Optimizing Staffing Strategies Amid COVID-19

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Cancer Programs Haven’t Stopped Providing Care

Approximately, how have your cancer program’s volumes changed for each of the following in response to Covid-19:

Percentage of respondents selecting each category

n=55 cancer program leaders, survey completed April 20, 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Significant increase (&gt;20%)</th>
<th>Moderate increase (10-20%)</th>
<th>Slight increase (&lt;10%)</th>
<th>Stayed the same</th>
<th>Slight decrease (&lt;10%)</th>
<th>Moderate decrease (10-20%)</th>
<th>Significant decrease (&gt;20%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person provider visits</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
<td>7%</td>
<td>24%</td>
<td>65%</td>
</tr>
<tr>
<td>Telehealth provider visits</td>
<td>56%</td>
<td>27%</td>
<td>13%</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Infusions</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
<td>28%</td>
<td>48%</td>
<td>17%</td>
<td>2%</td>
</tr>
<tr>
<td>Radiation visits</td>
<td>0%</td>
<td>4%</td>
<td>15%</td>
<td>43%</td>
<td>24%</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>Inpatient surgeries</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
<td>7%</td>
<td>15%</td>
<td>20%</td>
<td>54%</td>
</tr>
<tr>
<td>Outpatient surgeries</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
<td>7.4%</td>
<td>17%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Respondents were asked to select which ratio most accurately described their organization.

COVID-19 Impact

• Volumes for infusion and radiation have remained relatively stable
  – Reductions varied across our infusion and radiation sites from < 10%-20%, physician practice visits decreased approximately 40%
  – Cancer patients continued care and our programs adjusted to ensure safe
  – Benign hematology and follow-up patients deferred

• Health system furloughs across ambulatory and non-COVID critical departments
  – Clinic/practice staff and support staff impacted by partial and full furloughs
A Number of Tensions Affecting Cancer Program Staffing

Forces impacting staffing decision in the near- and long-term

**Reduce (labor) costs**
Many organizations furloughed staff, cut salaries to minimize financial losses

**Maintain “social distancing” operations**
Setting occupancy levels, spacing appointments, ensuring physical distance, leveraging telehealth/work from home

**Ramp volumes back up**
Trying to work through backlog of postponed and cancelled appointments, as well as capture new patients

**Recover revenues**
Organizations now trying to reschedule elective surgeries, requiring staff and specialists

**Ramp volumes back up**
Trying to work through backlog of postponed and cancelled appointments, as well as capture new patients

**Plan for future Covid-19 surges**
As states open back up, organizations trying to predict and plan for future waves of Covid-19
Bracing for Long-Term Impact on Volumes, Outcomes, Burnout

When thinking about the medium- to long-term impact of Covid-19, what are your top 3 concerns?¹

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing care for established patients that was delayed</td>
<td>64%</td>
</tr>
<tr>
<td>Integrating telehealth into “normal” operations in a sustainable way</td>
<td>53%</td>
</tr>
<tr>
<td>Increasing number of late-stage diagnoses and poor outcomes²</td>
<td>49%</td>
</tr>
<tr>
<td>Increasing staff and provider burnout</td>
<td>47%</td>
</tr>
<tr>
<td>Recovering HOPD volumes if care has shifted into new sites</td>
<td>26%</td>
</tr>
<tr>
<td>Finding capacity to accommodate new patient visits</td>
<td>24%</td>
</tr>
<tr>
<td>Restoring patient comfort with and confidence in health care providers/organizations</td>
<td>20%</td>
</tr>
</tbody>
</table>

Other 6%

Responses included: “maintaining financial viability,” and, “finding capacity for annual screening mammograms that were cancelled.”

1. Respondents were asked to select a maximum of 3 choices.
2. E.g., due to delayed screening and/or treatment.

Supporting the Care Team and Optimizing Staffing

Sample communication and support strategies

- Field and respond to rumors in a timely way (e.g., FAQs, “what the buzz” meetings)
- Share your gratitude personally and often, and emphasize staff health and safety as much as patients’
- Expand access to opt-in emotional support services (e.g., confidential behavioral health support)
- Strengthen peer networks with formal support systems (e.g., peer support, buddy systems)
- Create space for staff to decompress and connect (e.g., quiet space, huddles)
- Share resources that staff can tap into on their own terms (e.g., Headspace mediation sessions, weekly wellbeing email)

Sample strategies to optimize staffing

- Make the case to executives for bringing back furloughed staff, adding hours (e.g., volume, financial, clinical trial enrollment data)
- Consider the benefits of new staffing models (e.g., team rotations)
- Optimize scheduling processes to accommodate new patients without adding undue staffing strain (e.g., acuity-based staffing, iQueue recovery calculator)
- Develop and clearly communicate safety protocols, including use of PPE
- Develop and set expectations for ongoing work-from-home policies
- Develop and clearly communicate guidelines for employees’ returning to work
Ramping Up

• Per governor’s guidance for gradual reopening of more healthcare services, ramp up included four phases beginning April 27.
  • Physician offices began ramping up in increments of 25% (back to 100% week of May 25)
    • Continue pushing telehealth visits (accounted for up to 40% of total visits during March/April)
    • Built in schedule limitations (blocks) prevent over scheduling
  • Furloughed staff brought back incrementally based on increased patient volumes
Adjusting to “New Normal”

• Preparing for surge of cancer diagnoses following screening and surgery schedules reopening:
  – Aggressively working the cancellation list to ensure the backlog is complete (i.e. hematology)
• Normalizing telehealth in provider schedules (currently around 25% of total visits)
• Streamlining patient throughput (remote check-in) to eliminate patients co-mingling in waiting rooms
• Rethinking patient scheduling, use of satellite locations and staffing plans for potential future COVID-19 surges
• Identifying onsite essential staff and those who can continue to work from home
• Hardwiring confidence in patients and staff of a safe and health work environment
Q&A

- Please submit your questions for our panelists via the chat box on your dashboard
ACCC COVID-19 Resource Center & Discussion Group

- Weekly Live Webcast Series
  Friday, June 4: Infection Control Measures During COVID-19
- CANCER BUZZ Mini-Podcast Series
- Evidence-Based Guidelines & Information
- Member Discussions & Resources on ACCCeXchange

accc-cancer.org/COVID-19