

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

COVID-19 Clinical Knowledge Transfer from Vizient members and industry resources  
Updated: May 28, 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

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.

State legislatures and medical boards are issuing temporary license waivers and **expanding the scope** of graduate nurses.

Health organizations are focusing on reopening non-COVID related services. They are also continue to evaluate their physical safety readiness. This includes reconfiguring employee workspaces, managing PPE supply and wearing require and other social distancing policies.

## COVID-19 key strategies roadmap

| COVID-19 stage | Staff impact and behavioral health  |
|----------------|---|
| <b>Prepare</b> | <ul style="list-style-type: none"> <li>• Create <b>labor pool for clinical and non-clinical staff</b> for redeployment and re-training.</li> <li>• Create consistent, frequent and transparent communication to all staff.</li> <li>• Prepare and assess ability for non-clinical staff to work from home.</li> <li>• Initiate emergency privileging and credentialing and licensure processes to ensure compliance with legal and regulatory waivers and requirements.</li> <li>• Develop relationships with providers of local housing, food, childcare and eldercare resources to <b>support staff</b>.</li> <li>• Establish protocols for monitoring staff symptoms and develop return-to-work policies for COVID-19 positive staff.</li> </ul>                               |
| <b>Respond</b> | <ul style="list-style-type: none"> <li>• Review and revise workforce <b>compensation strategies</b> as needed.</li> <li>• Implement committee for fair resource allocations.</li> <li>• Monitor <b>staff needs</b> daily.</li> <li>• Provide mental health and <b>suicide prevention</b> support for all staff.</li> <li>• Establish relationships with partners and organizations to gather information and monitor strategies for emerging practices.</li> </ul>  |
| <b>Recover</b> | <ul style="list-style-type: none"> <li>• Assess burnout, stress, PTSD and <b>well-being of staff</b>.</li> <li>• Strategize to reengage all staff to strengthen trust and loyalty. <b>Vizient: Clinical workforce well-being playbook - Leading through the COVID-19 virus and beyond</b></li> <li>• Create an environment in which people can freely express and discuss feelings and process pain. Allow staff time and space to grieve and heal as needed.</li> <li>• Prepare <b>physical safety readiness</b>: Social distancing, workspace reconfiguration, extend procedural room hours, PPE use/supply.</li> <li>• While preparing for layoffs, some organizations are evaluating outsourcing options (e.g. coding/documentation, analytics, IT, supply chain).</li> </ul> |

## 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, such as those offered by the [Center for the Study of Traumatic Stress](#).

Practices shared by Vizient members:

- Assign relief team or staff support liaisons to provide relief for breaks/meals. Team members include: one RN, one patient care technician (PCT), one unlicensed assistive personnel (UAP).
- Use ethics committees to assist with medical resource distribution to avoid burdening individual providers with difficult decisions. [NEJM: Fair allocation of scarce medical resources](#)
- Prioritize frontline staff for timely psychiatry and psychology services (medication, evaluation, psychotherapy) appointments within one week.
- Offer chaplain services for staff counseling and emotional support.
- Deploy well-being teams including internal psychiatric and mental health staff to provide peer and group support, counseling, virtual meditation and a wellness or referral hotline to connect individuals to behavioral health providers and services. [BMJ review: Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers](#)
- Eliminate membership fees for mental health and mindfulness mobile apps (i.e. Headspace or Calm).
- Actively survey staff, deploy online staff assessment tools, monitor social media and listen to and address staff concerns during daily leadership huddles.
- Conduct virtual conferences and workshops on resiliency training, stress management, compassion fatigue, mindfulness, traumatic stress and disaster recovery support, etc.
- [National Action Alliance for Suicide Prevention \(NAASP\): Response to COVID-19](#)
- [Vizient: Clinical workforce Well-Being Playbook - Leading Through the COVID-19 Virus and Beyond](#)
- [CDC: Information for healthcare professionals about coronavirus](#)
- [University of Nebraska Medical Center: Resilience and care webinar and workshop tools](#)
- [Anxiety and Depression Association of America: Help frontline workers build resilience during COVID-19](#)
- [CDC: Stress and coping](#)
- [Institute for Healthcare Improvement \(IHI\): Does joy in work matter during a pandemic?](#)

*Updated 5/14/2020*

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### 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*

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## Staff safety and support

### Asymptomatic workers

The CDC says that critical infrastructure workers who have been exposed to SARS-CoV-2, but are not symptomatic, can continue to work under certain conditions:

- Employees' temperatures should be taken and symptoms assessed before work resumes, and they should regularly self-monitor. If employees develop symptoms, they should not work.
- A face mask should be worn for 14 days since the last exposure.
- Employees should maintain a six foot separation from one another if possible.
- Work spaces should be regularly cleaned and disinfected, particularly areas that are commonly touched.
- This guidance applies to workers in 16 sectors, including health care, law enforcement, agriculture and transportation. [CDC: Implementing safety for critical infrastructure workers who may have had exposure](#)

*Added 4/16/2020*

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### 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: COVID-19 - pregnancy and breastfeeding](#)

*Updated 4/6/2020*

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### 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*

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### Infection prevention

Facial skin protection: Prevent and promote healing of pressure injuries from prolonged use of facemasks, goggles or shields:

- Identify pressure and friction reducing strategies that do not compromise the mask's fit or seal:
  - 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:

- Frontline 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. Also, Hilton has partnered with 10 professional organizations for medical workers and first responders to provide **one million rooms at or below cost**.

*Added 4/9/2020*

### Reduce staff exposure

- Create a COVID-19 safety officer role to support, monitor and instruct safety guidelines to ensure staff protection.
  - Train non-clinical staff on proper donning and doffing, PAPR cleaning and hand hygiene.
  - Conduct frequent rounds to ask staff if additional support, services and mental or physical assistance are needed to ensure they feel properly protected, healthy and supported.
- 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 recommends **screening everyone** entering the health care facility and all health care workers prior to their shift for fever and symptoms, ensuring options to discourage working while ill (e.g., flexible and non-punitive medical leave policies).
- **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.**
- Prepare physical safety readiness: Social distancing, reconfigure workspaces, extend procedural room hours, PPE use/supply.

Updated 5/7/2020

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### **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

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## **Managing compensation and employee engagement**

Practices shared by Vizient members:

### **Furlough**

- As a response to much lower revenues and negative operating margins, many organizations are furloughing staff partially or fully. Others are cutting salaries of non-essential staff and physicians by 25%, reducing work hours for overhead departments and issuing temporary layoffs for 5-40% of their workforce. Some leaders expect reductions and furloughs to last from three to 90 days.
- Some members are reducing organizational expenses to hold off potential furloughing, by cutting CEO and executive salaries, enacting a hiring freeze, suspending merit increases and employer contributions to retirement accounts.

Updated 4/16/2020

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### **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.
- 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.

Updated 4/16/2020

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### **Alternative payment methods**

- Majority of members' responses indicate they are not providing premium or hazard pay for ICU coverage. A few organizations are providing crisis pay or a single additional payment to their frontline COVID-19 unit and/or union staff.
- 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.
- 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).
- While preparing for layoffs, some organizations are evaluating outsourcing options (e.g. coding/documentation, analytics, IT, supply chain).

Updated 5/7/2020

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### **Nurses requesting leave of absence to work in hotspots**

- Some members require formal resignation following notification guidelines (e.g. four 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*

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### **Some members are engaging and optimizing staff resources:**

- Repurpose student nurses and medical students in supportive roles.
- Allow nursing licenses from other states.
- Mandate timely turnaround on new candidate approvals.
- Offer more new employee orientations with a shortened duration.
- Conduct gap assessment on additional training needs.
- Document training and competency assessment for re-deployed staff.
- Extend assignments for contingent labor providers, and release contingent providers if not needed.
- Collaborate with unemployed hospitality workers. Bring them on board, and train them as contingent staff.

*Added 4/16/2020*

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## **Communication**

### **Transparency**

- Leaders need transparent, honest sharing of data and information. Remain calm, assured and measured for staff to feel secure.
- 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 4/16/2020*

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### **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.”
  - Talk about “people who have or are recovering from COVID-19.”
  - Refrain from referring to people with COVID-19 as “cases” or “victims.”
  - 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

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## Regulatory

### Scope of practice

Regulations for clinical license portability, scope of practice and transition

- Some state licensure and medical boards are issuing temporary license waivers to allow new graduate nurses and registered nurse applicants to practice prior to taking their NCLEX boards.
- Some organizations are bringing in graduate nurses (GN) as: patient care technicians, nurse interns and externs and unlicensed assisted personnel (UAP).
  - Most are onboarding the graduate nurses with formal orientation, classes and preceptor supervision.
  - Compensation varies across organizations, some members are providing graduate nurses the same pay as licensed new hire nurses, new graduates or registered nurses, while other organizations are paying at a different or lower salary. [AANP: COVID-19 state emergency response](#)
- 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 were slated to resume 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 5/14/2020

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### CMS changes

[CVS: Trump administration issues second round of sweeping changes to support U.S. healthcare system during COVID-19 pandemic](#)

- Permit advanced practice providers to order home health services, establish and periodically review a plan of care and certify and re-certify that the patient is eligible for home health services.
- Allow physician residents to shift work assignments to non-teaching hospitals to meet COVID-19-related needs without penalty.
- Allow physical and occupational therapists to delegate maintenance therapy to assistants to alleviate patient access issues.
- Waive requirement for ambulatory surgery centers to periodically reappraise medical staff privileges.

- Telehealth expansion:
  - Physical, occupation and speech therapists are now able to deliver services.
  - Hospital-based physicians may provide and bill for outpatient services delivered remotely.
  - Higher reimbursement rates for outpatient behavioral health and patient educational services.
  - Video requirement waived for evaluation and management (E&M) services.
- Guidance for opening states: Staff working in non-COVID-19 care (NCC) zones should be limited to working in these areas, and not rotate into COVID-19 care zones. Community health care staffing must be adequate to cover a potential surge in COVID-19 patients. [CMS: Recommendations to re-open health care systems in areas with low incidence of COVID-19](#)
- 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 providers.
- 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.
- Advanced payment payouts to hospitals with weekly turnaround times.
- Accelerated payment subsidy options: Providers receive payment for services before rendered.
- CMS nursing home guidelines:
  - Ensure compliance with CMS and CDC guidelines for infection control practices, including hand hygiene and PPE use.
  - Separate COVID-19 positive residents with a separate dedicated care team.
  - [CMS: Trump administration issues key recommendations to nursing homes, state and local governments](#)

Updated 5/7/2020

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## 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. Train non-clinical staff (administrators from closed unit, environmental, volunteers) on any non-patient care tasks (runner, stock carts, retrieve supplies, change unoccupied bed, fill water pitchers, etc.).
- 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 with physicians, respiratory therapy and clinical nurses to prone in a consistent, controlled and reliable manner. Assign specific roles and responsibilities to each team member.
- Involve interdisciplinary teams in standing up new physical patient units. Test a few patients prior to surge to ensure efficiency.

Updated 4/16/2020

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## Additional resources

- The Disaster Distress Helpline: 1-800-985-5990, [Substance Abuse and Mental Health Services Administration](#)
- National Suicide Prevention Lifeline: 1-800-273-8255, [National suicide prevention lifeline](#)
- Crisis Text Line: 741741 or [Crisis text line](#)
- [NIH: Director's message - Coping with coronavirus: Managing stress, fear and anxiety](#)
- [AAMC statement: Guidance on medical students' participation in direct patient contact activities](#)
- [CDC: Interim U.S. Guidance for risk assessment and public health management of healthcare personnel](#)
- [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](#)
- [American Red Cross: Flattening the curve and your stress](#)
- [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](#)

Updated 4/16/2020

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## Additional emerging practices

### Access resource documents on other topics

- [Emerging clinical practices and evidence](#)
- [Managing critical supplies](#)
- [Testing](#)
- [Surge capacity](#)
- [Visitation](#)