Workforce Innovation: Reassign and Deploy Staff During COVID-19 Pandemic
Welcome

Sonia Bell, NETEC
Overview

Welcome: Sonia Bell, NETEC

Nebraska Experience - Workforce Innovation: Reassign and Deploy Staff During COVID-19 Pandemic: David Seeley, Resource Manager

New York Experience - Workforce Innovation: Reassign and Deploy Staff During COVID-19 Pandemic: Omar Abedalrhman, RN, MPA

Emory Experience - Workforce Innovation: Reassign and Deploy Staff During COVID-19 Pandemic: Deena Gilland, DNP, RN, NEA-BC, FAAN Bonnie Proulx, DNP, APRN, PNP-BC

NETEC Resources: Sonia Bell, NETEC

Questions and Answers with NETEC
Welcome

National Emerging Special Pathogens Training and Education Center

Mission Statement

To increase the capability of the United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information

Please visit us at www.netec.org
or email us at info@netec.org
NETEC Overview

Assessment
- Empower hospitals to gauge their readiness using Self-Assessment
- Measure facility and healthcare worker readiness using Metrics
- Provide direct feedback to hospitals via On-Site Assessment

Education
- Provide self-paced education through Online Trainings
- Deliver didactic and hands-on simulation training via In-Person Courses
- COVID-19 focused Webinars

Technical Assistance
- Compile Online Repository of tools and resources
- Develop customizable Exercise Templates based on the HSEEP model
- Provide Emergency On-Call Mobilization

Research Network
- Online Repository Built for rapid implementation of clinical research protocols
- Develop Policies, Procedures and Data Capture Tools to facilitate research
- Create infrastructure for a Specimen Biorepository

Cross-Cutting, Supportive Activities
- COVID-19 focused Webinars
- Onsite & Remote Guidance
- Research Network

NETEC
Nebraska Medicine Experience - Workforce Innovation: Reassign and Deploy Staff During COVID-19 Pandemic

David Seeley, Resource Manager
Nebraska Medicine Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic

Objective

✓ Develop strategic responses for reassigning workforce and redeployment to help overcome operational challenges related to COVID-19

Image Credit: NIAID-RML - This scanning electron microscope image shows SARS-CoV-2 (round gold objects) emerging from the surface of cells cultured in the lab
Surge Plan Model

- Stretch staffing capacity by implementing micro teams
- Implement when resources become scarce
Intensivist Model: Critical Care

- Intensivist
  - Non-ICU MD
  - Miscellaneous
  - Support Team
  - CC RN x 2
  - 1 RN Extender

- 8 Patients
  - RT, Pharm D, RD

- Non-ICU MD
  - Miscellaneous
  - Support Team
  - CC RN x 2
  - 1 RN Extender

- 8 Patients
  - RT, Pharm D, RD

- Non-ICU MD
  - Miscellaneous
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Nebraska Medicine Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic

Surge Plan Model

ICU nurses were the first to experience supply shortages

- Normal
  - 2:1 Patient to RN ratio

- Team model
  - 4:1 Patient to RN ratio with one RN extender
Hospitalist Model: Medical Surgery

- Hospitalist, Family Med, Int. Medicine, Surgery

10-12 Patients

- MD/Extender
- RN x 1
- RN Extender x2
- Support

10-12 Patients

- MD/Extender
- RN x 1
- RN Extender x2
- Support

10-12 Patients

- MD/Extender
- RN x 1
- RN Extender x2
- Support

Pharm D, Lab, Dietary, PT/OT, Consults
Flex Pool Overview

Applies: When colleagues are unable to work because of a significant drop in volume in their home department and no other work assignment is available.

Option 1
- Stay home and use Paid Time Off (PTO)

Option 2
- Convert to a flex schedule and continue to receive your base rate of pay, up to your FTE:
  A. You must be willing and able to work any day and any shift assigned
  B. You must complete your online profile
Flex Pool Sign-up

Register

All fields are required

Email

Password

Confirm

Password

Confirm

First Name

Last Name

First Name

Last Name

Title

Mobile

Title

Mobile

My manager is aware that I am signing up for the flex scheduling pool

Submit
Flex Pool Sign-up

Experience - Based on your experience at Nebraska Medicine, check any of the boxes below where you have applicable skills.

- Ambulatory
- Emergency Department
- Inpatient Nursing
- Lab
- No applicable experience
- Other
- Pharmacy

Schedule preferences - Check which shifts you are available.

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Evening</th>
<th>Night</th>
</tr>
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<tbody>
<tr>
<td>Thu Apr 30th</td>
<td>Day</td>
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<td></td>
</tr>
<tr>
<td>Fri May 1st</td>
<td>Day</td>
<td></td>
<td></td>
</tr>
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</table>
Manager Request Form

Manager Email
Your email address

Manager Name
Your name

Department
Department/Cost Center

Title
Title(s) of position needed

Preferred Skill
Preferred certification or skill

Description
Description of work

JIT Training
JIT training requirements (if applicable)

Phone Number
Best contact phone number

Shift

Staff Needed
Number of staff needed

Day

From Hour
9 AM

To Hour
5 PM

Days Needed

☐ Thu Apr 30th
☐ Fri May 1st
☐ Sat May 2nd
☐ Sun May 3rd
**Resource Dashboards**

Provides resource availability and assists in deployment

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Mobile</th>
<th>Title</th>
<th>Skills CSV</th>
<th>Skill Notes</th>
<th>Deployed?</th>
<th>Cost Center</th>
<th>Job Code</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Staff Nurse</td>
<td>amb, in, other</td>
<td>amb (Ambulatory) - Clinic nurse</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RN</td>
<td>amb, other</td>
<td>amb (Ambulatory) - Heart Transplant, other (Other) - Work on Bio Conta...</td>
<td>No</td>
<td></td>
<td></td>
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</tbody>
</table>
Nebraska Medicine Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic

Web Tool Addition Capabilities

- Built similar site for APP and MD provider resource requests
- Built similar site for student volunteers
Support Teams Created

- Call Center Support
- Inpatient Nurse Extender
- Prone Team
- N95 Mask Decontamination
- PPE Experts
- Inpatient Patient Portal Enrollment
- Tablet Setup Team
- Inpatient and Outpatient Swab Squad
- Task based Support Team
Nebraska Medicine Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic

**Flex Pool Lessons Learned**

- Need central administration and contact number
- Daily deployment is time consuming
- Consistency of assignment creates efficiency
- Newly created teams need assigned leader
- Hard to pull staff back to home department
  - Communicate upfront these resources are only available short-term
New York H+H Bellevue Experience - Workforce Innovation: Reassign and Deploy Staff During COVID-19 Pandemic

Omar Abedalrhman, RN, MPA
Objective

- To maintain the standard of care and nursing excellence to the community we serve and adhering to the Public Hospital Health Care Mission.

- To respond to the COVID 19 Pandemic crisis in the manner that Bellevue has responded to past events, i.e. World Trade Center, Super Storm Sandy with total hospital evacuation and other publicized Mass Causality Incidents.
Staffing Coordination

- Coordination among all Nursing Leadership
  - Deployments within hospital
  - Matching skill sets of deployed Bellevue nurses
- Coordinating approximately 330 RNs with designated COVID areas
- Coordinating staffing needs with several agencies and the Depart of Defense
- Meeting the educational needs of the new and redeployed staff
New York H+H Bellevue Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic

Existing Core Staff

“All Hands on Deck”

Meeting emerging needs

• Increased need for Critical Care Nursing
• Renal Replacement Therapy: CRRT, Hemodialysis, and Peritoneal Dialysis
• ECMO, Proning team

Ability to replace staff for long-term intervals who were COVID positive
Surge Staffing

New York H+H Bellevue Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic
New York H+H Bellevue Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic

**Surge Units**

**ICU Extensions – Critical Care Nurses staffed ALL Critical Care Areas:**

- All ICU Rooms on the Critical Care Floor were changed into Negative Pressure Rooms (previously there were only 10). After completion of construction, there was capacity for 56 Negative pressure rooms. It was identified early on that the need for more ICU Beds was necessary. As part of a collaborative decision-making process between Physician, Nursing and Facilities Leadership, it was decided to expand ICU into a 12 bedded Endoscopy suite area on the same floor as ICU
  - Limitation: This was an open space which required staff to remain in Full PPE
  - Area was Hepa-Filtered
- 2nd ICU Extension was a newly renovated space 15S-previously Ambulatory Surgery unit
  - Limitation: This was an open space which required staff to remain in Full PPE
- ALL COVID Neg ICU Level patients were cohorted into the PACU. (CCU,MICU,NICU,MICU)
  - CVPACU remained open for emergent CV cases
- ICU Patients remained in the ED when all ICU Beds had been utilized
- Doubled patients in the ICU Rooms on critical care floor. Labeling 1 A and 1 Z
New York H+H Bellevue Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic
Surge Units

Medicine – Surgical Units

• COVID + were cohorted as well as COVID Negative patients in an effort to open up rooms for PUI- patients
• LIMITATIONS: blocking beds for PUI patients
• Telemetry Unit (17N) was expanded into 17E
• Patients were placed in other units which had monitored beds for patients requiring continuous pulse oximeter monitoring
• Facilities engineering created more negative pressure rooms to accommodate the surge
Surge Units

Medicine – Surgical Units

- 7E- previously outpatient WTC clinic was renovated and creating more negative pressure rooms
- 15W/15N- surgical unit converted to COVID unit as elective surgical procedures were cancelled
- 6S – Converted from Acute Rehabilitation unit into a COVID area
Creation of New Teams and the Introduction of New Procedures

ECMO Program Implementation

Proning Team
- Anesthesia
- Orthopedic residents
- Respiratory therapist
- Nursing staff

Renal Replacement Therapy
- Pas & NPs deployed thru agency were trained to manage patients on CRRT
Specialized Practices to Limit Staff Exposure to COVID + Patients:

- The use of IV Tubing Extension sets to bring all IV Pumps out into general corridor to limit the number of times an RN must enter room.

- Pulling patients forward towards door glass to be able to place CRRT Machine outside of the patient rooms.
  - Now, CRRT trained staff could manage two patients because the need for going into patient rooms with PPE multiple times was decreased.
Specialized Practices to Limit Staff Exposure to COVID + Patients:
Specialized Practices to Limit Staff Exposure to COVID + Patients:

New York H+H Bellevue Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic
# Personal Protective Equipment (PPE)

## PPE Availability:
- From the Beginning of the COVID Pandemic the hospital was meticulously tracking PPE resources, Burn Rate etc.

## PPE Distribution:
- All Units had PPE Supplies available on the unit
- As Supplies became strained, Masks, as per fit tested result per employee, were distributed in the F-link PPE site. Each employee received 3 masks per week for use
- In addition, A CAPR distribution site was created in the F-Link as well to accommodate staff required to wear CAPRs.
- High PPE Use areas, ICUs, and over-flow ICU Units had PPE Suppliers stationed on the floor to complete rounds and restock PPE in the various isolation carts and supply areas
- In addition, the Command Center was available 24/7 to handle problems regarding PPE availability and distribution

## PPE Fit-Testing:
- Staff are Fit Tested Annually for N-95 Masks during their annual health assessment
- CAPRs are available to employees with facial hair or others that fail fit testing

## PPE Training:
- As part of the SPU Team, the EVD Staff are trained to respond to Special Pathogens with the correct PPE
- ALL staff were required to be trained in PPE before caring for a patient with COVID 19 suspected illness

## PPE Reviews:
- Staff were educated to wear the identified PPE and encouraged not to wear items which were not recommended
- Central Office deployed PPE officers who rounded through the hospital building to hear concerns and educate staff
- No staff were discouraged in wearing N95 masks if they felt the need to wear this level of protection
Factors to deal with:

- Core staff tired due to fact the patients did not wait till the new staff came
- Had to meet the psychosocial needs of core staff as well as Agency/DOD staff

No time to grieve for the patients that were lost

No time to grieve for staff that were lost
Meeting the Psychosocial Needs of Patients, Families, and Staff
During the surge, it was difficult to continue with Nursing Quality Management monitoring

Increase in HAIs/HACs

Implementation of dedicated turning teams on all units

Circulating staff monitors for CVAD maintenance, foley placement and maintenance
In memory of our beloved healthcare Heroes

ERNESTO “AUDIE” DELEON

SUSAN SISGUNDO, RN
New York H+H Bellevue Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic

A Reason to Celebrate
Emory Experience - Workforce Innovation: Reassign and Deploy Staff During COVID-19 Pandemic

Deena Gilland, DNP, RN, NEA-BC, FAAN
Bonnie Proulx, DNP, APRN, PNP-BC
Objective

✓ Discuss symptoms screening, triage, and medical management for COVID patients in addition to the discharge processes surrounding post-COVID recovery.
Ambulatory COVID-19 Planning and Care

Symptom identification and testing

Result notification

Virtual and In-person COVID patient management
RN COVID Hotline

Primary point of contact for all patients, staff and faculty crucial initial step
- Screening
- Triage
- Disposition

Redeployed 65 RNs from the Ambulatory Surgery Centers
- Education
- Algorithms
Results

COVID RN Call Volumes

Total Calls
3/12/20 to 6/1/20
26,092

Average Daily Volume
318
The Virtual Outpatient Management Clinic was established for COVID(+) patients who need telemedicine-based outpatient management.

- **Multidisciplinary Team**
- **Adaptability**

**486 Unique Patients & 3853 Visits since 5/26/2020 (13 weeks)**
The Acute Respiratory Clinic was established for COVID(+) and presumed positive patients who need in-person evaluation but who likely do not need ER evaluation or hospitalization.

Infectious/Potentially Infectious Patients with needs that cannot be managed virtually.

Services:
- VIP Screenings & those too sick for screening clinic
- Escalation from PCPs & VOMC
- Infectious patients that need non respiratory care
- ED Follow Up & Hospital Discharge Follow Up
- In suite X-ray & Lab
Other Areas of Opportunity: Inpatient COVID-19 Discharges

Data Through: 6/4/2020
(EUH, BUHM, EJH, EJCH only)

Inpatient COVID + Discharges

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<tr>
<th>Since 3/25/2020</th>
<th>Last 7 Days</th>
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<tr>
<td>Total Days</td>
<td>70</td>
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<tr>
<td>Average</td>
<td>11</td>
</tr>
<tr>
<td>Median</td>
<td>11</td>
</tr>
<tr>
<td>Yesterday</td>
<td>4</td>
</tr>
</tbody>
</table>

COVID Pos IP Discharges

Discharge Day

Sum of # COVID-19 Positive Encounters (Discrete)
Other Areas of Opportunity: ED Influenza-Like Illness Untested

<table>
<thead>
<tr>
<th>Date</th>
<th>Total Days</th>
<th>Last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since 3/28/2020</td>
<td>76</td>
<td>7</td>
</tr>
<tr>
<td>Average</td>
<td>56</td>
<td>50</td>
</tr>
<tr>
<td>Median</td>
<td>55</td>
<td>50</td>
</tr>
<tr>
<td>Yesterday</td>
<td>34</td>
<td>34</td>
</tr>
</tbody>
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ED Discharges with Positive COVID Screen (not tested)

[Graph showing ED Discharges with Positive COVID Screen]
Emory Experience – Workforce Innovation: Reassign and Deploy Staff during COVID-19 Pandemic

Living with COVID-19

- Scaling down of ARC/VOMC
- Expansion of Testing
- Expansion of Result Management/Contact Tracing

Living with COVID-19 in Healthcare
Watching COVID-19 Trends

COVID-19 (+) Mgmt Clinic
Daily Volume Metrics
New Appts Chart
Printed on 5/27/2020

New Virtual Visit by Day

- Clinic Visit Type
- Centricity Role Desc
- Clinic Visit Status

Sum of # Clinic Appointments (unfiltered)
<table>
<thead>
<tr>
<th>Takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to care for COVID-19 + patients to keep out of ED</td>
</tr>
<tr>
<td>Maximize Telemedicine</td>
</tr>
<tr>
<td>APPs are strong healthcare providers who can meet the need</td>
</tr>
<tr>
<td>Partner with care management in hospital to transition patients to next phases of care</td>
</tr>
<tr>
<td>Ramp down as volume dictates with preparation for surge</td>
</tr>
<tr>
<td>Continued need to support ICU settings</td>
</tr>
</tbody>
</table>
NETEC Resources

Sonia Bell, NETEC
NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners.

Ask for help!
- Send questions to info@netec.org - they will be answered by NETEC SMEs.
- Submit a Technical Assistance request at NETEC.org.
Questions and Answers