Workforce Considerations in the Transition to Recovery

As states reopen and COVID-19 shelter-in-place guidelines are lifted across the country, hospitals and health systems are developing transition plans to resume and expand health care services for non-COVID-19 patients. As certain services gradually begin to reopen, the process will be done in phases following guidelines from national, state and local health organizations to ensure that health care facilities are safe for staff, patients and communities.

Our front-line health care workers have experienced many challenges, and hospital leaders will need to address the impact of workload demands on their mental health and resiliency, and may need to encourage and support time off to rest and recuperate and prepare for a potential second wave of COVID-19.

During the COVID-19 surge, diminished numbers of patients coming to the hospital for care meant many hospitals had to furlough valued health care providers and administrative staff. Even though hospitals and health systems are reintroducing some of the nonemergency surgeries and nonurgent procedures and tests that were temporarily delayed, care looks much different during a pandemic. Plans need to include clear communication on how services will be reopened, how the organization is staging the return to work of furloughed workers, staffing for new responsibilities and new leadership and care delivery models.

Every employee and provider needs to be trained in the proper use of personal protective equipment (PPE) and practice social distancing whenever possible, adhering to visitor restrictions and conducting the appropriate testing to ensure the safety of everyone. Also, hospitals and health systems are regularly and thoroughly disinfecting all facilities.

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The following resources and examples address workforce issues for consideration during this time of transition. The AHA resource **COVID-19 Pathways to Recovery** provides important questions and checklists to consider moving forward.

- **Workforce Strategies and Redeploying Health Care Workers**
- **Supporting the Needs of the Front-line Health Care Worker**
- **General Considerations for Reopening Health Care Facilities**
- **Resuming Nonemergent Surgeries**
- **Contact Tracing and Testing**

Workforce Strategies and Redeploying Health Care Workers

After COVID-19: How to Rejuvenate Primary Care for the Future
Primary care practices have undergone a revolution in a few short weeks. The number of e-visits, phone visits and video visits has exploded, but will we return to our old ways once the pandemic is over?

Pandemic Shock Threatens to Undermine Outpatient Care
After an initial decline in outpatient visits of nearly 60% from pre-crisis levels — affecting all regions of the U.S., all ambulatory care specialties and patients of all ages — research findings through May 15 show an emerging rebound. Even with the recent rebound, practices faced with large revenue losses will struggle to continue delivering care. Many will have no choice but to cut back on staff and operations just when services are most needed.

Three Workforce Strategies to Help COVID-affected Communities
Here are three ways state and federal leaders can ramp up a community-based workforce to protect vulnerable communities and augment the efforts of hospitals and public health leaders: launch a dedicated service corps to scale enhanced contact tracing; rapidly deploy and expand the ranks of community health workers and promotores; and strengthen community-based services to advance equity and sustainability through each stage of this crisis.

Community Health Workers Needed to Strengthen the Public Health Response to COVID-19
Community health workers — front-line public health staff who conduct outreach and build trust with vulnerable populations in federally qualified health centers, hospitals, public health agencies and through community-based organizations — have a particularly important role to play.

Role of APRNs in National COVID-19 Response
Advanced practice nurse practitioners have been identified by federal and state policymakers as critical to the ability of the health care delivery system to care for patients in the COVID-19 pandemic.

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Hospitals Redeploy Thousands of Health Care Workers to Respond to COVID-19 Crisis

Massachusetts General Hospital, Beth Israel Hospital and others are adjusting to unprecedented times. Thousands of Massachusetts hospital workers have been redeployed — suddenly thrust into new roles to respond to the COVID-19 crisis. Many hospital workers — technologists, physical therapists, nurses, doctors, research assistants, administrative assistants, department heads, vice presidents, and more — are being reassigned.

Suggested Health Care System Response to Need for Personnel Deployment During the COVID-19 Pandemic

University of Pennsylvania, Clinical Practices of the University of Pennsylvania (CPUP) and Regional Physicians have partnered to create a workforce redeployment command center called the CPUP/Regional Workforce Redeployment Center to support the health system by redeploying resources to provide assistance within and across their entities.

State Health Workforce Deficit Estimator

This interactive tool estimates states' need for specific health professions in acute care settings under different scenarios of COVID-19 infection rates and health worker attrition. The estimator is updated every few days with new projections and additional professions. *Source: Fitzhugh Mullan Institute for Health Workforce Equity*

Caring with Limited Clinical Resources

https://www.aha.org/clinical-resources-front-line-providers-covid-19
https://www.aha.org/resources-field-covid-19

As a result of the COVID-19 pandemic, front-line clinicians and hospital leaders may face extraordinarily challenging decisions about how to deploy limited staff and resources. The AHA's Physician Alliance has assembled a collection of resources and tools for clinical teams as a community prepares for and responds to COVID-19.

Supporting the Needs of the Front-line Health Care Worker

Leading Front-line COVID-19 Teams: Research-informed Strategies

Authors synthesize insights from team-effectiveness research and apply them to the unique challenges of COVID-19 care delivery across four vital stages of teams' work: structuring, launching, facilitating and sustaining. For each, they highlight predictable problems and potential countermeasures documented in existing research, with practical examples obtained from managers involved in COVID-19-related care.

COVID-19 Impact on Behavioral Health: Essential Focus on the Front-line Worker

The COVID-19 pandemic is having a profoundly negative impact on mental health, particularly of front-line health care workers. They are at significant risk due to worry about virus exposure for themselves and their family members, changes in workload demands and the potential for compassion fatigue. Addressing this impact will be critical to maintaining an effective workforce, to manage both the current surge as well as the anticipated demand for services post-surge.

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

This viewpoint summarizes key considerations for supporting the health care professionals so that they are equipped to provide care not only for their patients, but also communities.

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Caring for Our Health Care Heroes During COVID-19

This AHA resource shares ways hospitals and health systems are helping to care for and support the health care workforce during the COVID-19 crisis. The resource focuses on three areas — mental health, food and housing — and features case examples from across the country. It also provides a list of national well-being programs and resources developed for health care workers.

Tips for Disaster Responders: Understanding Compassion Fatigue

A Substance Abuse and Mental Health Services Administration fact sheet explains the causes and signs of compassion fatigue — the burnout and secondary trauma disaster response workers can experience. It offers self-care tips for coping and explains compassion satisfaction as a protective tool.

COVID-19: Stress and Coping Resources

Health care workers and community members are facing challenges like never before due to the COVID-19 pandemic. A great deal of focus centers on obtaining needed PPE to protect the physical health of clinicians and staff, but equally important are resources to protect their mental health. The AHA has assembled a collection of resources to manage the mental well-being of health care providers during the pandemic or any other crisis.

Considerations for Reopening Health Care Facilities

How One Health System Is Transforming in Response to COVID-19

Geisinger Health System is focusing on creating a new normal by accelerating the positive transformations it has already made, undertaking some fundamentally new ones, and determining which of the activities that were stopped should not resume. Work groups were asked to examine four stages in the transformation: (1) return of nonurgent work; (2) start of the new normal; (3) post-crisis activity, expanding the new normal and responding to a potential second wave of COVID-19; and (4) operational and economic recovery in a transformed system. Members were instructed to carefully consider the impacts at each stage on patients and front-line employees, focusing on their needs, what has changed for them (and will change) and what will make them feel truly safe.

Moving toward a new normal: How hospitals are convincing patients it's safe to come back

As states lift restrictions on health care operations in place since the beginning of the coronavirus pandemic, hospitals are faced with the challenge of encouraging patients to seek care in places they previously were told to avoid and making sure they feel safe when doing so.

At New York City-based Northwell Health, several steps have been taken to reduce crowding in clinics and hospitals. Practice hours have been extended, patient appointments staggered and telehealth services promoted so patients know they have the option to seek care virtually. Patients also are encouraged to wait in their cars for appointments and are told via text or phone call when their providers are ready for them. The health system also has installed plexiglass partitions and changed physical unit footprints, when necessary, in its acute and post-acute facilities. The health system will also continue to encourage use of its urgent care network and telehealth programs so that patients can choose how and where to receive care.

Seven Key Action Items to Restart with COVID-19

As the first phase of the coronavirus pandemic slows, health care organizations need to prepare for the new normal. Leaders at NewYork-Presbyterian health system have created a Restart Coordination Committee to develop and execute a measured approach for the way forward.

Reassessing COVID-19 Needs: How Providers Can Reexamine Their Surge Capacity, Supply Availability, Workforce Readiness and Financial Resiliency

As the coronavirus pandemic continues to create unprecedented challenges for health care providers, it is especially important to create and revise plans, as needed, to mitigate disruption as much as possible. The authors share detailed guidance to help leaders stay focused on the most pressing issues.

CMS Releases Recommendations for Reopening Health Care Facilities

Updated: April 20, 2020

The Centers for Medicare & Medicaid Services provides guidance on restarting nonemergent, non-COVID-19 health care. The recommendations aim to give health care facilities flexibility in providing essential non-COVID-19 care to patients without symptoms of COVID-19 in regions with low incidence. Health care systems or clinicians have flexibility to restart clinically necessary care for patients with non-COVID-19 needs or complex, chronic disease management requirements in accordance with the general considerations.

AMA Physician Guide for Reopening Medical Practices

This American Medical Association resource provides a step-by-step guide to manage the safe reopening of a medical practice as more routine in-person care resumes, protecting the health of patients, clinicians, staff and the public. It outlines best practices in dealing with the unique challenges that the COVID-19 pandemic has brought to the practice reopening process, providing physicians with checklists, supplemental information and helpful links to COVID-19 resources.

Resuming Nonemergent Surgeries

How to Rebuild Surgical Revenue after COVID-19 (even if you just lost 60% of your OR volume)

Hospital leaders need an effective strategy to rapidly reestablish surgical services. This will enable hospitals to recoup lost revenue more quickly and maintain their strategic positions within the local surgery market. Creating a successful operating room recovery plan will be a career-defining challenge for many hospital executives. To make the plan work, leaders need to work closely with five key groups.

A New Plan from CommonSpirit to Restart Elective Procedures

CommonSpirit Health is making strides to reopen elective procedures that were delayed due to COVID-19. To get started, the health system giant recently created and sent a toolkit to its 137 hospitals that stretch across more than 20 states outlining testing, screening and supply protocols. CommonSpirit's toolkit builds on a framework released on April 17 by the AHA, the American College of Surgeons and other provider groups.

Elective Surgical and Procedural Services Recapture

As communities across the U.S. begin their recovery, health systems must consider 10 actions to bring elective procedures back in a way that prioritizes safety of the patients and hospital staff.

How to Prepare for Elective Surgery Demand Post-COVID-19

Hospital executives and surgeons need to create a purposeful plan for managing elective surgery demand after COVID-19 and rethink operational processes to create more capacity in the surgical suite during prime-time hours. Creating a prioritization model requires matching patient condition and need for care along with surgeon and case predictability demands to facility capacity constraints.

Road Map to Resume Elective Surgery after the COVID-19 Pandemic

To ensure that patients can have elective surgeries as soon as safely possible, a road map to guide readiness, prioritization and scheduling has been developed by the American College of Surgeons, the American Society of Anesthesiologists, the Association of periOperative Registered Nurses and the American Hospital Association. The statement notes that facilities should not resume elective procedures until there has been a sustained reduction in the rate of new COVID-19 cases in the area for at least 14 days. The facility also should have adequate numbers of trained staff and supplies, including personal protective equipment, beds, intensive care units and ventilators to treat nonelective patients without resorting to a crisis-level standard of care.

State Guidance on Elective Surgeries

Currently, 36 states and Washington, D.C., have released official statements or their state officials have made statements to media addressing the issue of elective procedures during the COVID-19 pandemic. Three states (Alaska, Oklahoma and Texas) have issued orders rolling back their restrictions on elective procedures.

Source: Ambulatory Surgery Center Association | Updated: April 20, 2020

Contact Tracing and Testing

Federal Funding for State and Local Contact Tracing Efforts: Urgent Priority and a Bargain

Containment strategies will mean testing widely, rapidly identifying those who are infected, tracing their contacts, isolating confirmed-positive people and quarantining others who may be exposed.

Contact Tracing Workforce Estimator

This contact tracing workforce estimator is a tool for state and local leaders to prepare for COVID-19 contact tracing to be able to safely reopen and protect the health of communities.

Source: Fitzhugh Mullan Institute for Health Workforce Equity

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