

Staffing Considerations for Crisis Standards of Care for the COVID-19 Pandemic

August 2020



Today's Agenda

- Introductory Remarks- Harvey Fineberg
- Sponsor Remarks- Matt Watson, HHS/ASPR
- Overview of the Rapid Expert Consultation- Dan Hanfling and John Hick
- Question and Answer Session
 - Please submit questions using the Q/A feature in Zoom

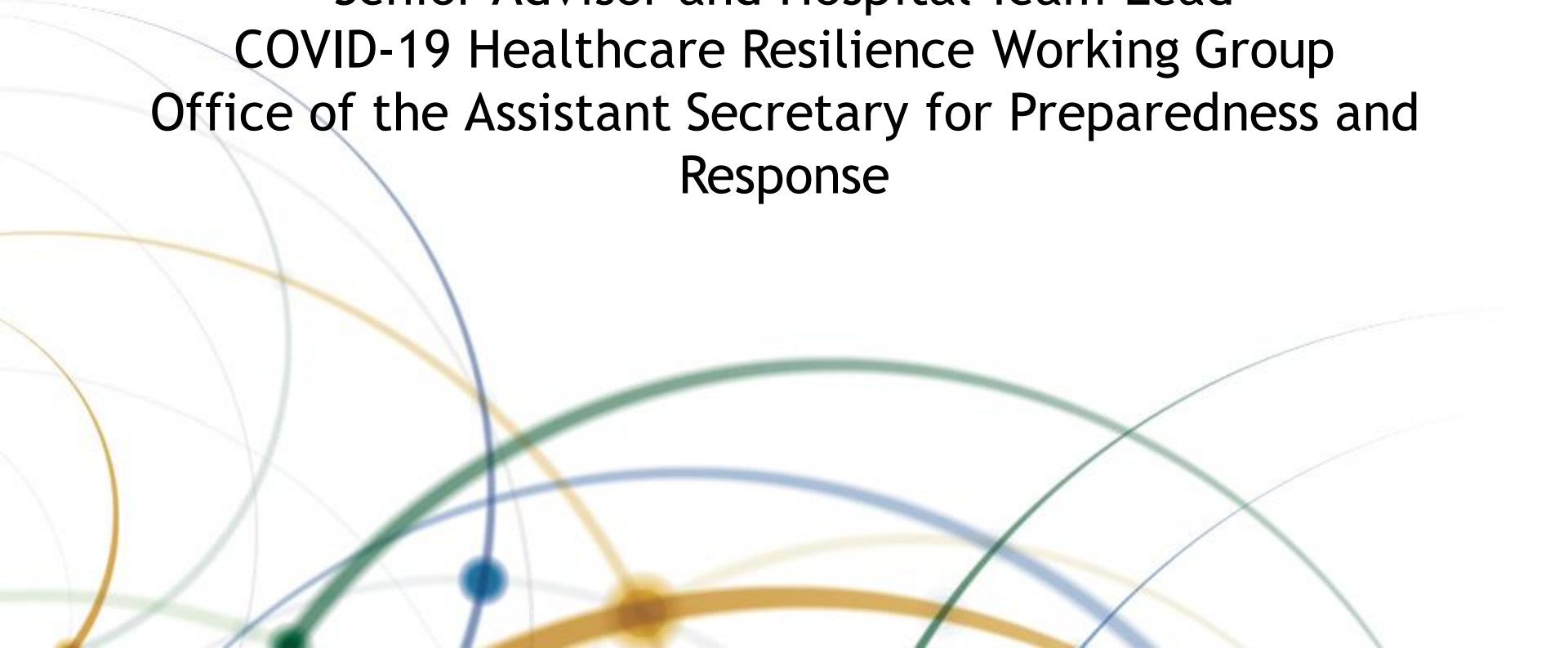
Harvey V. Fineberg

Chair, Standing Committee on Emerging Infectious
Diseases and 21st Century Health Threats



Matthew Watson

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Problem Statement

“The availability of qualified staff, particularly for respiratory therapy and critical care nursing, is restricting many hospitals and states from meeting patient care needs as COVID-19 cases increase in their jurisdiction. Inconsistent staffing models across hospitals and jurisdictions highlight the importance of a fair and equitable process to meet staffing needs. Prioritization across multiple requests for staffing assistance from different health care coalitions and jurisdictions can be difficult as the effect of some variations in staffing patterns on patient outcomes is unclear.”

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HEALTH AND MEDICINE DIVISION

Dan Hanfling and John Hick

Consultation Authors



Expansion of Health System Capacity

Expansion of capacity is predicated on the availability of:

- Systems
- Space
- Staff
- Supplies

Community-Wide Strategies

- Reducing the burden of disease by implementation of non-pharmaceutical interventions whenever possible;
- Transferring patients at capacity-strained facilities to facilities with a lower census so as to “load balance” the delivery of services whenever possible;
- Curtailing the delivery of elective services, including the scheduling of routine care visits in the outpatient setting; and
- Ensuring support efforts are in place in order to meet the social and psychological needs of the existing health care workforce.

Healthcare System-Specific Strategies

- Mobilizing staff from out-of-hospital entities to assist in the delivery of hospital-based services;
- Recruiting providers not currently in direct patient care roles who work in the hospital environment to work alongside and assist actively licensed practitioners and adjusting the scope of practice considerations;
- Adjusting the ratio of providers to patients in both the general medical/surgical units as well as in the critical care units;
- Changing the model of inpatient care delivery to a team-based rather than individual nursing approach; and
- Deploying telemedicine and other digital health solutions to provide critical care medical oversight and remote patient management capabilities.

Assessing Implementation

In assessing the implementation of various strategies, it may be helpful to consider several questions including:

- Have internal personnel been re-assigned from administrative to clinical duties as appropriate?
- Have health care coalition and health care system staff been requested and deployed?
- What is the current ICU nurse to patient staffing ratio?
- Has a tiered supervision (team-based) strategy been implemented? What would be the threshold to do so?

Determining a Need to Make Requests for Staffing Assistance

In determining the need for making requests for staffing assistance, it may be helpful to consider the following:

- Is “load balancing” implemented and if so, is there a potential to reach further geographically (e.g., would additional EMS resources enable further transfers)?
- Have the facility and system implemented a tiered supervisory staffing model or significantly changed their staffing ratios?
- Is there other evidence (e.g., ventilators in use as a percent of inpatients, percentage of critical care patients of overall census) that a hospital or area is disproportionately impacted compared to another?

Please use the Q and A feature in Zoom to ask questions.

Moderators will pose questions to the presenters in the order they're received

Thank You

