Surge Staffing Guide

Comprehensive crisis staffing model and Just-In-Time training guidance for clinical staff

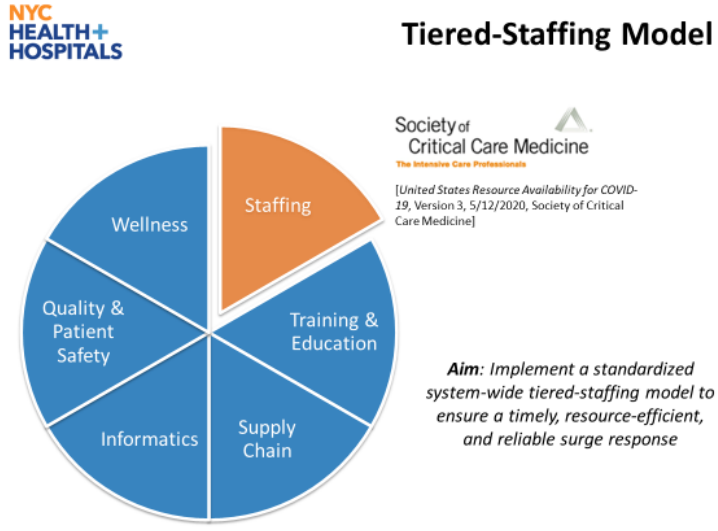
TIERED STAFFING MODEL

The following tiered staffing model is based on Society of Critical Care Medicine (SCCM) guidelines, adapted, and modified for use within the NYC Health & Hospital System.

The goal of the SCCM model is to avoid the rationing of critical care services by integrating experienced ICU personnel with reassigned hospital staff members. In this model, all critical care patients receive Attending-level critical care oversight every day. The model groups clinicians into tiers based on how equipped they are to provide critical care, and suggests options for roles they can play based on their assigned tier.

The model requires each facility to determine provider tier assignments as well as their threshold for surge plan activation. In order to permit existing ICU personnel to optimally support facility-wide critical care needs, it is strongly recommended that participation in the model include all clinical divisions (i.e. surgical subspecialties not typically active during a pandemic, the Emergency Department, and all ICUs.)

The ratios provided for the tiered staffing models are suggested ratios to maintain safe patient care. When facilities switch to this model, and are no longer able to maintain these ratios with their internal staff, or are unable to provide consistent critical care oversight, it is recommended that this be a trigger for 1) level-loading to transfer patients or 2) request for additional staff.



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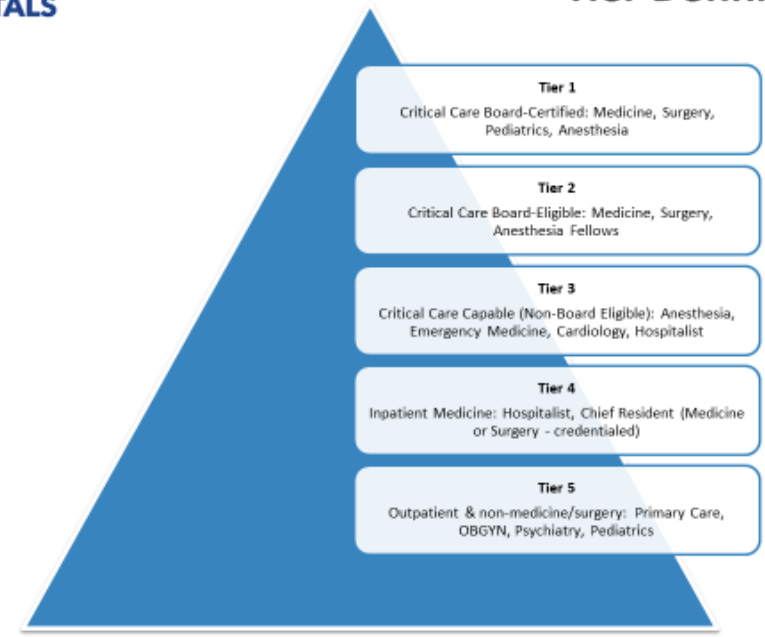
Tier Definitions



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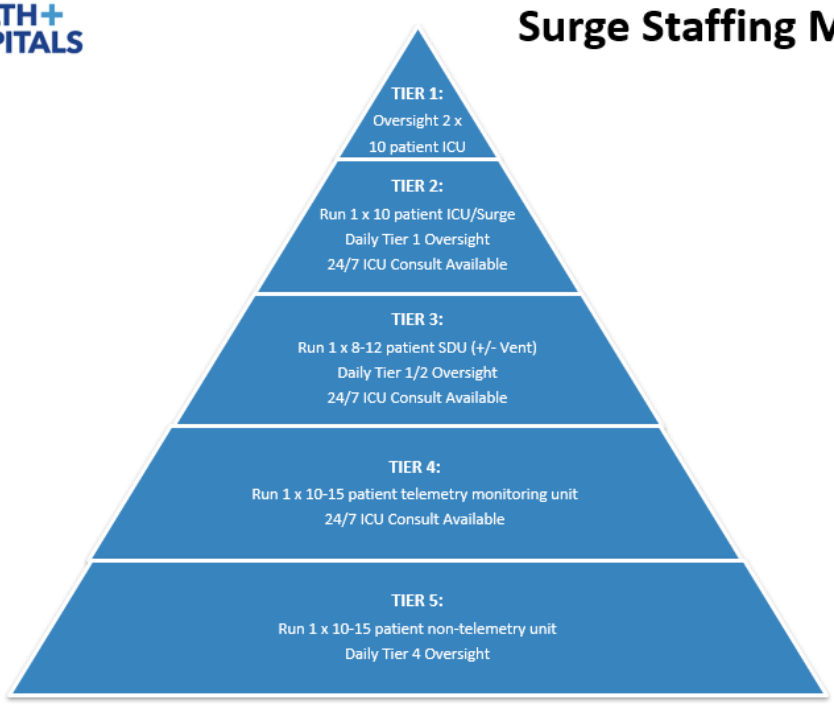
Surge Staffing Model



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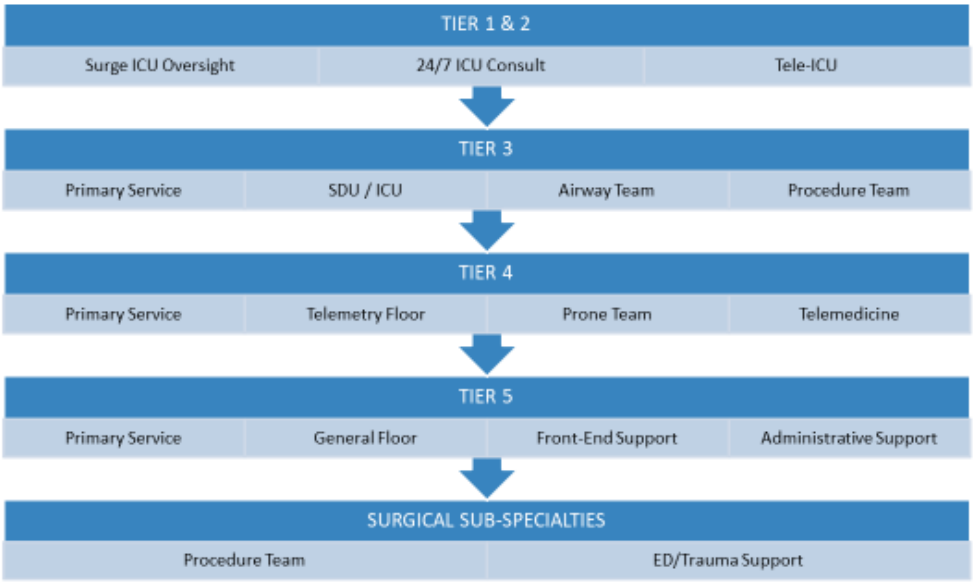
Surge Role

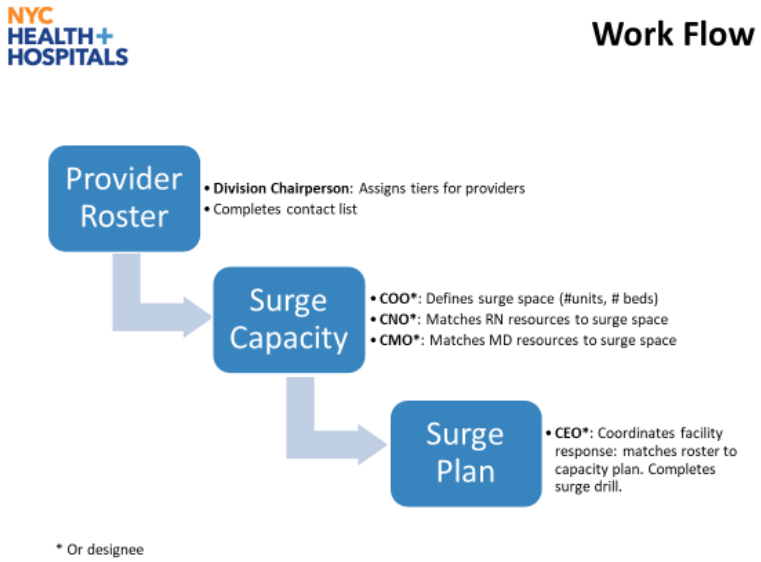


WORK FLOW

To complete the tiered staffing model, division chairpersons are required to assign each of their providers a tier level and surge role. It is recommended that this process include a 1:1 discussion with the provider. The 1:1 discussion allows for both matching of skills sets to surge role, and incorporation of individual provider preference. Examples of where this might be important include: a.) assignment of providers with co-morbidities to roles with less direct patient contact (i.e. telemedicine), b.) assignment of surgical subspecialty providers whose elective cases have been cancelled to appropriate procedure support teams, c.) identification of surge role assignments where additional training may be necessary (i.e. a tier 3 provider assigned to a SDU requiring completion of ventilator module training). Once tier levels and surge role assignments are made, this information is entered into the centralized provider database. Please note that the database allows for selection of more than one surge reassignment role (i.e. telemetry floor, +/- telemedicine +/- prone team). Each facility's leadership (CMO) will subsequently have access to their respective provider database for surge planning purposes.

Please note, as with "Telemedicine," "Front-end support" is a surge assignment to be used at the discretion of the chairperson. This role is intended to have limited direct patient contact and may include such responsibilities as provider-level clinical policy education/in-servicing/training, patient triage/bed assignment supervision, chart review, or patient outreach (i.e. test result follow-up). Tier definitions are not 'one size fits all'. Each facility is expected to adapt the tier staffing model to their specific staffing models. The Office of Emergency Management is available to assist as needed.

We have provided suggested safe patient ratios and recommendations for Tier 1 and 2 oversight of critically ill patients. The oversight can be determined by the facility, but is recommended that all ICU-level patients be seen by a board certified or eligible critical care physician at a minimum of once a day. ICU providers should also be available for urgent consultation 24/7 to all surge units.



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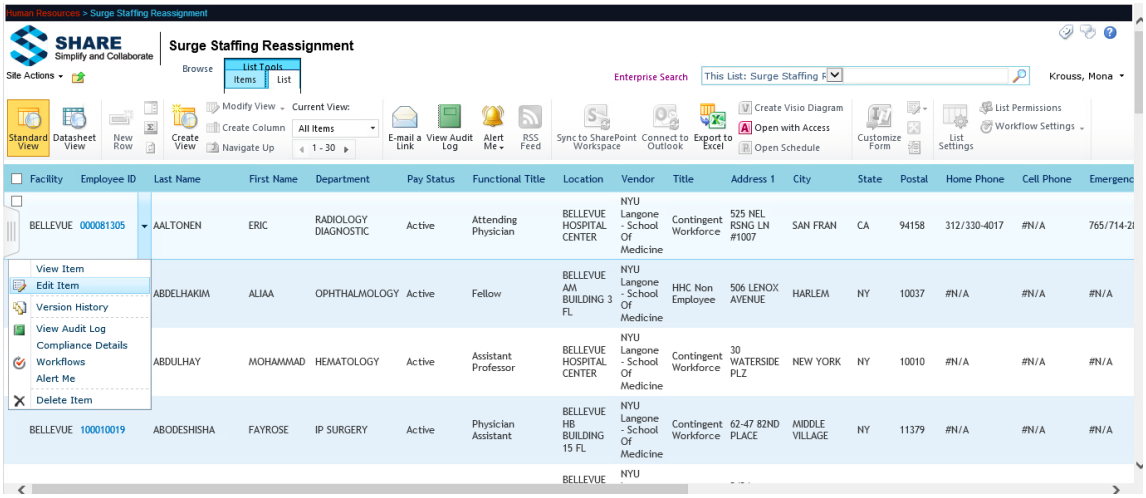
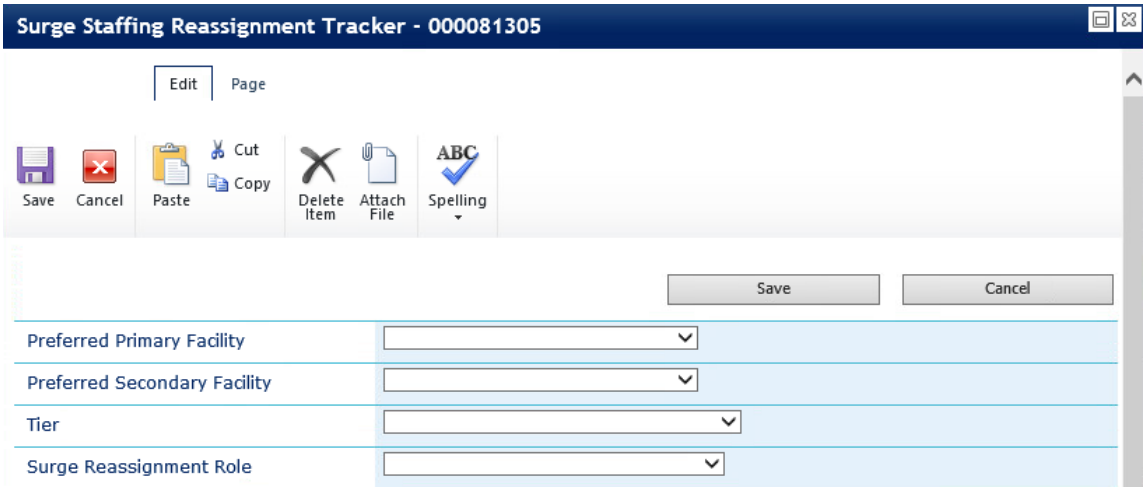
ENTERING PROVIDER INFORMATION INTO THE DATABASE:

From the NYC Health + Hospitals intranet, go to the share Surge Staffing Reassignment database hyperlink below:

Surge Staffing Reassignment



The name of employees will be listed in this database. You can filter by department and functional title. To enter in the required fields, click on the drop down under employee ID and select “edit item.”



This will open up the employee information. There will be 4 fields to fill out. If the employee is willing to relocate, please indicate their preferred primary and secondary facility. There is a selection for “no preference” as well. This will serve for relocation preference for future emergency events. The option to redeploy to another facility is **voluntary.** You will then select the tier that this employee will be assigned and their preferred relocation role.

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ADDITIONAL RESOURCES FOR PROVIDERS

ICU Training for Non-ICU Physicians

Online trainings are available that provide practical critical care training for non-intensivists in order to better integrate them into surge ICU teams. These online modules will include lectures on basic ventilator settings, management of hypoxemia and hypercapnia, HFNC/NIV, tracheostomy care, vasopressors, and sedatives. To augment online training, ventilator simulation sessions will also be held at each site. These trainings are primarily targeted to tier 3 providers assigned to surge ICU units (see Surge Staffing Model above).

- PeopleSoft Modules
    - Level 1 Introduction to Ventilation Management and Troubleshooting
    - Level 2 Introduction to Ventilation Management and Troubleshooting
- Follow these steps to self Enroll:
    1. Log into PeopleSoft ELM (elm.nychhc.org)
    2. In the find learning section type in the name of the training and hit enter
    3. click on the title of the training
    4. click on the enroll button

Links to additional resources on the following topics

Click the hyperlink below to access a variety of resources including video SIM Trainings, lectures and PDFs

- SIM Trainings - Introduction: Focusing strategies in the management of SARS-CoV
    - Module 1: Ventilator setup
    - Module 2: Oxygen concentration & PEEP titration maneuvers
    - Module 3: Patient-ventilator desynchrony
    - Module 4: Position changes
    - Module 5: Peak pressure elevation (resistance and compliance issues)
    - Module 6: Respiratory acidosis
- ventilator resources
    - basic ventilator waveforms
    - adjusting ventilator settings
    - troubleshooting ventilator alarms
    - specific ventilator models
- Critical care education resources
- Personal Protective equipment resources
- Prone positioning resources
- Evidence based medicine resources
- Employee wellness and support resources
- Ventilator Management Simulation Case Modules

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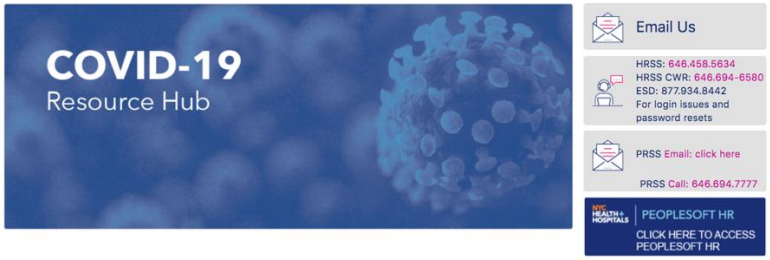
COVID-19 RESOURCE HUB



DISCLAIMER

Generally, it is within the System's managerial discretion to reassign employees within their home facility as necessary during an emergency, although such reassignments must be done following procedures that are specified in the employees' collective bargaining agreements (CBAs). For example, employees should always be given notice in advance of their new assignment, though the exact timeline may vary by CBA. In an emergency, that notice might not be able to be given far in advance, but managers must provide as much advance notice as possible under the circumstances.

Typically, reassignments should be made first to volunteers in a given title, with the most senior being offered the opportunity first, then, if there are more needed reassignments than volunteers, reassignments should be made to employees who have the least seniority in that title. However, if there are special skills or experience that a particular employee has that are needed in a reassignment, that reassignment can be made on the basis of managerial discretion.

Since the specific requirements for reassignments are different in each CBA, except in the most dire emergencies, Labor Relations should be consulted before reassignments are made. In a dire emergency, Labor Relations could be consulted and informed as reassignments are being made. Unions can file grievances against the System if they believe that the process of reassignment required by the CBA was not met.

If the System's operational needs require moving, or "redeploying" unionized staff to facilities other than the one to which they are regularly assigned, Central Office Labor Relations should be informed in advance so it can initiate discussion with the applicable union partner(s).