

**Reduced Workflows and Staffing Guidance for Non-Clinical Operations  
COVID-19 Resource Packet  
March 30, 2020**

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Health centers are serving on the frontline, providing critical health care services in communities dealing with the coronavirus and COVID-19. This packet contains procedures and workflows informed by health centers who are currently implementing reduced and/or telework staffing models specific to non-clinical services and functions.

These materials are offered as general samples for health centers as they determine the most appropriate and tailored operations appropriate for their organization, staff, patients and community.

Enclosed are:

1. Considerations for Health Center Hours of Operations
2. Staffing Self-Assessment and Best Practices
3. Sample: Remote Contact Telephone List
4. Diagram: Remote Staff Deployment
5. Quick Guide and Checklist for Remote Workers
6. Sample: Planned Furlough Schedule and Layoff/Furlough Decision Tree

Additional information and resources can be found at:

- **Centers for Disease Control and Prevention (CDC) COVID-19** including strategies for **optimizing the supply of PPE** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- **Health Resources and Services Administration (HRSA) Health Center Program COVID-19 Frequently Asked Questions (FAQ)** – includes **Federal Torts Claim Act (FTCA)** updates <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>
- **Centers for Medicare and Medicaid Services (CMS) COVID-19 FAQs** <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- **NACHC's Coronavirus webpage** - information, event postings and resources for health centers <http://www.nachc.org/coronavirus/> or email [preparedness@nachc.org](mailto:preparedness@nachc.org)
- **Health Center Resource Clearinghouse Priority Page COVID-19** – includes training events and tailored materials [www.healthcenterinfo.org](http://www.healthcenterinfo.org)

***Thanks to health center leaders and training partners for their generous sharing of these materials for the national network of community health centers:***

- Ammonoosuc Community Health Services, Inc. (NH)
- HealthLinc (IN)
- Asian Health Services (CA)
- LEADX Training and Development

***Special thanks to Coleman Associates for developing, compiling and refining this Resource Packet***

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,375,000 financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).

# Reduced Workflows and Staffing Guidance for Non-Clinical Operations

## COVID-19 Resource Packet

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### Introduction

The resources in this guide are a compilation from a network of urban and rural federally qualified health centers, ambulatory care centers, private practices, and FQHC look-alikes across the country. We asked staff and administrators to tell us about their staffing during the global pandemic of coronavirus. Three overarching themes came up with the organizations we spoke to, and the objective of this field guide is to codify lessons learned and inform around all three overarching themes when making difficult staffing decisions.

1. **Caring for Patients:** Health centers are playing a vital role in our nation's response to COVID-19 and the treatment and testing services that our patients so desperately need at this time. Patients need health centers to resupply their medications, mediate chronic conditions, and be the most trusted source for care if a patient is experiencing possible flu or coronavirus-like symptoms.
2. **Protecting Staff:** The need to protect our healthcare staff while still providing patient care and following universal precautions. Whether this involves letting high-risk staff go home or giving staff the appropriate PPE (Personal Protective Equipment), all health centers need to keep the health and safety of their staff as a top priority.

3. **Keeping Doors Open:** Ensuring that our health center operations continue and our health centers stay viable despite national financial concerns, PPE shortages, and staff outages.

## About this Staffing Resource Packet

Administrators must make some quick and informed staffing decisions to keep their doors open, maintain services for patients, and protect the well-being of their staff. Administrators are the target audience for this tool.

*\*\*A note for health centers: we realize that health centers of different sizes, in different states with different guidelines, have specific considerations that are changing daily. Various operations will find this tool helpful. Utilize the [Staffing Self-Assessment](#) tool below to determine best which categories fit your circumstances.*

## Health Center Hours of Operation Considerations

A global way to address demand and staffing fluctuations is to consider adjusting the clinic hours of operation. Evaluate the data and the following variables:

### 1. Patient Visit Volume Data & Patient Demand:

- When are the slow times? When are popular times? Consider closing and reducing staffing during typically low volume periods. Examine visit volume data by the hour from the recent days and weeks to determine if you can move staff to the busier times (e.g., mornings) while breaking staff during slow times such as early afternoons.

### 2. Community Need:

- Complete the [Staffing Self-Assessment](#) below to decide with which category you identify. For example, rural clinics with limited access to testing or hospital services may have a higher community need during COVID-19 to maintain regular or extended hours.

### 3. Patient Risk Factors:

- You may have seen that some retailers and services have carved out "senior and immunocompromised shopping hours." This policy has given their high-risk customers a more protected time. You may want to consider carving out special hours for your high-risk patients. For example, one community health center in suburban Chicago is seeing non-urgent visits in the morning and seeing only patients with respiratory symptoms in the afternoon. This change in hours separates patients to avoid unnecessary exposure and transmission and is an excellent approach for a single site or remote site CHC.

## Staffing Self-Assessment

Of the following, check all that apply then follow the link next to the checked factors:

- Your demand is consistently over 100%. i.e., your schedule is always more than full.** See [Situation 1 \(pg.3\)](#), [Situation 5 \(pg.5\)](#), and [Situation 7 \(pg.6\)](#).
- Your demand is low (<75%), or No-Show Rate is high (>15%).** See [Situation 3 \(pg.4\)](#), [Situation 5 \(pg.5\)](#), and [Situation 7 \(pg.6\)](#).
- You cannot afford current staffing levels.** See [Situation 3 \(pg.4\)](#), [Situation 5 \(pg.5\)](#),

and Situation 7 (pg.6).

- ❑ **You can afford current staffing levels.** See Situation 4 (pg.4) and Situation 7 (pg.6).
- ❑ **You are working to increase COVID-19 testing capacity.** See Situation 2 (pg.4).
- ❑ **You need to conserve PPE.** See Situation 2 (pg.4), Situation 5 (pg.5), and Situation 6 (pg.5).
- ❑ **You want to decrease employee exposure to the coronavirus.** See Situation 2 (pg.4), Situation 5 (pg.5), and Situation 7 (pg.6)
- ❑ **You want to maximize telehealth and telephonic capabilities.** See Situation 5 (pg.5).
- ❑ **You want to maximize working from home.** See Situation 6 (pg.5).

## Staffing Best Practices

### General Best Practices:

- Communicate, Communicate, Communicate! Regardless of the route that you take, make sure that your leadership team is all on the same page. Then, get your staff on board as well.
- Use data to measure how you are doing. Make sure you're looking at the following: patient visit volumes, staff outages, and No-Show rates.

### Situation #1: High Patient Volumes

#### Best Practices:

- Consider consolidating all of your possible COVID-19 cases to one place. Depending on your set-up, you could designate one clinic site or one Care Team (possibly with a separate entrance) to a specific area in the health center that is going to see all of these patients.
- Make sure you have a process for calling patients whose appointments need to be rescheduled as far in advance as possible. Proactively rescheduling patients helps create space for your urgent cases and protects patients who are deemed 'non-urgent' from unnecessary health center exposure.
- Call patients in advance of their visit to screen them. Re-ask questions about possible coronavirus exposure and symptoms. Also, see if any advice, such as staying at home, can be given in advance of their visit. Communicate any policy changes such as coming in without partners and/or children during this call.
- Consider the option of a drive-through clinic to decrease exposures in the clinic.
- Consider moving some service lines to telehealth or telephonic visits.

*# of Patients calling for testing or with symptoms each day*  
**Situation #2: Working to Increase Testing Capacity**  
*X the average number of staff members interacting with each patient*

**Best Practices:**

- First, stop the bleed of PPE. Assign a staff member or a team of staff members to identify all of the current PPE resources and where it's going. Consider the following formula:  

$$\text{PPE needed per day} = \text{the amount of PPE needed per day}$$

- For example, 15 patients per day x 2 staff members per patient = 30 sets of PPE needed daily.
- Consider designating a "PPE task force team" to educate on the appropriate use of PPE and to look for opportunities to save PPE. In the example above, can you decrease the amount of PPE per patient to save days on hand PPE?
- Assign a staff member or a team of staff members to communicate with local resources such as the health department. They can provide updates on when additional PPE might be received.

**Situation #3: Low Patient Volume – Financial Concern about Being Overstaffed**

**Best Practices:**

- Consider moving some service lines to telehealth or telephonic visits to encourage patients to receive care during this uncertain time.
- Consider reaching out to your local hospital and/or health department to see if they need additional staffing. Maybe you could develop a partnership to help the hospital staff for increased needs.
- If you need to lay off or furlough staff, be strategic. See Layoff/Furlough Tool at the end of this toolkit.
- There is a balance between keeping staff working and rotating them through positions too often. Resist the urge to rotate furloughed staff through a schedule too frequently. Keep Patient Care Teams on the schedule for at least a week (unless in the case of a coronavirus exposure) to avoid unnecessary transmissions. See [Situation 7: To Rotate or Not to Rotate Staff](#)

**Situation #4: Low Patient Volume - No Financial Concern but Staff Have Downtime**

**Best Practices:**

- Evaluate current phone demand. In many cases, phone demand for nurse advice has increased. In this case, consider moving staff to the phones and give them a script for how to answer FAQs from patients.

- Have staff Scrub the Schedule. Review who is scheduled to walk in through your doors, and is it appropriate for them to come in for a visit? You can use the acronym WNK to help guide you. WNK stands for Want, Need, KeeP. Does the patient still want this appointment? Does the patient need this appointment, and do they need it in person rather than on the phone? Will the patient keeP this appointment? Consider creating a tool with clinical leadership to help phone staff decide who to bring in, who to postpone and who to schedule for timely telehealth or telephonic visits.
- Complete Robust Confirmation Calls. The script for these should include a discussion of current symptoms and include a screening question algorithm. Great Robust Confirmation Calls can screen patients for symptoms and whether or not the patient is a candidate for telehealth or telephonic visits versus an in- person visit.

### Situation #5: Moving to Telehealth and Telephonic visits

#### Best Practices:

- Identify your state's regulations around telehealth (video) and telephonic visits (phone only). Does it have to be a video visit? Can it be a telephone only visit? Keep in mind that these regulations are changing rapidly.
- Identify the staff's home technology to use for telehealth and telephonic visits. Where possible and where billing allows, take advantage of this option.
- If it's currently challenging to set up staff at home, telehealth and telephonic visits can also be conducted in the clinic so that staff home internet is not required. Patients may even come into the clinic. It is acceptable to have the patient sit in one room with a tablet/laptop and position the Care Team in the other room. Connect them virtually through a video conference platform. Virtual care saves a lot of PPE!
- Make a list of telehealth and telephonic visit conditions. This list will likely grow longer as comfort level increases.
- Consider "extended" telehealth or telephonic visits. For example, if a patient needs lab work or POC testing to treat them, conduct the visit via telehealth or telephonic means and schedule a lab-only appointment in the clinic.
- Using the guidance of your state and payors, create a workflow for seeing the patients promptly via telehealth/telephonic visits. Decreasing the lag time between a patient's appointment request and the appointment tends to ensure the volume of visits.
- Give the patient a brief (15-20-minute window) in which they will receive a call from the provider. Essential instructions include keeping their phone handy and knowing that they may see a lack of caller ID on their screen.

### Situation #6: Moving Administrative Staff to Remote Work

#### Best Practices:

- Consider the daily job duties and interactions of administrative staff members. Positions that are relatively "siloeed" or away from the clinical area that doesn't require much face-to-face interaction with other staff are great candidates for working remotely. These can include and are not limited to personnel in medical records, referrals, phones (depending on phone IT availability), and billing departments.
- Set staff up for success with the appropriate technology. First, evaluate what

technology the staff member has at home. Things to consider are WiFi (and speed), laptop/desktop with a webcam for video conferencing, phone, access to the EMR, and any other software needed to complete their tasks, etc.

- When moving staff to home offices, ensure peers in the organization know how to reach them for questions. Generate and share a leadership contact information sheet. Amend the typical phone extension directory with details about contact info and hours for staff working remotely. *See attached sample: [Health Center Hours of Operation Considerations](#).*
- Set working independently 'stage' by sharing clear expectations for working remotely and asking about their home life. *See attached [Diagram A: Deploying Staff to Work Remotely](#).*

### Situation #7: To Rotate or Not to Rotate Staff

#### Best Practices:

- Consider rotations carefully when staffing a consolidated area or clinic site for respiratory illness to decrease exposure or furloughing staff.
- Keep Care Teams together! Stable Care Teams have better teamwork and efficiency.
- A common mistake is to rotate staff, and this is typically counterproductive because it exposes more staff members to potential coronavirus infection (in the case of a respiratory clinic), and frequent changes can create unnecessary confusion throughout the clinic. Instead, consider a rotation of Patient Care Teams (rather than individuals) and for more extended periods to high-risk areas.
- For example, one Care Team works the respiratory illness clinic for the entire week, and then the next Care Team works the following week.
- A shorter rotation strategy is also counterproductive with telehealth or telephonic teams that require IT set-up.

## Sample Tool: Remote Contact Telephone Number List

### Remote Leadership Contact Telephone Numbers

Name	Work Telephone #	Home/ Cell Telephone #	E-Mail Address
Chief Executive Officer			
Chief Operations Officer			
Chief Financial Officer			
Chief Medical Officer			
Human Resources Director			
Community Relations Director			
Assistant Medical Director			
Dental Director			
Director of Behavioral Health			
Clinical Manager			
Director of IT or CIO			
IT Help Desk			

Provide this to all remote staff as well as a copy of the amended staffing directory with remote contact options.