



# Staff Management During the COVID-19 Crisis

You need to do the right thing while simultaneously keeping your practice afloat.

BY LYNN HOMISAK, PRT

*To Our Readers:* There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to [lynn@soshms.com](mailto:lynn@soshms.com) which will be printed and answered in this column anonymously.

## Re: Giving Some Thought to Staffing Amidst COVID-19

Dear Lynn,

*I'm in the process of re-opening my practice to patients after closure due to coronavirus/COVID-19 and struggling with how to lay a new foundation down for staff in particular with their schedules, pay, infection prevention/compliance, and expanded job descriptions. I want to do the right thing for them, while also doing what is necessary to keep my practice afloat financially. Is there a protocol model I can follow that addresses some of my concerns?*

One known document regarding a COVID-19 protocol model, designed by the American Academy of Family Physicians (AAFP), offers a preparation checklist:

[https://www.aafp.org/dam/AAFP/documents/patient\\_care/public\\_health/COVID-19%20Office%20Prep%20Checklist.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/COVID-19%20Office%20Prep%20Checklist.pdf)

In it, some staffing recommendations are presented. You are wise to put some new "temporary/perma-

nent" guidelines in place that serve as instruction for now. These may actually end up becoming the new norm moving forward.

### Staff Shortages

According to a March 17, 2020 poll conducted by the Medical Group Management Association (MGMA), medical practice leaders were asked if they have experienced staff shortages amid the spread of coronavirus/COVID-19. Out of 1,220 responses,

tors can be left shorthanded and other aspects of business activities, typically conducted by administrative staff, remain at a standstill.

The challenging question becomes, "do I hold on to staff until such a time that the pandemic safety directives are lifted and office activities can resume?" Or, "do I let staff go, handle things without them for the time being, and re-hire new or existing staff as needed?"

There is no one-solution-fits-all

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the majority (60%) responded "no" while 40% indicated "yes."<sup>1</sup>

Shortages are occurring for various reasons. Some are due to staff falling sick themselves, while others are forced to stay home to care for their home-from-school children. There are those who stay away in an effort to minimize any potential exposure to the virus, and some choose to stay out of work and collect unemployment benefits that in some cases are an actual pay increase. It's true that in light of a currently reduced onsite patient schedule, mandated and personal choice, a full staff may not be needed full time. However, in circumstances where patients must be seen, doc-

answer to these questions; therefore, each office must analyze their own set of circumstances and decide how to move forward. You can imagine that these circumstances vary. In a recent *PM News* poll (672 responses), 29.02% said they hired all staff back, 14.29% rehired some staff, 6.85% said no, they have not (hired staff back), 42.56% said they never furloughed staff, and 7.29% were unaffected, indicating they practice without staff.

If you wish to keep your current staff on board, but can't offer full-time hours, you might propose temporary part-time work, sharing an alternating schedule (every other

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day, morning/afternoon). Front and back office (normally responsible for direct patient interaction) staff could be temporarily re-assigned to tackle some neglected administrative or non-clinic duties, many of which can be done at home. Staff who have children at home may require a temporary leave of absence, with the option to be rehired when things get back to “normal”.

These are some possibilities you could actually present to staff for their consideration as some may favor one option over another. Of course, a more permanent route is to simply downsize—permanently dismiss employees who cannot be shifted elsewhere. For some offices, this ignites the avoided responsibility of evaluating staffing needs. For others, it’s an unwelcome setback accompanied by an equally unwelcome financial impact.

Whether the decision is to rehire or hire anew, a sensible action plan moving forward should include cross-training and flexible work schedules. Both will allow for greater consistency and employee coverage if some team members do not return to work.

In time and with measured safety, patient visits will be up, busy schedules will return, and we’ll be back to



- Update procedure and assist with policy manuals (for more on employee manual updates, see below),
- Update and redefine individual job descriptions,
- Support their participation in various approved self-training guides and resources,
- Maintain contact with patients to reschedule appointments, update health issues
- Reach out to patients (via email, social media, website management/updates) to inform them of office closure, emergent care availabilities, tele-health visits, re-openings, and inform them on precautions the practice has taken to ensure patient safety,
- Compile a FAQ for your website or Facebook page to help visitors navigate through some common questions and conceivable re-opening measures

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the usual problems like “not enough staff”. At that time, the need to re-assess an appropriate number of staff will be good news, right?

### Remote Staffing/Job Descriptions Re-Imagined

Prior to COVID-19 sending our normal routines into a state of paralysis, the cry “there isn’t enough time!” was often heard in response to managing some overlooked (though essential) administrative obligations. Tele-health visits have proven helpful in some instances to maintain the doctor-patient connection; however, tele-work for most staff who assist with hands-on patient care is not as practical. What better time to get your house in order by temporarily reassigning some non-clinical duties to capable staff?

• Contact maintenance/cleaning company to discontinue service for the time being, to suspend orthotic and specimen routine pick-ups, and other contracted routine services,

- Set up alternate means of deliveries,
- Prepping surgical packs,
- Neglected paperwork,
- Inventory management,
- Follow up on past due A/Rs and insurance appeals,
- Conduct a general patient recall,
- Organize an orthotic recall to launch post-quarantine,

It is important to realize that having staff work from home should be accompanied by restructured policies and guidelines, action plans, relevant written job descriptions, realistic expectations and outcomes, and deadlines. Additionally, develop methods to oversee their daily work and measure their overall productivity; meet regularly with them via phone or virtually to discuss their progress, request daily email action reports, etc. These are all beneficial to remote employee success.

None of their efforts will be in vain. According to a 2018 survey of 31,000 employees by FlexJobs, over 65% of workers find that working from home actually increases their productivity.<sup>2</sup> They attribute this to few distractions, less co-worker interruptions, no commuting stress—and I would also add, less anxiety in the throes of micro-management. In the end, these task accomplishments will help to create a more organized practice.

### Pay for Exempt/Non-Exempt Employees

Medical offices commonly employ hourly workers who are non-exempt under the Fair Labor Standards Act. Some erroneously assume that by paying their staff a salary, they do not have to pay overtime. For your own protection, learn the rules surrounding exempt/non-exempt employees to

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avoid any unpleasant legal and financial ramifications from a disgruntled employee, resentful that s/he is no longer employed and who was later found to have been (un)intentionally wage-compromised. It is important that exempt and non-exempt designations are properly assigned to each employee. Not just now, but ALWAYS!

An online article written by Nathaniel M. Glasser, a Member of the Firm in the Labor and Employment practice, in the Washington, DC, office of Epstein Becker Green:

While exempt employees must be paid their regular salaries, anytime they work any portion of a workweek, non-exempt employees need be paid only for the time they work and for times deemed compensable under such employers' policies and procedures. Non-exempt employees who are out sick or to care for a relative may be entitled to use paid sick time or other paid time off (PTO), such as vacation, personal days, etc. Note that additional paid sick leave may be required under legislation that has been passed by the House of Representatives and is awaiting action in the Senate.

There are also a variety of means employers may compensate non-exempt employees who cannot work and do not have available paid time off, including (i) providing discretionary paid administrative leave, (ii) allowing coworkers to share or donate PTO with others, and (iii) advancing future PTO. Additionally, for those non-exempt employees who have some work duties that can be done remotely, employers may extend telework options to those staff members, provided they have a way to track and record remote work time.

Given the rapid pace of developments in connection with COVID19, health care employers should remain mindful of additional action by federal, state, and local governments impacting these matters.<sup>3</sup>

## Infection Prevention and PPE Compliance Training

As with neglected time-consuming tasks, one can no longer dismiss the necessity to properly train staff to be top-notch employees. With a limited patient schedule, when if not now is

the perfect time to step in and provide your staff with the training required and desired? Now, as we enter this new COVID-19 dimension of health care, in addition to teaching (not telling) them the various “how-to’s” of their job description, they must also be taught new protocol standards in patient care, infection prevention and safety measures. For existing staff, these will be very different from past routines and they must learn to adapt. So, new to the job

come to 2020. Whether or not you have an employee manual in your practice, it is strongly recommended that you obtain legal advice and guidance from an employment lawyer and work together to update it. As noted above, some of the policies that need revisiting or updating surely relate to leaves of absence, PTO, layoffs, flex hours, and wages, among others.

A shift in the employee landscape has created a whole new spectrum of

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or not, everyone needs to be directly involved in the communication and planning of all changes.

While certain OSHA-mandated infection prevention controls are already being followed, a more rigorous effort will be required throughout the remainder of COVID-19 and beyond. Among them are how to respond to “at risk” patients on the phone by crafting scripts and triaging guidelines for various scenarios to help them deliver proper information, staff and patient screening requirements in person (e.g., taking temperatures and/or blood oxygen levels), defining and maintaining social distance requirements in reception areas, new shielding devices such as plexiglass barriers and face shields, routine disinfection of frequently touched surfaces (e.g., touch screens, keyboards, bathrooms, tablets, pens used by patients, treatment chairs and rooms, etc.), more frequent and thorough hand washing and sanitizing, proper disposing of hazardous waste, PPE and sharps and the proper fit/wearing of masks and gloves.

## Employee Manual Revisions/Crisis Plans

It is almost certain no one had a policy or contingency plan put in place to deal with the current global pandemic/epidemic crisis or other situations requiring mandatory office shutdown prior to COVID-19. Wel-

lawsuits, namely bias, discrimination, retaliation, wage and hour violations. Seeking legal professional advice can help you develop policies and protocols surrounding a practice crisis that would prevent such litigations from occurring. Furthermore, they will provide you with necessary knowledge and insight into regulations contained in The Families First Coronavirus Response Act (Families First Act) as well as The Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

As with any new policy changes and/or additions, they should be verbally communicated to and discussed with employees. Their individual signatures should be obtained on a written copy of the policy changes as verification of their understanding and agreement to comply.

## Expand Methods of Communication

Communication is key. That's always been true in the past, especially during present circumstances, and as we look to the future. Explaining to staff the conditions upon which they can return to work is imperative—for their safety, their families and the patients they will come into contact with. If they are symptom-free, they can come to work. If not, they must first be tested.

If patient hours are limited, staff must understand that “no money in, no money out” means a poten-

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tial in reduced or flex hours (and wages) or alternate salary opportunities until the practice returns to “healthy”.

for them, and worried about the security of their job. They miss their work and their patients. They miss a normal paycheck. Will they even get their next paycheck? Staff want to know “What will treating patients

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## We were all caught off-guard going into this crisis. Don't get caught unprepared coming out.

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Take time to educate all staff regarding the changes made to the office manual. It has always been advantageous to have discussion and Q&A immediately following, so that all their concerns are addressed.

Develop your management skillset to provide much appreciated encouragement, leadership, and motivation for your staff. Believe it or not, they are just as devastated by all the changes taking place, don't know what the future holds

look like?” “To what extent will we be involved?” Good coaching and training will help them understand their role and feel protected. Get to know them better. Hold staff meetings where, in addition to “shop talk”, you can reassure and encourage everyone, speak in the affirmative, be honest, maintain positivity, and offer your support.

We were all caught off-guard going into this crisis. Don't get caught unprepared coming out. **PM**

## References

<sup>1</sup> <https://www.mgma.com/data/data-stories/handling-staff-shortages-in-your-medical-practice>

<sup>2</sup> <http://www.techrepublic.com/article/why-65-of-workers-would-be-more-productive-working-from-home-then-the-office/>

<sup>3</sup> <https://www.natlawreview.com/article/health-care-employers-how-to-prepare-impact-covid-19-your-workforce>



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