthcare workers with confirmed or suspected COVID-19.

• Suspend non-essential meetings and conduct virtual staff interviews and orientation.

• American Society for Health Care Human Resources Administration (ASHHRA) COVID-19

Updated 4/9/2020

Childcare
Practices shared by Vizient members for childcare alternatives

• Some organizations use medical students or nursing school staff for child care services.

• Others have online forums/website for community, colleagues and students to volunteer services.

Updated 4/6/2020

Payroll strategies
Practices shared by Vizient members:

Furlough
As a response to much lower revenues, more organizations are furloughing staff including non-essential physicians.

Added 4/3/2020

Paid Time Off (PTO)

• Allow PTO donations where staff can donate their PTO for others.

• Advance 40, 80 or 120 PTO hours for quarantine, isolation or family care related to COVID-19.

• Pay PTO at 25% of salary to offset the rapid reduction of PTO.

Added 4/3/2020

Alternative payment methods

• Some members guarantee staff salaries during low census by reducing organizational expenses such as: cutting CEO and executive pay, enacting a hiring freeze or suspending employer contributions to retirement accounts.

• Pay employees for 40 hours of non-productive time now, and, when the crisis is over, the employee works 40 hours without pay to make the organization whole.

• Some members reduce work hours by 25-33% for overhead departments.

• Provide paid administrative leave for two weeks to employees who are quarantined due to work-related exposure to COVID-19.

• Set up Hardship/Employee Disaster funds.

• Many organizations are not providing premium or hazard pay for ICU coverage.
• Some members are offering an incentive program to take on extra shifts/overtime.
• Some states are proposing nurse stipends (e.g. $1,000 - 2,000/month for direct COVID-19 patient care).

Updated 4/9/2020

Nurses requesting leave of absence to work in hotspots
• Some members require formal resignation following notification guidelines (e.g. 4 week notice).
• Others allow staff to go on leave of absence for the duration of the COVID-19 crisis, with return to work timeframe at employer discretion – upon return, employee must self-quarantine for 14 days.

Updated 4/9/2020

Communication
Transparency
Practices shared by Vizient members include establishing early, frequent and transparent communication with staff of COVID-19+ and Person Under Investigation (PUI) cases by:
• Providing updates via daily briefing/email from CEO, leadership calls, COVID-19 Emergency Response Team calls, website postings, employee portal/intranet, electronic dashboard, town hall meetings, bulletins, YouTube channel.
• Sharing number of tests administered, number of positive versus negative results, number of inpatients and number of health care workers testing positive, policy updates, clinical guidelines, PPE.

Updated 4/6/2020

Reduce COVID-19 stigma
• Use official terms: Novel coronavirus, COVID-19.
• Do not attach locations or ethnicities to the disease to avoid stigmatization.
• Use “people first language.”
  o Talk about “people who have or are recovering from COVID-19.”
  o Refrain from referring to people with COVID-19 as “cases” or “victims.”
  o Talk about people “acquiring” or “contracting” COVID-19, not “transmitting, infecting or spreading the virus” which implies intention and assigns blame.

Updated 4/6/2020

Regulatory
Scope of practice
Regulations for clinical license portability, scope of practice and transition
• National Conference of State Legislatures (NCSL) Occupational Licensing During Public Emergencies (includes state-by-state tracking of actions) National Conference of State Legislatures (NCSL) - COVID-19
• American Association of Colleges of Nursing (AACN) releases Policy brief supporting practices/academic partnerships to assist the nursing workforce during COVID-19. American Association of Colleges of Nursing: COVID-19

• NCLEX exams resuming in limited capacity March 25, 2020. National Council of State Boards of Nursing

• RN emergency licensing waivers and administrative provisions at state level. National Council of State Boards of Nursing

• Some organizations have approved early graduation for 4th year medical students, to allow residencies to start in April instead of July.

• Some organizations have created Graduate Medical Education (GME) policies and workflows for residents and fellows to participate in telemedicine services, provided the right staffing models are in place.

• Evaluate emergency licensing and privileging waivers, suspended requirements and internal requests (Some States have suspended or lifted licensing requirements to provide flexibility during the pandemic. Federation of State Medical Boards: License and regulatory guidance

Updated 4/6/2020

CMS changes

• Allow hospitals and other entities including laboratory technicians to test patients at home or in community-based settings.

• Private practice clinicians and their trained staff are allowed to temporarily enroll as Medicare provider.

• Allow medical residents to provide services with supervision of teaching physicians on-site or virtually.

• Allow wider use of verbal orders from physicians.

• Waive requirement for nurse anesthetists to have physician supervision.

• Waive requirement for bi-monthly on-site visits of home health and hospice nurses.

• CMS issues blanket waivers to allow hospitals to provide staff benefits for: multiple daily meals and child care.

• Hospice providers and home health agencies may offer telehealth when appropriate.

• Accelerated payment subsidy options: Providers receive payment for services before rendered.

• CMS nursing home guidelines:
  o Ensure compliance with CMS and CDC guidelines for infection control practices, including hand hygiene and PPE use.
  o Separate COVID-19 positive residents with a separate dedicated care team.

CMS: Trump administration issues key recommendations to nursing homes, state and local governments

Added 4/6/2020

Staff deployment and care team models

Practices shared by Vizient members which have moved underutilized clinicians into areas of critical need:

• Emergency Medicine - Deploy primary care physicians to emergency department to see lower acuity patients.
• **Critical Care** - Request anesthesia providers (physicians and CRNAs) and general surgeons to assist.

  Society of Critical Care Medicine: US resource availability for COVID-19

• **Hospital Medicine** - Enlist a board-certified hospitalist to supervise two or three medical subspecialty providers.

• Create critical care teams to expand coverage and prepare for an increase of ventilated patients. Team members to include: critical care attending, anesthesiologist, CRNA, respiratory therapist.

• Form a dedicated proning team of respiratory therapy and clinical nurses to prone in a consistent, controlled and reliable manner.

• Involve interdisciplinary teams in standing up new physical patient units. Test a few patients prior to surge to ensure efficiency.

*Added 4/6/2020*

### Additional resources

- AAMC Statement: Medical Students and Patients with COVID-19: Education and Safety Considerations
- USA.GOV: Coronavirus
- Vizient blog: 5 Pieces of Folk Wisdom to Help Address COVID-19 Workforce Shortages
- National Center for Post-Traumatic Stress Disorder for Health Care Workers
- CDC: Reducing Stigma
- CMS: Sweeping regulatory changes to help U.S. healthcare address COVID-19 patient surge
- Red Cross: Coping with stress during COVID-19
- CDC: Stress and coping
- CDC: Emergency Responders: Tips for taking care of yourself
- US Department of Veteran Affairs: National Center for PTSD – resources for managing stress
- US Department of Veteran Affairs: National Center for PTSD – Managing health care workers stress
- International Society for Traumatic Stress Studies: COVID-19 resources
- Psychology Tools: Psychological resources for Coronavirus

### Additional emerging practices

Access resource documents on other topics.

- Emerging clinical practices and evidence
- Managing critical supplies
- Testing
- Surge capacity
- Visitation