Coping with COVID-19

Part 2 – Impacts on the Laboratory Workforce

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Topic for Today’s Discussion

- Staffing trends and challenges during COVID-19
- How to achieve higher employee engagement and accountability
- The impact on one health system and a pathology group
- An approach to Emergency Management Planning
Special Note

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Staffing Trends and Challenges

Erika Drennon
“In the time of COVID, I have had 70 new hires in 3 months, and I have been doing it all solo.”
Before COVID, we averaged about 10 new hires each month.
Incyte Diagnostics: Statistics

Once COVID hit, we only hired 10 in 3 months.
Incyte Diagnostics: Statistics

After we started COVID testing, our hiring rate doubled for 3 months.
Incyte Diagnostics: Hiring Process

Hiring Turnaround Time

- Pre COVID: 6 Weeks
- During COVID: 2 Weeks
Incyte Diagnostics: Hiring Process

• Ideal turnaround time for staff is two weeks. Time constraints that hindered this:
  o Delayed background checks
  o Delayed drug screen
  o “Ghosted” by candidates
  o Finding qualified candidates that could also pass skills test (not everyone that had educational qualifications would complete the required skills test)
Achieving Higher Employee Engagement and Accountability

Tricia Hughey
Presumptions

• People remain your company’s most important asset
• Novel, creative thinkers can be as valuable as experienced staff
• Individual responsibility with joint accountability has never been more important
What do Healthcare Workers Want?

• High performing clinical environment
• Economic opportunity
• Workload-life balance
What do Healthcare Businesses Need

- Maintain quality
- Manage costs
- Minimize risks
- Maximize revenues
- Stay competitive
Opposing Forces

• We’re in the middle of a mess
• Shortfalls and failures occur every day
• History and habits die hard
“Never Let a Crisis go to Waste”

Winston Churchill
Three steps to the on-ramp

Build a culture of higher Accountability

Bolster a culture of wider Communication

Boost your employee Recognition programs

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...AND THAT IS WHY WE LIFT ON THREE...

COMMUNICATION
Employee recognition

65%

Of employees haven’t received any form of recognition for good work in the last year

Source: Gallup
Shortfalls and Failures Occur Every Day

US Military After-Action Review

- What did we set out to do?
- What actually happened?
- Why did it happen?
- What are we going to do next time?
“To leave people feeling as though they are important and valuable is something we should all hope to have said about us.”

*Bill Gates Jr. quoting Bill Gates Sr.*
Recommended Reading

- The Oz Principle, Roger Connors, Tom Smith and Craig Hickman
- All Work and No Say, Jody Urquhart
- Harvard Business Review – various articles
Impact on the Health System, Indirect Impact on the Pathology Group

Ron Sconyers
The Pathology Group

- Metropolitan Pathologists – successful Anatomic Laboratory in Lakewood, Colorado
- In 2016 spun off separate corporation Apex Pathology, PC.
- Led the organization through the sales process, of the Laboratory, culminating with a sale to LabCorp in July 2019.
- Beginning January 2020 Apex had to stand on its own.
- Covid-19 Impact
The Pathology Group

- **RETHINK**: If we were starting over, what would we start doing that we have not traditionally done?

- **RETIRE**: What have we been doing that we would not consider doing if we were starting over?

- **RETAIN**: What did we start doing in this season that we should continue doing when this season ends?
The Health System

- Health System
  - System Revenue declined by **19.5%**
  - Surgeries **6.8%** decline

- Adjusting to the “new normal”
  - Corporate Adjustments
  - Operational Adjustments

- “Operational Adjustments” - Staffing Reductions create voluntary departures
The Health System

• System Operational issues impact on the Apex Group
  o Ascribed Authority vs Positional Power

• Staff Changes
  o Asking Pathologist to assume roles of Non-Pathologist functions
COVID-19 Emergency Management Plan

Patrick Wilson, MD, FCAP
COVID-19 Laboratory Emergency Management Plan

1. Staffing
2. Screening
3. PPE
4. Workspace decontamination
5. Facility Access
6. Morgue Facility
7. Utilize existing institutional incident command structure
1. Staffing

• Critical review of existing liabilities
• Cross training wherever feasible
• Utilization of a float pool
• Work from home options
• Mitigate childcare/elder care obligations
• Determine critical staffing level
1. Staffing continued

- Staffing > 40% of critical level
  - Suspend non-STAT testing and batch when appropriate
  - Divert testing to other in-system facilities if feasible
  - Divert testing to reference lab partners
1. Staffing

continued

• > 10% but < 40% of critical staffing level
  o Maximize PRN employees
  o Utilize staff from other in-system facilities
  o Suspend non-STAT testing
  o Consider diverting specimens to other in-system facilities
  o Consider diversion to reference lab partners
1. Staffing

continued

< 10% Critical Staffing

- Doomsday scenario - unable to mitigate with the following:
  - Maximize PRN employees
  - Utilize staff from other in-system facilities
  - Suspend non-STAT testing
  - Consider diverting specimens to other in-system facilities
  - Consider diversion to reference lab partners
2. Screening

- Symptoms
- Temperature
3. PPE and Workplace Decontamination

- Refresher Training
- Reinforce Best Practice
4. Facility Access

- Limit access of vendors to critical service engineers and training personnel
- Review courier delivery points and consolidate as feasible.
- No visitor policy
5. Morgue

• Assess capacity
  o Back up plan for excess

• Physical environment
  o Negative pressure
  o HEPA filtration
  o PPE
Resources

• COVID-19
  o Updates: https://www.cap.org/covid-19

• Practice Management Resources
  o Toolkits and Other Resources: https://www.cap.org/member-resources/practice-management
  o Questions – Real-time assistance email: practicemanagement@cap.org