



SE MINNESOTA
DISASTER HEALTH COALITION
Enhancing Regional Preparedness, Response and Recovery

Coalition Regional Response Plan for Supporting Healthcare Staffing

Approved May 27, 2020

Southeast Minnesota Disaster Health Coalition Regional Response Plan for Supporting Healthcare Staffing

Purpose

Through collaboration, the purpose of this plan is to support facilities by providing tools and resources to ensure healthcare facilities/agencies have access to staffing (including but not limited to nursing, dietary, housekeeping, administrative) to safely provide continued care for patients/residents.

Background

Maintaining appropriate staffing in healthcare is essential to ensure safe patient care as well as provide a safe working environment. It is recognized that during a pandemic situation or other disaster situations, healthcare facilities/agencies may experience staffing shortages for numerous reasons including healthcare provider exposure, illness, or the need to care for family members. There is also the risk of staffing shortages due to staff unwillingness to work during the pandemic for fear of contracting the disease and/or taking that disease home to their families. The Southeast Minnesota Disaster Health Coalition (SE MN DHC) along with its' partner agencies, local public health, emergency management, and regional emergency medical services have developed a plan to assist in this response. This plan will outline the role of the regional partners to assist in mitigating the staffing crisis. The primary responsibility remains with the healthcare facility/agency to manage their staffing crisis.

Operational Definitions

This document will cover the continuum of care, from conventional care, transitioning to contingency care and finally crisis care. For more detail on this concept of operations see [MDH Crisis Standards of Care CONOPS \(PDF\)](#).

Response/Coordination Actions

Facility Response:

Conventional - Before the crisis, the facility will take proactive steps to minimize the risk of having to move into crisis staffing including:

- Identify potential risks to staffing specific to that facility. These might include current staffing challenges, knowledge gaps for patient/resident management for potential threats, high census, and feelings of isolation from local and regional support.
- Developing contingency staffing and resident placement plans with neighboring facilities.
- Identifying minimum staffing needs and prioritize critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.
- Develop a communication plan with emergency contact numbers for:
 - all staff

- system and/or sister facilities as applicable
- staffing agencies
- other local emergency staffing resources
- family members in those cases where a patient/resident could be cared for at home as a temporary measure
- Routinely sharing information with staff about the current situation and the steps the facility has put into place for staff safety.
- Develop just-in-time training that can be provided to supplemental staff for emergency orientation to ensure they understand their roles, policies, and procedures; thereby maximizing efficiency of operations and reducing workplace safety risks. It is essential that workers receive training prior to participating in operations in the facility in infection control procedures including the donning, doffing, usage, and disposal of the PPE they will wear.
- Create and share the list of staff requirements for external personnel working at your facility with any “supplemental nurse staffing agencies” (i.e. BLS, vaccinations, etc.) so they can cross reference staff requirements.
- Contacting staffing agencies “supplemental nurse staffing agencies” (SNSA) for assistance. These agencies have a variety of healthcare staff that can provide needed coverage. Sign a contract with at least one, preferably more than one.
 - Ask what the ability is for these agencies to provide last minute coverage. Check on how this availability changes during the crisis.
 - This is an SNSA list on the MDH Health Care Provider Directory at: <https://www.health.state.mn.us/facilities/regulation/directory/providerselect.html>. It is recommended that you choose “select all” under step two to get a complete list.

Contingency - If staffing shifts become an issue:

- Activate facility plans for staffing considering guidance provided by the Center for Disease Control (CDC) and Minnesota Department of Health (MDH). <https://www.cdc.gov/coronavirus/2019-ncov/staff/mitigating-staff-shortages.html>
- Postpone or stop all non-essential functions and reassign those staff to critical functions.
- Institute additional support for staff that might prevent staff from reporting to work such as transportation or housing if a staff member lives with vulnerable individuals.
- Consider offering bonuses or overtime pay for critical shortages.
- Ask for staff support assistance from:
 - Sister facility or system
 - Local staffing agencies
 - Other nearby healthcare facilities, partners, or local university/college health career center
 - Trade association (LeadingAge of MN or Care Providers of MN) to assist in procuring staff at www.leadingagemn.org or www.careproviders.org.
- Notify local Public Health/ Emergency Management directly or through the local/regional operations/coordination centers, if activated, of the situation including:
 - Overview of the situation causing the need.

- Details about what staffing assistance is needed.
 - The type and number/FTE of requested staff including licensure/certification requirements.
 - An estimate of how quickly the requested staff is needed.
 - Information regarding parking, entry, where and to whom to report, contacts information at LTC facility while working there and any other pertinent details needed.
 - An estimate of how long the staff will be needed.
- Provide appropriate PPE for any staff sent to assist.
- Vet any staff that offers to assist to ensure they can meet the need and the facility's requirements. The facility will also be responsible for paying these staff members either directly or by reimbursing the sending facility.

Crisis - When a lack of staffing may lead to the need to evacuate patients/residents or close the facility:

- Ask for staff support assistance from:
 - Organizations with which you have entered into a Memorandum of Understanding (MOU) as part of your emergency preparedness planning.
 - Other local healthcare facilities
- Ask for assistance from:
 - Local government emergency operations centers/ local public health
 - SEMN Disaster Healthcare Coalition Healthcare Multiagency Coordination Center (H-MACC) by calling Mayo Clinic Emergency Communications (EC) at 855.606.5458 as stated in the SEMN DHC Healthcare Multi-Agency Coordination Center (H-MACC) Guidelines document.
 - Participate in the H-MACC activation conference call and provide the following information to the H-MACC: Indicate what support is needed:
 - Personnel/Staffing Support required to maintain residents/patients in the facility
 - The type and number/FTE of requested staff including licensure/certification requirements.
 - An estimate of how quickly the requested staff is needed.
 - Information regarding parking, entry, where and to whom to report, contacts information at LTC facility while working there and any other pertinent details needed.
 - An estimate of how long the staff will be needed.
 - Patient Movement/Evacuation/Transfer Support if applicable
 - Reference: Mayo Clinic Patient Intake Form
 - Note – the H-MACC should be contacted before any plans for patient movement are initiated
 - Supply/Equipment Support
 - Reference: SE Region Supply/Equipment Request Form
 - Type, Quantity
 - Support situational awareness by updating the Healthcare-MACC as requested.

- If a member of the SEMN DHC compact, follow the provisions of that document for procedures and reimbursement of sending agencies. If not a member, an agreement should be made with the sending agency before staff are sent about reimbursement, liability and workman's compensation issues.
 - Contact the State Healthcare Coordination Center Minnesota Healthcare Resource Call Center 651-201-3970.
- Contact families that have agreed to care for residents/patients at home during crisis times. Use known resources to assist with patient transport as needed.
- Provide just-in-time training to staff sent to assist for orientation to ensure they understand their roles, policies, and procedures; thereby maximizing efficiency of operations and reducing workplace safety risks. It is essential that workers receive training prior to participating in operations in the facility in infection control procedures including the donning, doffing, usage, and disposal of the PPE they will wear.
- Provide appropriate PPE for any staff sent to assist.
- Vet any staff that offers to assist to ensure they can meet the need and the facility's requirements. The facility will also be responsible for paying these staff members either directly or by reimbursing the sending facility.
- Per [CDC guidance](#) If shortages continue despite other mitigation strategies, consider implementing criteria to allow staff with suspected or confirmed COVID-19 who are well enough to work but have not met all Return to Work Criteria to work. If staff are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:
 - If not already done, allow staff with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other staff), such as in telemedicine services.
 - Allow staff with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
 - Allow staff with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
 - As a last resort, allow staff with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19.

Local City/County Response:

Conventional - Before the crisis:

- Assess availability of local public health to provide staffing assistance through:
 - Internal staff
 - Activation of Minnesota Responds, if available
 - Reaching out to other partners for assistance
- Assess the availability of local emergency manager to provide staffing assistance through:
 - local first responder organizations including Community Paramedics, if available
 - CERT, if available

- VOADs, if available
- Other known resources
- Catalog this available assistance.

Contingency

- Local government will be on standby to provide assistance as available.

Crisis:

- Local agencies will coordinate with the local facility to provide support as available. (details to be determined)
- Coordinate any support with the coalition.

Regional Coalition Response:

Conventional: Before the crisis,

- Develop regional memorandum of understanding, compact or other agreements and coordination mechanisms.
- Develop and exercise regional communication plans
- Create lists of regional resources and templates to assist facilities with continuity planning.
- Create a team of individuals from surrounding counties that could assist in the process to include reaching out to neighboring local public health and local first responders for assistance.

Contingency

- Provide assistance as requested.
- The Regional Healthcare Preparedness Coordinator (RHPC) will reach out to the facility with information/resources and ensure the facility understand the H-MACC call process.
- Provide situation awareness to other coalition members as appropriate.

Crisis:

- Activate regional memorandum of understanding, compact or other agreements and coordination mechanisms
 - Once the facility activates the Healthcare Multiagency Coordination Center (H-MACC), the EC will send notification to the H-MACC members from Mayo Clinic Incident Command (IC), the SEMN DHC RHPC, Public Health Preparedness Coordinator (PHPC), Homeland Security Emergency Management (HSEM) Regional EM, SE EMS, EMSRB and the affected facility to join the H-MACC conference call: 866-365-4406 access code: 2662083. (*For more detail about the roles and actions of the H-MACC see H-MACC Guidelines document*)
 - Depending on the need the H-MACC may:

- Open a regional LTC compact call to reach out to other LTC agencies and hospitals within the region to request staffing support by calling the LTC compact number at 866-365-4406 access code: 21358656
- Issue a MNTrac Regional Advisory or Alert to request assistance from Local Public Health (LPH).
- Reach out to the affected county EM through the HSEM RPC.
- Send out a survey monkey for staffing shortage situational awareness <https://www.surveymonkey.com/r/6T5Q8ZV>
- Reach out to healthcare coalition members to assess availability of staff to support the emergent need of the healthcare facility to include:
 - Other skilled nursing facilities, assisted living, and home care agencies
 - Hospitals
 - Hospital systems staffing teams if available.
 - Regional Emergency Medical Services representative to assess the availability of Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT) and Paramedics (including Community Paramedics) in coordination with EMSRB
 - EMS strike team if available
 - Reach out to neighboring healthcare coalitions to discuss potential areas of support.
 - Reach out to partners in other states (as applicable) to identify the availability of staff.
 - Contact the Statewide Healthcare Coordination Center (651-201-3970) if the needs of the facility cannot be met by local, regional, cross-border and cross-regional response.

Compensation:

- The requesting facility will be required to reimburse any facility/agency that provides staffing according to the activation method and agreements used for that activation.

Note: Assistance offered in this document is dependent on availability of resources.