

# Leveraging Scheduling Technologies to Meet the Demands of COVID-19



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## Impact of COVID-19 on healthcare

The impact COVID-19 has had on the healthcare industry is substantial. The news is filled with stories of hospitals overrun with patients seeking care and overworked staff trying to meet the demand. Retired nurses and doctors are being called back into service, medical professionals are traveling far from their homes to offer aid in critical regions, and individuals with prior clinical experience currently in administrative and corporate roles are returning to patient care.<sup>1</sup>

### Staffing shortages

Even with the utilization of temporary staff and the pulling of resources from nonclinical areas, healthcare facilities across the nation are experiencing provider shortages.<sup>2</sup> Recent requests for traveling healthcare providers have increased significantly in some of the most highly affected areas across the nation. However, of those requests, hospitals only expect a portion of them to be fulfilled, as facilities extend the contracts of those they already have.<sup>3</sup>

## Certain healthcare settings reducing staff

Although units such as the ICU and ED are overrun with patients, many hospitals and their associated clinics are reporting a decline in census as people avoid healthcare facilities out of fear of contracting the virus that causes COVID-19.<sup>4</sup> This means many outpatient centers, physician offices and surgical departments are reducing or canceling service offerings.<sup>5,6</sup> Additional closures of these services are also continuing to be seen as more states and counties mandate bans on elective procedures and hospitals opt to postpone care in response to the increases in COVID-19 cases.<sup>7</sup>

Some clinicians who work in these departments have been offered positions in other areas of their facility, but many voice concerns that they do not have the proper skills for the care needed.<sup>8,9</sup> Others have been leaving their permanent positions to take travel assignments.<sup>10</sup> Those still employed worry what will happen when they get burned out or too sick to work. Who will replace them?<sup>11</sup>



## ACCORDING TO THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

An estimated 60,000 family practices will need to close or significantly cut back staff by June, representing 43% of the almost 2 million people employed in these offices.<sup>12</sup>

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## Tiered staffing model

Although their concerns are valid, many see these care providers as valuable resources who have much to offer in other areas of acute care.<sup>13</sup> The Society of Critical Care Medicine (SCCM) is the largest nonprofit medical organization dedicated to promoting excellence and consistency in the practice of critical care. Its current recommendation for addressing care needs during the COVID-19 pandemic is a tiered staffing model in which more-experienced ICU personnel supervise clinicians who are transferred to their units.<sup>14</sup> Rather than a single nurse being assigned to a patient, a team of clinicians would provide holistic care to a group of patients, resulting in a more efficient use of resources.<sup>15,16</sup>

This group approach to patient care has already been rolled out in several facilities, where nurses from other departments have been paired up with their ICU counterparts to care for these critically ill patients. The ICU nurses were grateful for the help, and the supplemental staff felt comfortable in their new role since they were paired with more-experienced clinicians.<sup>17</sup>

## Care teams

The SCCM proposes a care team led by an experienced ICU advanced practitioner or physician. This individual would oversee a clinical team comprising the following:

- Respiratory therapists, nurse anesthetists, and certified anesthesia assistants who would focus on ventilator maintenance
- ICU-certified nurses providing the more-specialized patient care skills
- Reassigned non-ICU nurses and staff who would deliver the patient care their knowledge set and experience allow<sup>18</sup>



**ACCORDING TO THE SCCM**, with a tiered ICU staffing model, one trained or experienced critical care physician could supervise four ICU teams.<sup>19</sup>

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## UKG for Healthcare solutions

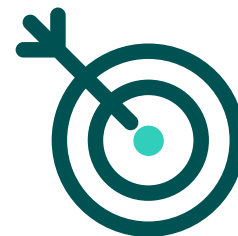
Before schedules can be created and assignments made, clinical leadership needs to know the skills and certifications of the staff they have. Skills are specific abilities that do not expire, and certifications are competencies designated by an authority for a specified period. In practice, being able to speak a foreign language would be considered a skill, whereas Advanced Cardiovascular Life Support (ACLS) or Oncology Certified Nurse would be examples of certifications.

UKG scheduling solutions are designed to meet the needs of various care settings. They are also flexible in their deployment options to support various nurse scheduling methods. The scheduling solutions can help you deploy staffing resources based on current and anticipated census, individual patient need, unit workload levels, and employee skills, certifications, and availability.



### UKG Dimensions Timekeeping used with UKG Scheduler

UKG Dimensions Timekeeping™ (formerly Kronos Workforce Dimensions Timekeeping™) used with UKG Scheduler™ (formerly Kronos Workforce Scheduler™) gives users the ability to track, manage, and control employee time and attendance, but it has many other uses. Most of the time, this combination is used by schedulers to ensure areas are staffed with employees who can meet certain requirements.



### People Record within UKG Dimensions Timekeeping

Skills and certifications are tracked in the People Record of Timekeeper. When following the SCCM's tiered staffing model, managers can use this tool to get a better idea of the background and experience of their supplemental staff and ensure they are used to the best advantage.

## UKG for Healthcare

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## Staffing management

Once leaders understand the resources they have, they need a solution that reduces the time-wasting and productivity-depleting complexities of staffing management and provides visibility into their facility's needs in real time as well as in the future. Schedules in the acute care setting have never been static. Changes have always been expected due to call-ins, underfilled shifts, and changes in census. The COVID-19 pandemic has only exacerbated these issues. Large numbers of patients are seen in and admitted from the ED daily. When COVID-19 cases are identified, staffing adjustments need to be made immediately. Now more than ever, managers need decision-making tools that allow them to make assignment modifications efficiently.



UKG Scheduler provides managers with the tools they need to successfully deal with the daily issue of ensuring their staff are scheduled in ways that utilize their skills to the best advantage. It automates the creation of work schedules based on actual census levels and a forecast of predicted volumes and incorporates staff skills, experiences, and preferences to guarantee clinicians have the support they need and patients receive the care they deserve. Before COVID-19, it was hard enough for managers to make sure the proper staff and skill mix were scheduled. Regulatory requirements, with facility- and unit-specific policies, and set practice standards can also be incorporated into the tool, helping you ensure the right provider is assigned to the right patient or duty.

**UKG Dimensions Workload Manager™** for Healthcare (formerly Kronos Workforce Dimensions Workload Manager™ for Healthcare) helps leadership match demand for care to their available clinical labor supply. By quantifying each patient's individual level-of-care needs, balanced, equitable shift assignments can be made with the click of a few buttons. Managers and charge nurses can quickly see which patients can be assigned to their supplemental staff and which should be given to someone with a specific skill or certification.

## UKG scheduling solutions

enable you to quickly rebalance staffing levels based on coverage and workload demand, at the unit level and through the entire organization, in real time.

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## UKG Dimensions Target Intelligence

Since UKG Dimensions Target Intelligence™ for Healthcare (formerly Kronos Workforce Dimensions Target Intelligence™ for Healthcare) is integrated with your organization's ADT (admissions, discharges, and transfers) feed, managers can use it to determine the needs of upcoming shifts and ensure they have the appropriate staff not only for the number of patients expected, but also for the expected overall workload of the department. The ability to make staffing updates proactively rather than in the moment ensures resources are being used in the most effective and cost-efficient manner.

## UKG EZCall

Under normal circumstances, clinical leadership would only need to concern themselves with the scheduling of the nursing staff. With COVID-19, we are seeing hospitals leverage the expertise of all different types of practitioners to meet patient care needs. Anesthesia providers are being brought from the OR to help monitor ventilators, physicians are taking a more direct patient care role, and medical students are being utilized on the floors. As a cloud-based, automated physician scheduling solution, UKG EZCall® (formerly Kronos EZCall®) can provide accurate and easily accessible schedules for these personnel whom unit managers do not normally have to take into consideration.



## Safe, high-quality care

Scheduling environments across the continuum of care typically have unique needs based on the type of care provided. Regardless of the environment, proper UKG scheduling and staffing are key to positive outcomes, employee engagement, compliance, and control of labor costs. Safe, high-quality care for every patient has always been a priority for healthcare organizations. The strains of the COVID-19 pandemic have made this goal even tougher to achieve, but a priority nonetheless.

Organizations need integrated solutions that can adapt to meet the demands of a changing healthcare landscape. Instead of reducing their most valuable resource – their workforce – institutions need tools that help them efficiently utilize the staff they have today, thus ensuring that staff is available tomorrow and beyond.

To learn more about UKG for Healthcare solutions, [check out our UKG for Healthcare scheduling solution guide](#)



## Endnotes

<sup>1</sup>Miguel Marquez and Sonia Moghe, CNN, *Inside a Brooklyn hospital that is overwhelmed with COVID-19 patients and deaths.* (March 31, 2020), found at <https://www.cnn.com/2020/03/30/us/brooklyn-hospital-coronavirus-patients-deaths/index.html>.

<sup>2</sup>Yinmeng, L., China Daily Global: The Americas (January 4, 2021), found at <https://global.chinadaily.com.cn/a/202101/04/WS5ff27ab0a31024ad0baa03e0.html>.

<sup>3</sup>Freeman, M., The San Diego Union Tribune, *COVID-19 cases driving sky-high demand — and pay packages — for travel nurses* (January 2, 2021), found at <https://www.sandiegouniontribune.com/business/story/2021-01-02/covid-19-cases-driving-sky-high-demand-and-pay-packages-for-traveling-nurses>.

<sup>4</sup>Gillette, B., Mississippi Business Journal, *Mississippi rural hospitals struggling with pandemic impacts* (January 4, 2021), found at [https://www.djournal.com/mbj/feature/mississippi-rural-hospitals-struggling-with-pandemic-impacts/article\\_d02b6e14-4e9b-11eb-b37a-ffafd29678fd.html](https://www.djournal.com/mbj/feature/mississippi-rural-hospitals-struggling-with-pandemic-impacts/article_d02b6e14-4e9b-11eb-b37a-ffafd29678fd.html).

<sup>5</sup>Paavola, A., Becker's Hospital Review, *Financial fallout from COVID-19: 11 hospital layoffs, furloughs or closures* (August 21, 2020), found at <https://www.beckershospitalreview.com/finance/financial-fallout-from-covid-19-11-hospital-layoffs-furloughs-or-closures.html>.

<sup>6</sup>Kim Norvell and Jayne O'Donnell, USA Today, *Thousands of US medical workers furloughed, laid off as routine patient visits drop during coronavirus pandemic* (April 2, 2020), found at <https://www.usatoday.com/story/news/health/2020/04/02/coronavirus-pandemic-jobs-us-health-care-workers-furloughed-laid-off/5102320002/>.

<sup>7</sup>Ibid.

<sup>8</sup>Ibid.

<sup>9</sup>Mahr, J. & Schncker, L., Chicago Tribute, *Tired, numb and burned out: With hospitals short on workers, those remaining feel pushed to the edge by COVID-19* (December 21, 2020), found at <https://www.chicagotribune.com/coronavirus/ct-coronavirus-hospital-staff-shortages-illinois-20201221-bb2t2lq3k5cjzlozjrr6lgtcqi-htmlstory.html>.

<sup>10</sup>Ibid.

<sup>11</sup>Ibid.

<sup>12</sup>Ibid.

<sup>13</sup>Woods, A.D., Lippincott Nursing Center, *Bringing back the team approach: It's time for alternative staffing and onboarding models* (March 26, 2020), found at <https://www.nursingcenter.com/ncblog/march-2020/alternative-staffing-and-onboarding-models>.

<sup>14</sup>SCCM, About SCCM (accessed May 27, 2020), found at <https://www.sccm.org/About-SCCM>.

<sup>15</sup>Christopher Cheney, HealthLeaders, *Coronavirus: Tiered Staffing Recommended to Bolster Critical Care* (March 23, 2020), found at <https://www.healthleadersmedia.com/clinical-care/coronavirus-tiered-staffing-recommended-bolster-critical-care>.

<sup>16</sup>Lisa Kaylor, JAGWIRE Augusta University, *Hospital staffing realigned to support COVID-19 patient care* (April 14, 2020), found at <https://jagwire.augusta.edu/hospital-staffing-realigned-to-support-covid-19-patient-care/>.

<sup>17</sup>Ibid.

<sup>18</sup>Ibid.

<sup>19</sup>Ibid.