



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-19¹:

Percentage of respondents selecting each category

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

	Significant increase (>20%)	Moderate increase (10-20%)	Slight increase (<10%)	Stayed the same	Slight decrease (<10%)	Moderate decrease (10-20%)	Significant decrease (>20%)
In-person provider visits	0%	2%	2%	0%	7%	24%	65%
Telehealth provider visits	56%	27%	13%	2%	0%	2%	0%
Infusions	0%	0%	6%	28%	48%	17%	2%
Radiation visits	0%	4%	15%	43%	24%	15%	0%
Inpatient surgeries	2%	2%	0%	7%	15%	20%	54%
Outpatient surgeries	4%	0%	0%	6%	7.4%	17%	67%

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

Source: Impact of Covid-19 on Cancer Programs Survey, 2020. Oncology interviews and analysis.

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



Recover revenues

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

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

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Plan for future Covid-19 surges

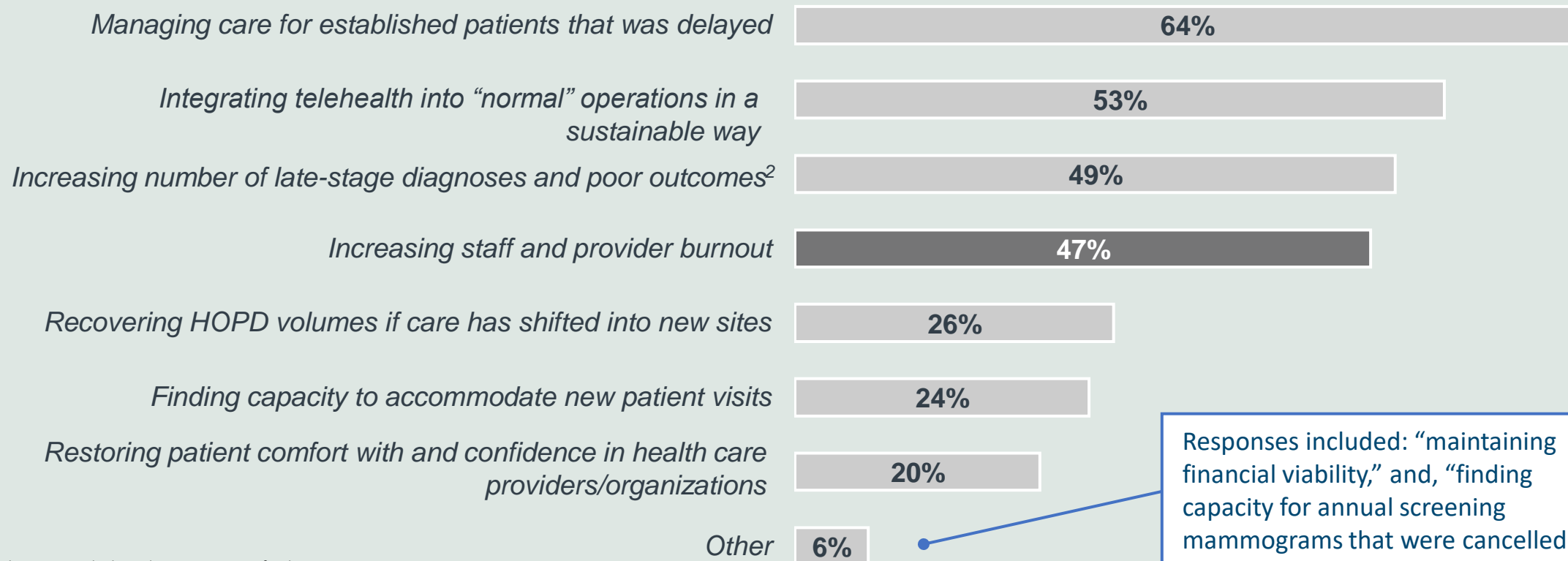
As states open back up, organizations trying to predict and plan for future waves of Covid-19

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

Percentage of respondents

n = 55



1. Respondents were asked to select a maximum of 3 choices.

2. E.g., due to delayed screening and/or treatment.

Source: Impact of Covid-19 on Cancer Programs Survey, 2020. Oncology interviews and analysis.

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 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

acc-cancer.org/COVID-19