

Challenges Facing Effective Healthcare Personnel Scheduling In The Hospital Setting During The COVID-19 Pandemic

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CHALLENGES FACING EFFECTIVE HEALTHCARE PERSONNEL SCHEDULING IN THE HOSPITAL SETTING DURING THE COVID-19 PANDEMIC

COVID-19 has shaken the United States healthcare system to its core. Hospitals know this all too well. The COVID-19 pandemic has necessitated many changes to how hospitals operate. Some of these changes are short-term day-to-day issues, and others will likely persist long after the COVID-19 pandemic abates. The pandemic has resulted in significant shifts in healthcare personnel (HCP) staffing and scheduling in addition to many other hospital operations domains. From more straightforward issues such as HCP personal and family sick leave, to core issues like changes in the overall healthcare staff workforce, there are currently immense challenges in hospital staffing and related compliance matters.

CDC COVID-19 HOSPITAL STAFFING GUIDANCE

Per the Centers for Disease Control and Prevention's (CDC) COVID-19 center:

- "Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and for safe patient care" and
- "Maximizing interventions to protect HCP, patients, and visitors are critical at all times, including when considering strategies to address staffing shortages."ⁱ

Related to COVID-19 infection and exposure, the CDC recommends different restrictions on when HCP may return to work, depending on whether an individual has an active COVID-19 infection or an asymptomatic exposure. These restrictions can include the need for HCP to stay off work or, if allowed to work, undergo sequential COVID-19 testing. Of course, these restrictions are consistent with current known scientific and medical evidence, yielding a favorable cost-to-benefit ratio. Nonetheless, these restrictions exacerbate challenges of adequate hospital staffing and [scheduling](#).

HCP ILLNESS LEAVES

Staffing challenges related to individual employee sick leave during COVID-19 are magnified compared to pre-pandemic. With COVID-19 currently at the forefront, it's easy to forget that illnesses and other medical issues that befell hospital employees and their families before COVID-19 still happen. COVID-19 has dramatically compounded this ever-present personal and family sick leave burden, and resulted in even greater HCP absences. This increase in HCP absences further complicates adequate and compliant hospital staffing.

HCP OCCUPATIONAL SAFETY STAFFING ISSUES

The need for HCP occupational safety measures during COVID-19 also contributes to staffing challenges. These measures slow and disrupt the efficiency of front-line clinical hospital care, even though they are clearly necessary. Stocking, tracking, and moving the needed increased quantities of personal protective equipment (PPE) create additional staffing needs. Because the number of admitted patients with COVID-19 dramatically rises, front-line clinical hospital staff require additional time to don and remove PPE, making less time available for other critical tasks. Finally, other hospital logistical needs (such as creating dedicated COVID-19 wards or transferring patients when hospitals reach capacity) consume inordinate amounts of clinical and non-clinical staff time. The latter further exacerbates staffing shortages and causes increased complexities in maintaining hospital staffing schedules.

COVID-19 risks to HCP need to be considered when creating [scheduling](#) plans. The peer-reviewed medical journal Infection Control & Hospital Epidemiology published a study that assessed the role of HCP scheduling as it relates to the risk of HCP contracting COVID-19.ⁱⁱ The study authors found that the following reduced the numbers of HCP who become infected with COVID-19:

- Working at least three consecutive days
- Using 12-hour nursing shifts
- Avoidance of staggered rotations for physicians (including attendings and trainees) and nurses

Since these hospital HCP scheduling changes appeared to reduce HCP infections, they would likely have a favorable impact on HCP availability for work and help reduce staffing challenges.

HOSPITAL STAFFING REALLOCATION AND NEW EMPLOYEE ISSUES

Hospital staffing shortages may result in the need to cancel or postpone elective services/procedures. This necessitates some HCP to be reallocated to new physical or functional hospital areas with which they may not be familiar. These reallocations often require additional employee training and monitoring. Due to the additional training and monitoring resources needed, this further impairs adequate hospital staffing and [scheduling](#).

As HCP staffing becomes even more thinly stretched, the need to hire new employees arises. It's well-known to all hospital administrators that new employees are amongst the most resource- and time-intensive employees. New employees are fraught with job inefficiency. Also, replacing an experienced employee with a new employee does not result in the same productivity or efficiency. This reduces the functional number of full-time equivalents in the hospital's employment pool.

HCP WORKFORCE SHORTAGES AND THEIR EFFECT ON HOSPITAL STAFFING

The hospital staffing challenges during COVID-19 are so profound that the U.S. Department of Health and Human Services has issued the Second Edition of the Medical Operations Coordination Cells Toolkit.ⁱⁱⁱ This toolkit is designed to assist with balancing loads across healthcare systems and assist healthcare providers in delivering optimal care given the stresses on the U.S. healthcare system.

The Association of American Medical Colleges (AAMC) published a recent article highlighting dire nursing shortages.^{iv} Nursing shortages existed before the COVID-19 pandemic but have been severely exacerbated by the COVID-19 nursing exodus. Hospital nursing shortages affect nurses who remain on the job and affect other HCP as well. The AAMC notes that nursing shortages require physicians and other clinical staff to fill in and perform extra job functions they normally don't do. In turn, other staff are being re-routed to non-clinical support duties.

HCP are experiencing unusually high (but not unexpected) burnout. An American Medical Association survey of 20,947 HCP, including physicians, determined that 49% had signs of burnout, and 43% suffered from work overload.^v Overwork and burnout lead to physicians and other HCP leaving the hospital workforce to seek less demanding or less stressful work. As COVID-19 burnout continues to worsen and hospital staffing pools further shrink, greater difficulties and challenges in hospital HCP [scheduling](#) will occur.

SUMMARY

The COVID-19 pandemic has caused tremendous disruption in the U.S. healthcare system. Hospitals have been severely affected. HCP scheduling and maintaining minimum required staffing are among the many challenges hospitals face during the pandemic. Appropriate staffing is necessary for adequate clinical patient care and to meet regulatory, compliance, and accreditation requirements.

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