

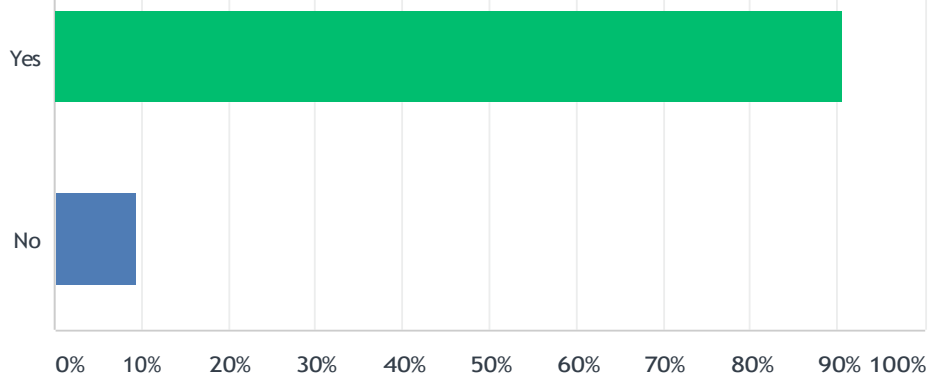


COVID-19 Human Resources Policy Survey 2.0

Data collected June 4-11, 2020; 54 organizations participating

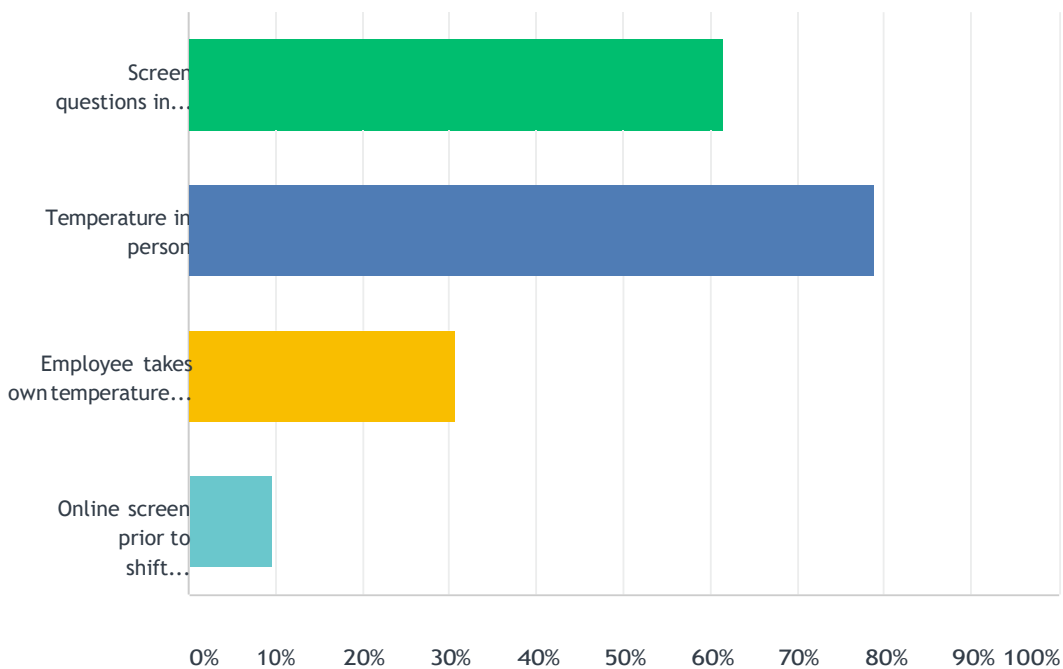
This report is a summation of data collected from organizations throughout Missouri focusing on human resources policies related to the outbreak, and includes topics such as planning, working arrangements, salary continuation and time off.

Is every hospital employee being screened prior to starting shift?



ANSWER CHOICES	RESPONSES	
Yes	90.57%	48
No	9.43%	5
TOTAL		53

What type of screening is being conducted prior to their shift?



ANSWER CHOICES	RESPONSES	
Screen questions in person	61.54%	32
Temperature in person	78.85%	41
Employee takes own temperature prior to shift start	30.77%	16
Online screen prior to shift starting	9.62%	5
Total Respondents: 52		

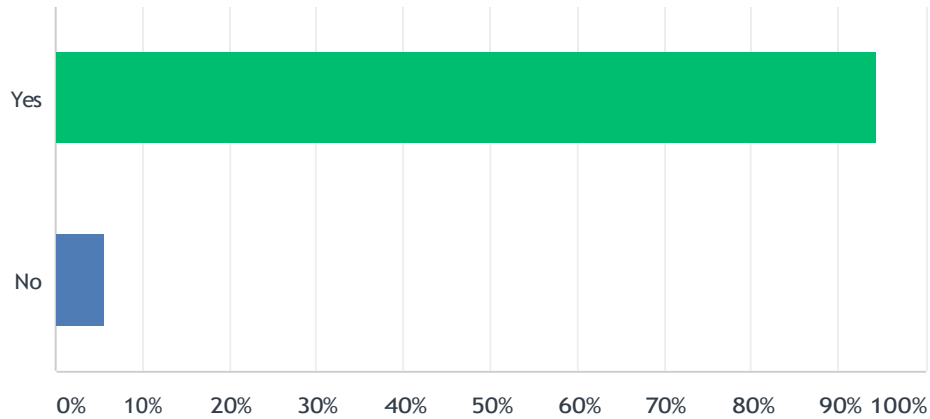
Employee Screenings: How long you will continue this practice?

#	RESPONSES
1	no plans to discontinue
2	We feel we will be doing this practice until the end of the year.
3	Unknown
4	Until further notice
5	Expected to continue thru month of June
6	Through current and next phase of recovery
7	Not sure
8	for the foreseeable future
9	For the foreseeable future
10	We just ended temperature taking and screening questions Monday June 8.
11	UNKNOWN AT THIS TIME, AT LEAST THROUGH END OF JUNE
12	No plans to discontinue at this point. We are thinking it may be a forever thing.
13	Undetermined at this time. We are advising that screenings will continue as long as the pandemic is active.
14	To be determined.
15	Unknown at this time - we are continuing into the foreseeable future
16	TBD
17	No end date determined at this point. We plan to continue as needed.
18	Indefinitely right now.
19	Unknown at this time.
20	For the foreseeable future.
21	so far on going and looking at starting temp checks at our doors. Right now, it is the honor system
22	unknown
23	TBD
24	Unknown at this time.
25	Will rely on state/federal recommendations along with active monitoring of COVID cases in community/county.
26	Unknown
27	unknown
28	Anticipate 6-12 months
29	Have not set an end date
30	Unknown at this time.
31	TBD
32	Unknown

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33	Indefinite at this time and we may start taking temperatures at screening stations as employees come in
34	through July and then will evaluate community and CDC information
35	We are considering ending the temperature screening of employees once a few incubation cycles have passed since the stay-at-home orders were lifted, as long as employee positives remain consistently low.
36	Unknown
37	Indefinitely
38	Current plan is to continue till a vaccination is in place or we have herd immunity
39	Unknown, estimated 18 months
40	We are following CDC guidelines and internal policy that is subject to modification as the COVID-19 landscape evolves
41	Unknown at this time. At least through the month of June.
42	unknown at this time
43	No determination at this time.
44	Possibly through July. We usually go by CDC and AHA recommendations.
45	Unknown at this time
46	No end in sight as of right now.
47	for the foreseeable future, may move to screening being done within departments vs at entrance.
48	We just switched June 1st from employees getting temps taken at the door to employee self-screenings prior to coming to work. We do not have an end date for self-screenings.
49	Unknown at this time.
50	unknown
51	We will follow major health systems; presume end of June with current process. May switch to different method beyond June

Is every patient and visitor being screened upon entry?



ANSWER CHOICES	RESPONSES	
Yes	94.34%	50
No	5.66%	3
TOTAL		53

Patient and Visitor Screenings: how long you will continue this practice?

#	RESPONSES
1	no plans to discontinue
2	Until the end of the year.
3	Unknown
4	Until further notice
5	Through month of June
6	Through current and next phase of recovery
7	Not sure
8	for the foreseeable future
9	For the foreseeable future
10	Unsure
11	UNKNOWN AT THIS TIME
12	We have no plans to discontinue at this point.
13	Undetermined at this time. We are advising that screenings will continue as long as the pandemic is active.
14	To be determined
15	Unknown at this time - we are continuing into the foreseeable future
16	TBD
17	No end date determined at this point. We plan to continue as needed.
18	Indefinitely for now.

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19	Unknown at this time.
20	We have recently moved from a screening to a "greeting" approach, offering masks and then screening at the location of their appointment (e.g., internal clinic, imaging, etc.
21	ongoing until further notice
22	unknown
23	TBD
24	Unknown at this time.
25	indefinitely
26	Will rely on state/federal recommendations along with active monitoring of COVID cases in community/county.
27	Unknown
28	unknown
29	Anticipate 6-12 months
30	Have not set an end date
31	Reevaluate on June 15th
32	Unknown at this time
33	We do not allow visitors at this time. We hope to open up to visitors later this month.
34	We just suspended visitor/patient screening June 1st.
35	Indefinitely until further notice
36	through July and then will evaluate community and CDC info
37	Undetermined.
38	unknown
39	Indefinitely
40	Current plan is to continue till a vaccination is in place or we have herd immunity
41	Estimated 18 months
42	Unknown at this time. Possibly through the end of June.
43	unknown at this time
44	no determination at this time
45	Possibly through July. We usually go by CDC and AHA recommendations.
46	Unknown at this time
47	No end in sight.
48	for the foreseeable future
49	With universal masking I can see us stopping patient/visitor screening within the next 30 days
50	Unknown at this time.
51	unknown
52	Until further notice; will follow practice of large health systems

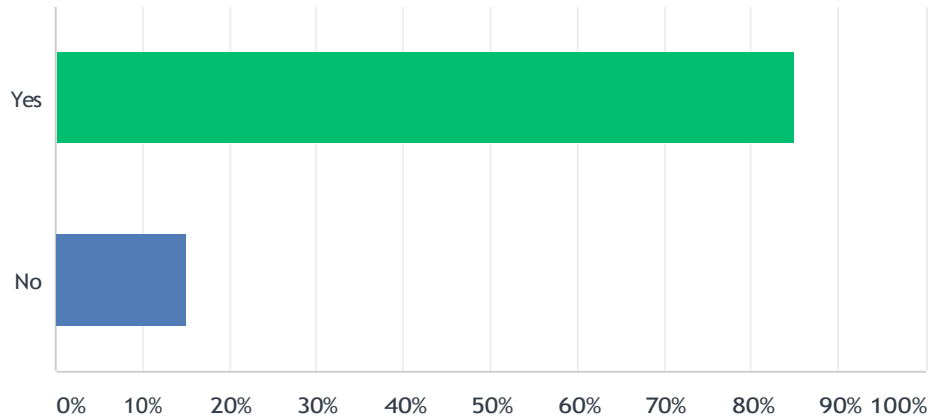
How are you currently staffing employee, patient and visitor screenings?

#	RESPONSES
1	where possible, limiting number of entrances and staffing with new entrance wellness screener role
2	1 receptionist and 1 nurse. Everyone comes in one entrance.
3	Added temporary employees
4	Yes
5	Using current employees from departments with lower than normal workloads, and also using PRN clerical/CNA staff
6	Labor Pool, reduced service departments
7	With nursing staff and other trained support staff
8	administrative staff, entry level staff, some nursing
9	With clerical employees or employees in areas with a continued decline in patient volumes.
10	with furloughed employees from other areas.
11	WE ARE ASKING FOR VOLUNTEERS FROM ALL DEPARTMENTS.
12	With our staff. Our Manpower pool sends alerts out that employees are taking EA s and we try to utilize.
13	We are using staff who would otherwise be furloughed or "low census".
14	With employees on Furlough or Shared Work Program
15	Low-census employees
16	Utilizing staff members with excess capacity as a result of lower volumes.
17	Up until this point, we have utilized staff in areas where volumes have been low. Starting next week, we are rotating hospital staff
18	In lieu of pandemic pay and PRN staff
19	Employees that are available due to low volume in their department.
20	We are transitioning from a formal labor pool (redeploying underutilized staff) to a department-owned coverage pool for the various shifts.
21	we have created an entry level role for main entrances
22	current staff
23	with current employee's
24	Various staff from different departments.
25	With clinical staff who act as screeners during the day - front lobby and Emergency Department; evening/night we use registration staff in the Emergency Department as that is the only entrance after 5 p.m.
26	Current staff that have experience reduced hours in their regular positions.
27	Regular staffing pattern
28	With employees
29	Using PRN and low workload staff. We are evaluating the use of student volunteers or hiring into these roles.
30	With current staff
31	Volunteers and front lobby desk personnel

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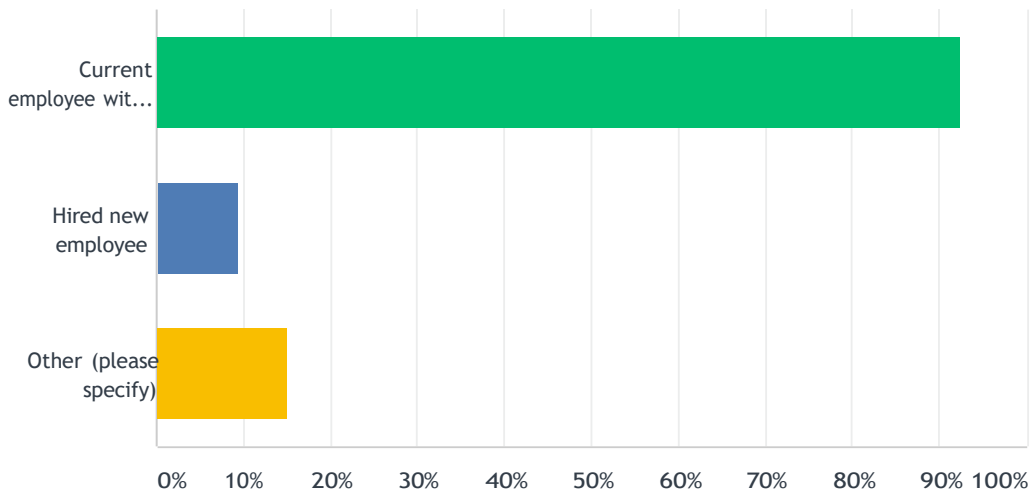
32	Bringing in additional staff to obtain temps/screening questions before staff/visitors/physicians as they enter building
33	Low Census and PRN employees
34	When we were screening, we were using employees to screen
35	With employees who are not needed in their regular jobs; we may add permanent staff to do this however
36	using own staff who need hours and have now hired college students - age 18 and over for this position
37	Employees from departments with low work volumes. We have also hired a few temporary staff as door screeners.
38	Using current employees that have less work
39	With existing staff
40	To avoid layoff and utilize PPP funds, with staff that wasn't working to their fullest potential, a lot of therapists and nurses. Since after cutoff of PPP funds, will convert to lower paid employees. Might have to hire.
41	We hired new employees for the position and staff our two entry points
42	We rotate medical personnel (CNA's, MA's, LPN's, RN's, etc.) at front entrance and ER entrance -- all other entrances are closed off at this time. Registration Clerks are also trained in this process as back-up.
43	Mostly with non-essential personnel and personnel who were displaced during the height of COVID-19.
44	employees take their own temp; personnel staffing tables at entrances for patients. No visitor policy still in place
45	In house, employee with limited patient services sharing the duties.
46	We are utilizing staff that have been are not able to work in their current jobs due to the restrictions.
47	We have created a schedule that covers the hours of 7am-10pm. After 10pm our Emergency Room staff screens.
48	With employees and our security/police officers.
49	using staff already employed, in process of hiring screeners.
50	We have a labor pool that consist of employees on low census. They cover patient/visitor screening sites. We do not use OT to cover the screening sites.
51	Employees are assigned to staff the screening table when their work is complete rather than being sent home due to lack of work.
52	We are using our own staff - either those who are being flexed down due to census, or PRN employees
53	Yes

Do you have employees you have reassigned to this function?



ANSWER CHOICES	RESPONSES	
Yes	84.91%	45
No	15.09%	8

What type of employees are you using to perform this function?



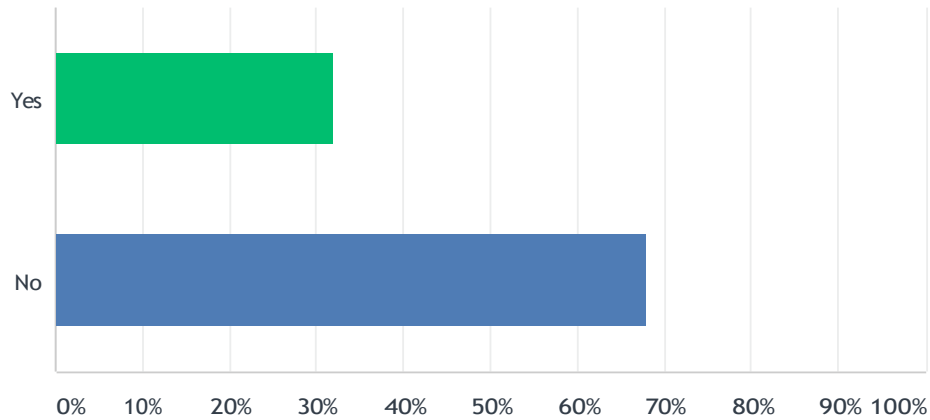
ANSWER CHOICES	RESPONSES	
Current employee with reduced workload	92.45%	49
Hired new employee	9.43%	5
Other (please specify)	15.09%	8

Total Respondents: 53	
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#	OTHER (PLEASE SPECIFY)
1	Current employee with same workload
2	We rotate current employees. Does not change workload
3	Other departments helping.
4	Added responsibility of current employee
5	Mgrs. who volunteer
6	We have hired a few temporary employees to be door screeners.
7	Our Valet Drivers also
8	some leadership covering too.

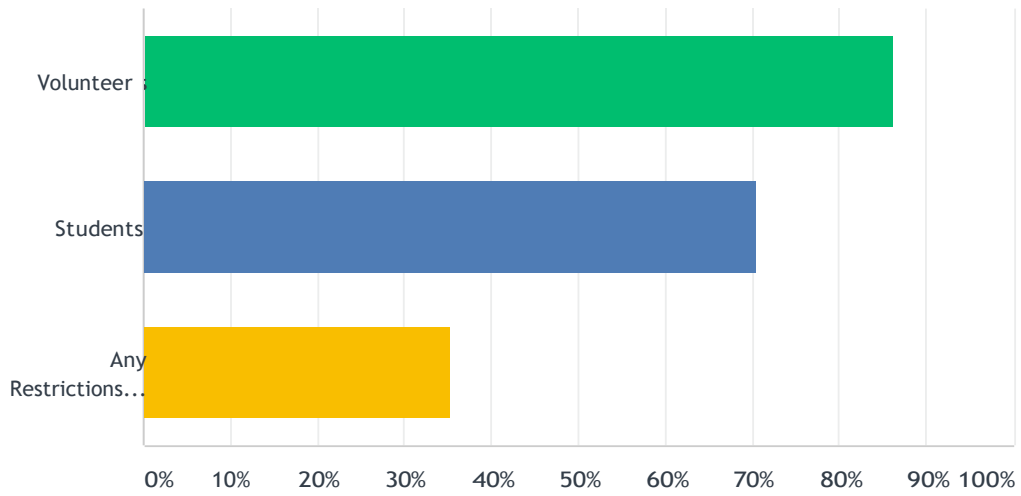
Do you require employees to attest to a policy statement when they come to work, either in writing or by acknowledgement through a poster and allowing us to take their temperature and ask a few questions?



ANSWER CHOICES	RESPONSES
Yes	32.08% 17
No	67.92% 36
TOTAL	53

#	COMMENT:
1	Do I need to?
2	WAs discontinued 6/8/20.
3	not by a poster it is our policy
4	We do have posters up at the screening stations with the information
5	not at this time but moving to this process
6	We use CDC guidelines for questions
7	Attest to no symptoms, not permission to take temperature
8	Have discussed utilizing this process
9	We have posters, however there is not attestation
10	Would be interested in a template acknowledgement; we have general policy about not coming to work with fever/infectious disease

Are you limiting the following non-essential personnel specifically:

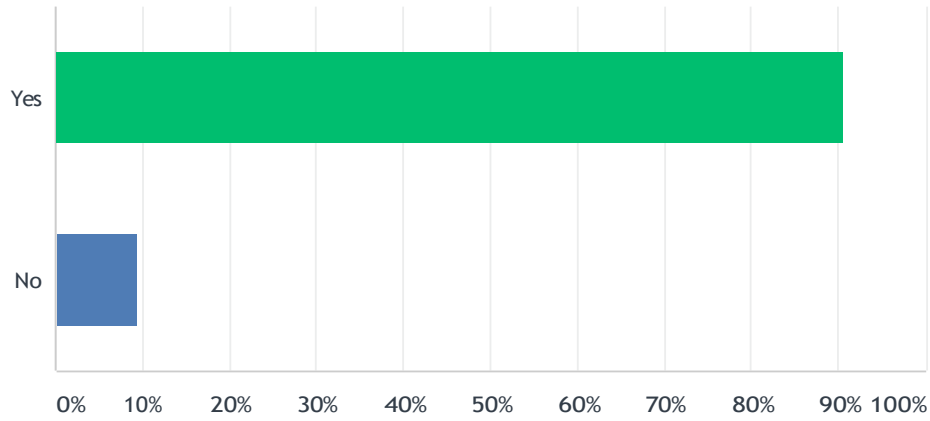


ANSWER CHOICES	RESPONSES	
Volunteers	86.27%	44
Students	70.59%	36
Any Restrictions? (please specify)	35.29%	18

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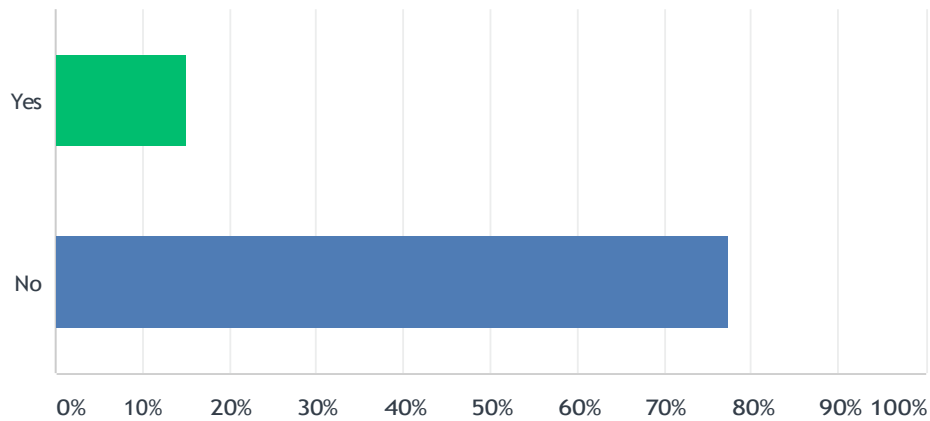
#	ANY RESTRICTIONS? (PLEASE SPECIFY)
1	No family or visitors. A 2-member family exception for eminent cases. Those individuals must be screened.
2	We are allowing students to return, as long we have an adequate amount of PPE. We have not yet lifted the hold on Volunteers returning to the building.
3	All students and volunteers were removed early on. We are now starting to reintroduce students. Volunteers remain inactive at this time.
4	Volunteers to areas of low risk and only if volunteer is comfortable returning. Students are allowed if they are in health care field of study that requires clinical rotations. No job shadows until their school is doing in-person education.
5	Phasing back in as of 6/15/20
6	recommending that those with health risk not return. Limiting number of students
7	No volunteer services provided at this time.
8	Starting to bring back volunteers and students
9	We currently do not allow volunteers and we limit students to clinical students only
10	We are only restricting visitors at this time
11	Not allowed at this time.
12	We were but back to normal routines 6/1/20
13	Are working on ways to allow students
14	visitors and patient family
15	We have just started allowing students back on site.
16	Volunteer and Students are not allowed in the hospital at this time. We are only allowing the patient and a driver. The driver has to sit in their car or in our front lobby, they are not allowed past the waiting room with the patient. Inpatients designate one person who can come to visit them. No one other than the designee is allowed in building.
17	We have brought back volunteers and students in a reduced capacity.
18	Just started letting students come in for clinicals. Do not allow job shadows at this time. Volunteers are not allowed to return at this time.

Have you adopted universal masking within your hospital?



ANSWER CHOICES	RESPONSES	
Yes	90.57%	48
No	9.43%	5
TOTAL		53

How are you handling employees who go on vacation out of state? Do they have to quarantine before coming back to work?



ANSWER CHOICES	RESPONSES	
Yes	15.09%	8
No	77.36%	41
TOTAL		53

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#	COMMENT:
1	14-day self-quarantine or a negative test result.
2	Hot Spot designation. If traveled to specific locations may be required to quarantine
3	No longer due to current cases in the US
4	depends on where they went
5	We are conducting temperature screenings upon arrival and all staff and visitors are required to wear masks in uncontrolled areas.
6	THEY COMPLETE TRAVEL FORM AND EMPLOYEE HEALTH/INFECTION PREVENTION REVIEWS. THEY WILL ADVISE IF THE EMPLOYEE IS TO SELF MONITOR OR QUARANTINE
7	They contact our Infection control nurse prior and after. go by CDC guidelines for the state
8	We continue to follow CDC guidelines for travel
9	Only if they visit a hot spot identified by KDHE
10	Required to mask/screen and answer questions; if 100.4 temp or higher, instructed to go home and contact supervisor and EHS.
11	unless CDC has recommendations
12	If they go to a designated hot spot.
13	Yes, we will continue to monitor
14	If travel is to a hot spot, employee must speak with Employee Health to be evaluated prior to returning to work
15	Hospital is in Kansas; this is not a requirement in Kansas for essential healthcare worker
16	Employees contact Employee Health upon return to determine if quarantine is required.
17	We tell them to mask and self-monitor for 14 days post return from vacation - following CDC guidelines
18	If they travel to a high-risk area
19	only restriction is international and cruise lines
20	Don't quarantine unless symptomatic
21	It depends on where they went to vacation to a high-risk area, they would
22	Dependent upon the location they have travelled to (i.e. COVID-19 high risk locations)
23	Employees who have traveled outside a 60-mile radius are required to report to Occ Health.
24	If they have traveled to a current 'hot spot' area
25	Only if they have traveled to high COVID Rate areas
26	They must wear a mask at all times for two weeks upon return to work.
27	Since COVID is widespread we do not feel there is a need to do this.
28	monitor symptoms, unless known exposure.
29	They must inform us if they have any symptoms.
30	If employees go to "hot spots" we have asked them to mask for 14 days

If an employee tests positive, what is your process?

#	RESPONSES
1	Depending on nature of exposure, employee is either on paid short-term disability leave or worker's compensation
2	Quarantine the employee and twice weekly until 2 negative test. We also test all employees and patients identified through contact tracing.
3	Placed out of work until the employee is able to test negative twice
4	14-day quarantine and borrowed sick leave after 14 days of administrative leave if their sick balance will not cover any additional days off due to the virus. They must test negative twice before being allowed to return to work.
5	Not happened but would quarantine at home. Then we'd notify other staff.
6	We have them quarantine for a minimum period of 14 days or until released from their physician
7	quarantine for 14 days
8	First, the employee is prohibited from returning to work. Then, engage Employee Health and Infection Control in an interactive process in which information is gathered from the employee to ensure that all required source control metrics were applied consistently to determine if there is a risk to other staff. Employee continues engages with Employee Health to advise of progress of illness and symptomology to determine when employee can return to work, based on CDC guidelines.
9	report to employee health, tracking and furlough.
10	WE HAVE NOT HAD THIS HAPPEN YET. IF/WHEN IT DOES, WE WOULD REQUIRE THE EMPLOYEE TO QUARANTINE FOR 14 DAYS.
11	We send home and they have to have 2 negative tests before coming back to work.
12	They may work as long as they are asymptomatic, wearing a mask and utilizing safety precautions.
13	Off work like any other illness with same use of benefits. If the positive was from a known patient contact in the course of doing their work, we would pay them for work shifts missed without making them use benefit time.
14	Employee health is managing their process of reviewing their symptoms
15	Remain off work 14 days--if no fever and signs of improved symptoms for 72 hours, may RTW.
16	They will be off work on quarantine time
17	paid quarantine pay
18	Quarantined for 2 weeks and then must have a telehealth visit with our employee health physician in order to be cleared to return to work.
19	EHS takes the lead for further directions that include quarantine and return-to-work protocols.
20	off work, run tracer on rest of team. quarantine those exposed
21	send home, monitor employee 14 days, pay wages at 100%, repeat test, when negative and symptom-free for 72 hours may return to work.
22	They must go home and quarantine per CDC guidelines
23	Must quarantine for a minimum of 14 days or until tests negative.
24	Off work up to 14 days or be re-tested again.
25	Quarantine, notify contacts, medical consult if necessary

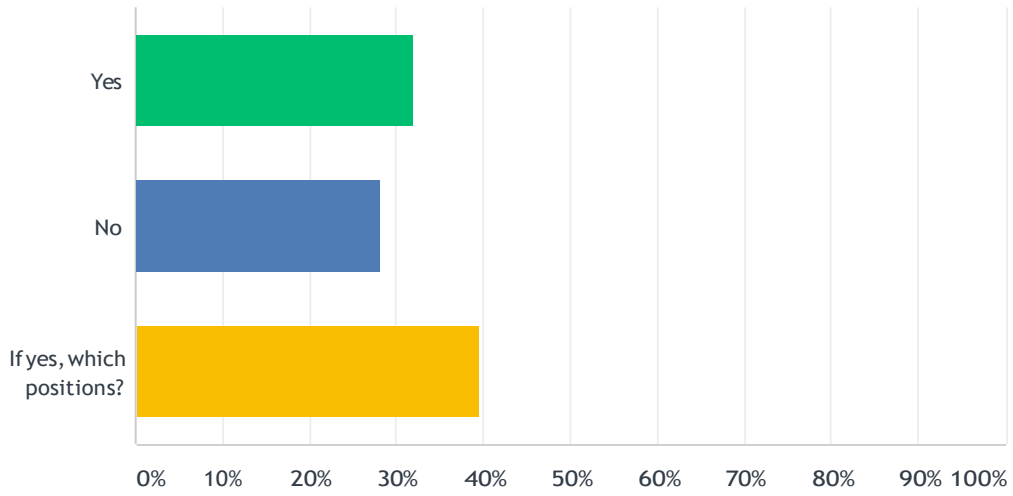
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26	Our Workplace Health puts them out of work and our leave coordinator work with them on filing for FMLA	
27	Employee quarantines. We determine employee exposures and either place those employees on symptom watch or require them to quarantine if symptomatic.	
28	placed on quarantine, paid regular pay while quarantined	6/4/2020 4:29 PM
29	We follow CDC guidelines as well as Public Health Dept	6/4/2020 3:10 PM
30	Employee must have two negative tests before returning to work. Organization compensates for time missed.	6/4/2020 2:48 PM
31	Normal exposure policy is followed.	6/4/2020 12:00 PM
32	They are excluded from work and we have provided special benefits they can use during this time	6/4/2020 11:53 AM
33	quarantine until after symptoms have left for X days - following CDC chart	6/4/2020 11:35 AM
34	Off work for minimum 7 days and symptom free.	6/4/2020 11:16 AM
35	allowing 80-hour emergency paid sick leave	6/4/2020 11:03 AM
36	Quarantined until symptom free per CDC guidelines; paid time off during quarantine up to 14 days.	6/4/2020 10:46 AM
37	Negative symptoms, 2 negative tests, wear mask, keep in low risk area. Haven't had surge, to the degree where symptomatic employees have to work	6/4/2020 10:19 AM
38	We have an app that is monitored, and they track symptoms daily until the period of time as defined in the policy per CDC and health department guidelines	6/4/2020 10:19 AM
39	EE is sent home immediately, all those who have been in close contact with the employee are also sent home under EPSL for 14-day quarantine, County health department is notified, and we work with them for further action	6/4/2020 10:11 AM
40	Treat and quarantine	6/4/2020 9:49 AM
41	14-day mandatory quarantine	6/4/2020 9:43 AM
42	currently no employees have tested. have a policy in place to quarantine.	6/4/2020 9:36 AM
43	immediately self-isolate and notify Occupational Health for coordination and referral for further evaluation.	6/4/2020 9:29 AM
44	They are put on quarantine and we test the co-workers who have been in close contact. They cannot return to work until they have had 2 negative covid-19 tests.	6/4/2020 9:29 AM
45	Verify results, 10 / 3 rule....10 days from diagnosis date and must also be 3 days symptom free	6/4/2020 9:27 AM
46	they will be sent home for the recommended time; they may apply for EPSL. then may need negative test prior to returning.	6/4/2020 9:25 AM
47	They are to quarantine for 14 days. All employees who have worked closely within that same dept must wear N95 the entire time they are at work and we record any symptoms and temp daily for 14 days. The positive employee can come back to work after 14 days as long as they are symptom free. We have had one county health dept that would not allow one of our employees to return without a negative test. That employee has been out for over 6 weeks.	6/4/2020 9:20 AM
48	The employee is referred to Employee Health and follows the protocols in place.	6/4/2020 9:18 AM
49	quarantine off work and monitor symptoms. Can test to return to work 10 days post symptom onset - must have negative result to return	6/4/2020 9:11 AM
50	They quarantine for 14 days or until no symptoms for 72 hrs. without use of OTC medicine	6/4/2020 9:05 AM

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28	placed on quarantine, paid regular pay while quarantined
29	We follow CDC guidelines as well as Public Health Dept
30	Employee must have two negative tests before returning to work. Organization compensates for time missed.
31	Normal exposure policy is followed.
32	They are excluded from work and we have provided special benefits they can use during this time
33	quarantine until after symptoms have left for X days - following CDC chart
34	Off work for minimum 7 days and symptom free.
35	allowing 80-hour emergency paid sick leave
36	Quarantined until symptom free per CDC guidelines; paid time off during quarantine up to 14 days.
37	Negative symptoms, 2 negative tests, wear mask, keep in low risk area. Haven't had surge, to the degree where symptomatic employees have to work
38	We have an app that is monitored, and they track symptoms daily until the period of time as defined in the policy per CDC and health department guidelines
39	EE is sent home immediately, all those who have been in close contact with the employee are also sent home under EPSL for 14-day quarantine, County health department is notified, and we work with them for further action
40	Treat and quarantine
41	14-day mandatory quarantine
42	currently no employees have tested. have a policy in place to quarantine.
43	immediately self-isolate and notify Occupational Health for coordination and referral for further evaluation.
44	They are put on quarantine and we test the co-workers who have been in close contact. They cannot return to work until they have had 2 negative covid-19 tests.
45	Verify results, 10 / 3 rule....10 days from diagnosis date and must also be 3 days symptom free
46	they will be sent home for the recommended time; they may apply for EPSL. then may need negative test prior to returning.
47	They are to quarantine for 14 days. All employees who have worked closely within that same dept must wear N95 the entire time they are at work and we record any symptoms and temp daily for 14 days. The positive employee can come back to work after 14 days as long as they are symptom free. We have had one county health dept that would not allow one of our employees to return without a negative test. That employee has been out for over 6 weeks.
48	The employee is referred to Employee Health and follows the protocols in place.
49	quarantine off work and monitor symptoms. Can test to return to work 10 days post symptom onset - must have negative result to return
50	They quarantine for 14 days or until no symptoms for 72 hrs. without use of OTC medicine

Are you continuing to allow non-essential employees to work remotely?

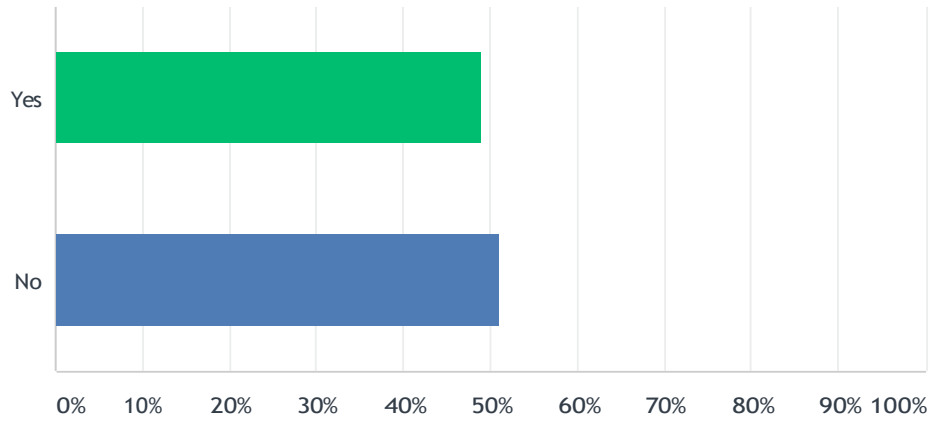


ANSWER CHOICES	RESPONSES	
Yes	32.08%	17
No	28.30%	15
If yes, which positions?	39.62%	21
TOTAL		53

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#	IF YES, WHICH POSITIONS?
1	Only a few evaluators who worked remotely before the pandemic
2	Information Services, some clerical support
3	CLINICAL IT, RISK MANAGEMENT/QUALITY IMPROVEMENT
4	Largely office workers, non-clinical (non-patient facing, non- patient care support), technology-enabled roles
5	HIM, Business Office, Quality, IT,
6	HIM/Billing
7	Coding, billing, transcription
8	Some administrative roles were allowed to work remotely (or staff rotated); essentially everyone is back at this point.
9	those roles that are appropriately
10	Coder
11	At this time all of our employees are essential
12	coding, billing
13	Primarily only in Revenue Cycle, Quality, and HIM; others have returned.
14	Any who are able to perform their duties from home (accounting, billing, admin, medical records)
15	HR, IT, Corporate Compliance, Billing, and other non-patient care departments.
16	some not all positions in business and such working remotely
17	We are giving that decision to our Managers on whether they think their employees should continue to work from home while the virus is still active. We have allowed the majority of our employees to come back to work as we are in a low number area.
18	Development, HIM, IT, Recruiting, Marketing
19	yes a few. extremely high-risk people.
20	Clerical, billing, financial counselors, etc.
21	We are bringing back remote workers slowly based on need; most have returned

Do you have a return to work plan?



ANSWER CHOICES	RESPONSES	
Yes	49.06%	26
No	50.94%	27
TOTAL		53

When do you plan to have employees return to work on-site?

#	RESPONSES
1	Developing plan
2	Employees never left.
3	With the exception of a few that have always worked remotely, all employees are on site
4	Unsure at this time
5	Last Phase of recovery (anticipated mid-July)
6	For some departments/services
7	depends on unit volumes
8	Unknown - we only have 1 working remotely at this time.
9	unsure. Have brought back many already for elective surgery and other procedures.
10	UNKNOWN AT THIS TIME
11	Everyone is working we are taking EA's when necessary, furloughs, Families First Act time off and our CEO has asked that we have no overtime and take one day off each pay period, without pay or using our PTO time.
12	We have not yet defined a date as we are working through facility considerations for both short- and long-term needs.
13	Most already have, but it is department specific depending on volume levels.
14	Phased depending on the needs of the individual department
15	TBD
16	It depends on the nature of the work, the work area and the needs of their customers
17	Those who can continue to work from home and the functionality of the department supports it, we have allowed to work from home indefinitely for now. Those who prefer to work or functionality of department need it, have already returned.
18	Unknown at this time.
19	Our Phase 4 (full re-entry) begins 6/15/20.
20	employees being returned as appropriate based upon role and ability to socially distance.
21	now
22	All of our employee's returned to work on June 1, 2020
23	No employees working remotely due to COVID.
24	Started June 1, 2020
25	Positions are evaluated as volumes pick up for viability and appropriateness of coworkers to return.
26	Most have returned. Few would like to continue which is not totally due to COVID.
27	Still being reviewed
28	Undetermined
29	are working on the return to work plan now
30	June 1, 2020
31	TBD
32	We will be fully back to routine staffing 6/7/20.

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33	Very soon but the plan is being worked out
34	never allowed work from home
35	Leaders are making this decision based on the department needs.
36	Unknown, we may allow remote working permanently
37	May 18
38	Currently less than 10 are working remotely. If this continues to work, will evaluate at later date
39	We have always had employees on site. No one worked from home.
40	We started that transition two weeks ago. Most employees are back, though we have set up many to be able to work from home if they wish or need to a few days per week.
41	Some employees have returned to work. Others are being phased in. At this time, some employees continue to work remotely until the end of June. This was be revisited at the end of June for another target date.
42	Undetermined at this time
43	all employees have remained in force other than a reduction due to financials
44	We already have with some exceptions at the Manager's discretion.
45	All of our employees are currently working on-site
46	They are allowed to return now. We have left it up to each manager to work together on what makes sense for the position/department. We are also exploring allowing some of the positions to work permanently part time from home.
47	most are, others will depend on their Dr recommendations.
48	We have never had employees working off site
49	The last official day for furlough is July 31.
50	Furloughed and remote work employees are returning to work in accordance to business necessity.

How are you handling interviews?

#	RESPONSES
1	Most are virtual. Those in person are conducted at an appropriate distance
2	Zoom or live outside, masked, and socially distanced.
3	in person
4	Via WebEx for the most part. We are still utilizing our open application Wednesday application process to fill our dietary, evs and floor positions.
5	Conducting as normal, except nursing home interviews are conducted in other parts of our facility as no outside visitors are permitted in the home.
6	Virtual, in-person
7	Virtually
8	virtual
9	By conducting telephone screenings to narrow down candidates. If manager wants a second interview, we bring them in to a conference room where social distancing can be observed.
10	remotely via WebEx other video type.
11	VIDEO, PHONE AND IN PERSON
12	I notify the check in table that I am expecting that person, they will be screened, and I will go meet them at the check in table.
13	Interviews are being conducted virtually.
14	In person.
15	Virtual
16	Limiting number of in-person interviews
17	We are doing them on a platform similar to Facetime.
18	Phone, zoom, facetime
19	Onsite either sitting 6 feet apart or wearing a mask.
20	Zoom/WebEx for the most part with limited F2F interactions (with social distancing).
21	more on Skype but also in person. socially distancing and require masks and temp checks at the door
22	phone
23	At this time, we are not conducting interviews.
24	We continue to schedule interviews for potential applicants.
25	Doing social distancing and wearing masks.
26	In person with social distancing.
27	Social distancing no handshakes etc. Masks offered.
28	Webinar and phone
29	We are conducting interviews through a video interview tool or via phone.
30	not hiring at the present time
31	Phone and ZOOM interviews for priority positions only
32	Phone/WebEx
33	Both in-person and via zoom

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34	Remotely for the most part via telephone
35	zoom mainly
36	Offering in-person, phone, virtual options based on leader and candidate preference.
37	screen before entering the building, currently not have many interviews.
38	on-site following universal masking protocols
39	Minimal information unless specific to treating COVID. We have only had one positive patient and they were confined to ER. Have had several rule-out on inpatient side.
40	Telephone interviews are suggested as a first step. Managers with zoom accounts can use that, however we reserved one conference room for interviews and that is cleaned after each interview by housekeeping.
41	We are holding some on-sight interviews -- but honoring the 6-foot social distancing with all involved wearing masks. All rooms used for this purpose are sanitized at close of meeting.
42	We are holding interviews through Zoom.
43	They are currently on hold
44	in person all wearing masks and social distancing
45	We are utilizing Zoom.
46	We have the director and the interviewee both wear masks and sit at least 6 feet apart. We normally have peer interviews, but we are waiving those at this time.
47	Onsite if they are a finalist, they get pre-screened and then screened again when they arrive.
48	like normal, plus masks and screenings.
49	Currently we are doing phone interviews. We just started June 1st that the second interview may happen on campus but only in the HR office to avoid more exposure throughout the hospital.
50	Via telephone calls.
51	a combination of phone interviews and in-person interviews
52	mostly phone interviews; limited face to face interviewing at final stages of interviewing process

How long are you allowing employees that test positive for COVID to be off work?

#	RESPONSES
1	start at two weeks but will take Drs. note
2	Until asymptomatic and 2 negative test
3	Until they are able to test negative twice
4	Depends on the guidance received from Central Office
5	After fever free for 3 days
6	based on medical recommendation
7	2 weeks under the COVID pay. If they need more, they can take PTO.
8	case by case
9	Varies, based on their symptoms and if others in the household are positive.
10	Until released by physician
11	POTENTIALLY 14 DAYS.
12	Until they have two negatives
13	Typically, they are out for 2 weeks. But we rely on their physician's advice.
14	14 days, or less if CDC has modified their requirements.
15	Following our normal leave of absence process
16	Remain off work 14 days--if no fever and signs of improved symptoms for 72 hours, may RTW.
17	We have not run into a max at this point
18	Dependent on need
19	Until they are cleared by the Employee Health Physician.
20	Up to 14 days; if asymptomatic then return to work with mask/screenings.
21	as long as needed
22	no limit, need physician management and release.
23	We are following CDC guidelines
24	NA
25	min 14 days
26	NA
27	They would be off until the guidelines for safety are met.
28	This is handled on a case by case basis.
29	max of 6 months
30	Following CDC guidelines
31	Until two negative tests
32	Depends on medical certification and following CDC guidelines
33	On a case-by-case basis
34	3-5 days after last symptom - following CDC chart which changes
35	Based on LOA determination.

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36	two weeks
37	As required by PCP; following LOA policy.
38	We adopted the Emergency Paid Sick Leave Act for up to 2 weeks. If beyond that would fall to if work related or not.
39	Per CDC and health department guidelines
40	We follow the Families First Coronavirus Response Act regs
41	N/A
42	14 days
43	We are placing them on FMLA, which allows 12 weeks off
44	10+3 rule
45	following CDC guidelines and their provider recommendations.
46	It depends on the situation. I'm not sure what we would do if they use up all paid leave.
47	This is handled through Employee Health.
48	until they have released to return
49	2 weeks without FMLA/LOA

Are you qualifying it as FMLA?

#	RESPONSES
1	yes
2	Yes
3	Yes
4	No, we are not eligible
5	yes
6	Yes
7	yes, as applicable and eligible
8	depends; in some instances, workers' comp
9	Yes
10	yes, if eligible.
11	UNKNOWN
12	Yes
13	Yes, if the employee is eligible.
14	yes
15	Following our normal leave of absence process
16	Yes
17	We have not asked them to take FMLA if it is COVID related
18	If it meets qualification
19	No

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20	Haven't had to deal with that.
21	no
22	yes
23	No
24	If needed.
25	No
26	NA
27	No as we have not had a case.
28	Yes, if it qualifies
29	yes
30	yes
31	No
32	No
33	no
34	Yes
35	yes
36	Where FMLA guidelines warrant, yes.
37	no
38	If applicable
39	If positive, not work related, could apply under FMLA
40	No, but could
41	Again, we follow the FFCRA guidelines
42	N/A
43	no
44	Yes
45	yes
46	We will, have not had a positive test yet.
47	yes, or epsl.
48	no
49	Yes.
50	if needed, yes
51	after 2 weeks, goes to FMLA

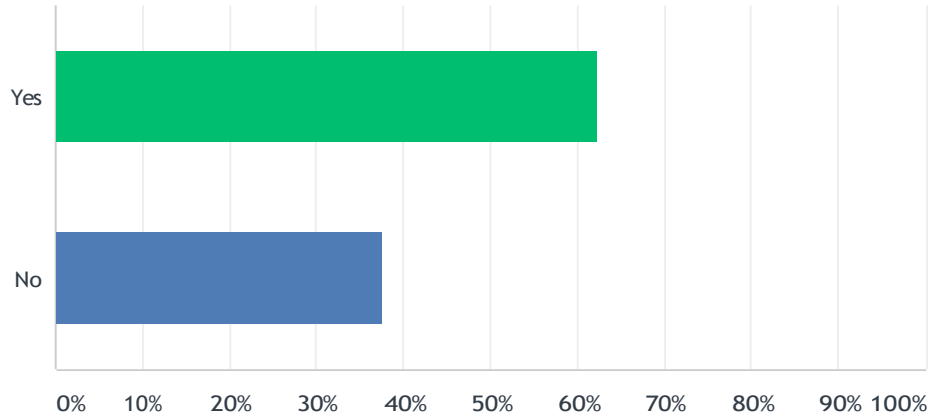
Are you waiving attendance policies when someone calls in with symptoms, personal illness, and/or child/family care related to COVID-19?

#	RESPONSES
1	Yes
2	Yes
3	The policy is not waived. However, we are not enforcing it as strictly as we were previously.
4	To a point.
5	Yes
6	Yes.
7	Yes
8	in some cases, yes
9	Yes - Infection Control Concerns are waived
10	no but reviewing case by case.
11	HAVE NOT AT THIS TIME.
12	yes
13	We did at the outset when the situation was changing daily and rather dramatically. We are trying to work with employees but applying our attendance policy.
14	We did for a little while, but we have resumed normal attendance policy rules.
15	Case by case
16	Yes
17	yes
18	We have a communicable illness policy that waives attendance points for symptoms...typically has been for flu, but COVID-19 applies as well.
19	Yes
20	Yes
21	yes
22	yes
23	We are being lenient during this time. We do not have a high number of COVID positive, so we have not had to change our policies
24	Yes.
25	yes
26	Yes
27	Has not been decided.
28	No
29	We have been more lenient in regard to our attendance policy when an employee is symptomatic.
30	yes
31	No
32	Yes

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33	Yes
34	yes
35	Yes
36	we are tracking but not holding it against anyone
37	Yes
38	Yes
39	Yes
40	Not waiving policy. For personal illness fall under either 2 weeks of Emergency Paid Sick Leave or our on sick leave. If family falls under vacation if approved absence.
41	Yes
42	Yes
43	Not at this time since COVID-19 has not hit our agenda in full force. We have 5 citizens only in our county who have tested positive.
44	yes
45	no
46	Yes
47	No. It would be only one occurrence if they are off more than one day in a row.
48	Yes, as long as not excessive/abusive.
49	yes.
50	yes
51	Yes.
52	yes
53	Yes

Are you reducing labor in your facility?



ANSWER CHOICES	RESPONSES	
Yes	62.26%	33
No	37.74%	20

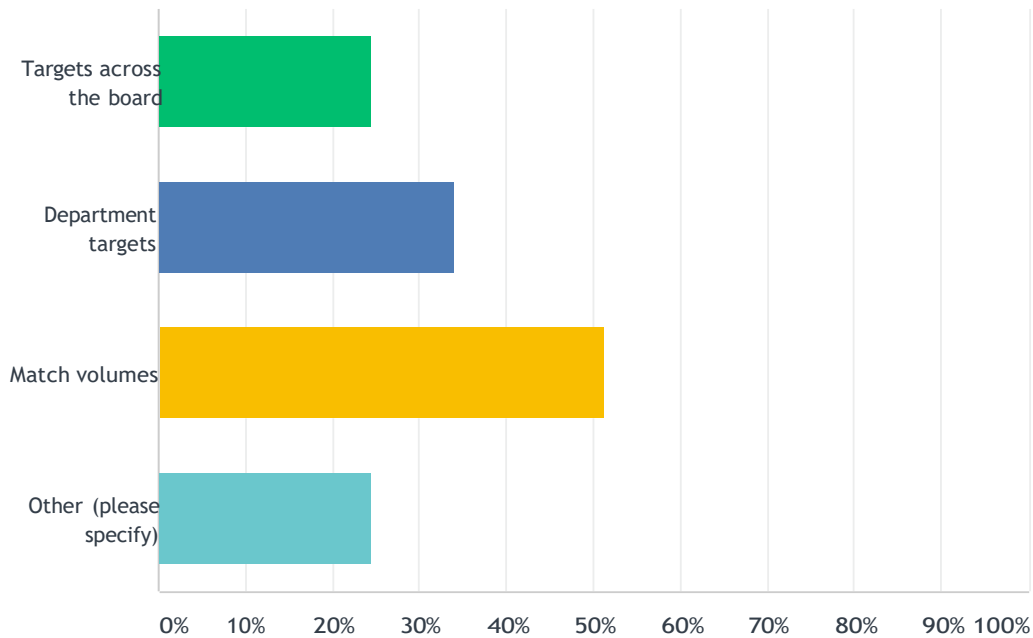
If yes, what areas? (e.g. nursing, plant services, finance, other, all, etc.)

#	RESPONSES
1	Most areas, including business support
2	N/A
3	NA
4	All services
5	all over
6	All
7	Various
8	Non patient care first then patient care.
9	We have used temporary furloughs and salary/work reductions in virtually every area throughout the system. These are temporary measures, however and we have not implemented any layoffs to this point.
10	All areas who have reduced volumes.
11	Determined by business need and volumes
12	We are redeploying any associates that work in areas that have low volumes
13	Mostly non-patient-facing positions
14	some very limited reductions in support roles. non patient care
15	small amount in all
16	House wide
17	All until business rebounds.
18	various

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19	We have reduced in most areas outside of acute patient care
20	not applicable
21	As needed
22	All
23	n/a
24	Just reducing use of agency right now, mostly in clinical areas
25	All 'fixed' areas are asked to save 15% labor hours; 'variable' departments are asked to flex to volumes.
26	All 40-hour employees are working 36 hours, nursing is taking call time
27	NA
28	We received PPP funds so until now was only PRN staff primarily in therapy since no work. Going forward will be based off needs of departments
29	Nursing, finance, HIM
30	Surgery, Outpatient services, limited appointments in the clinics
31	all
32	all staff reduced hours, nursing staff reduction in force
33	We have been reducing staff throughout our facility.
34	we did furlough house wide then based on census
35	We have had low census in Surgery, HIM, Rehab and some outer clinics
36	All areas were reviewed to see where employees could be placed on continuous or intermittent furlough.
37	all areas

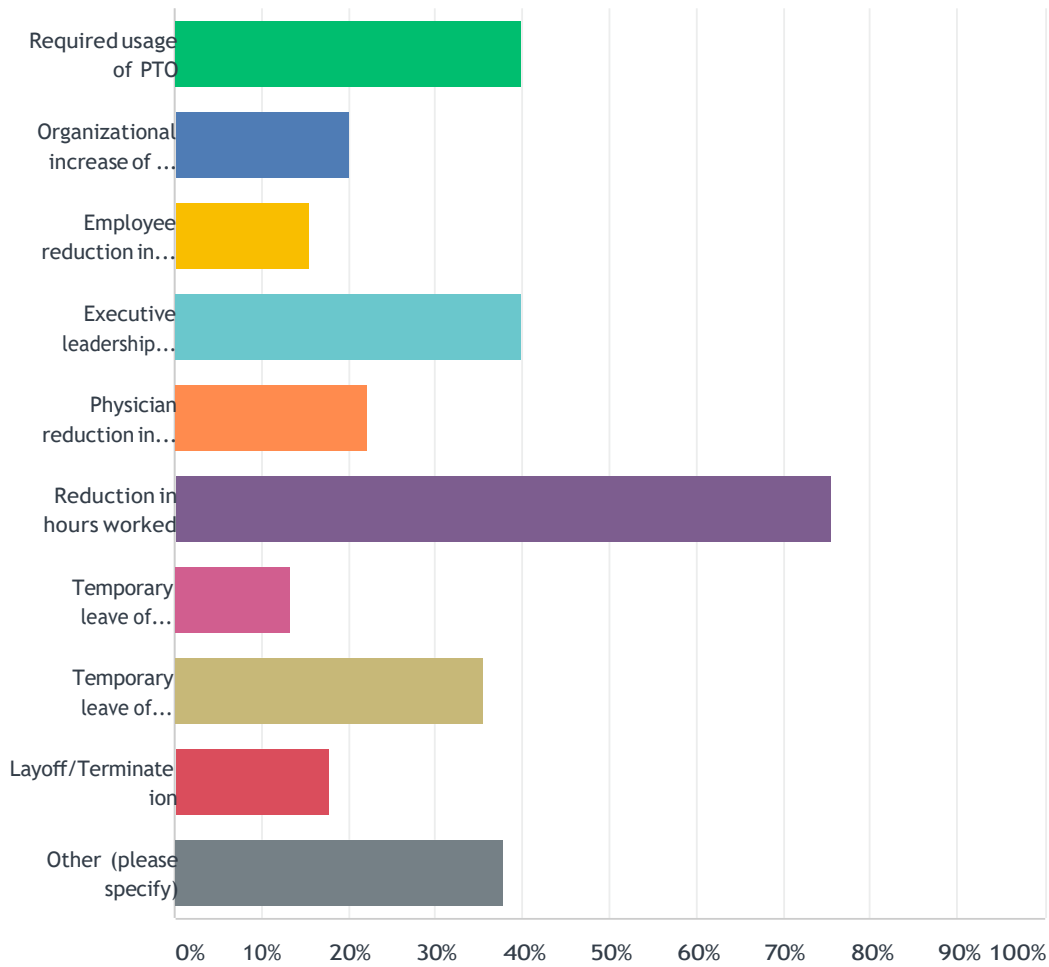
How are you enforcing/driving this?



ANSWER CHOICES	RESPONSES
Targets across the board	24.39% 10
Department targets	34.15% 14
Match volumes	51.22% 21
Other (please specify)	24.39% 10
Total Respondents: 41	

#	OTHER (PLEASE SPECIFY)
1	We are not reducing labor
2	patient censuses and available work
3	We have furloughed employees in response to volume changes
4	Voluntary Retirement Program and functional realignments (targeted position eliminations)
5	NA
6	Low census days, furloughs
7	not applicable
8	We also follow our productivity measures
9	Staffing to hospital volume
10	NA

What strategies are you using?



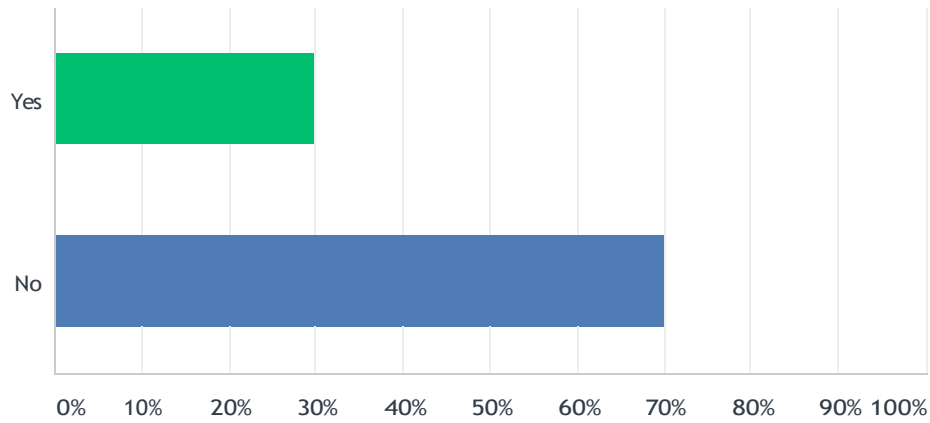
ANSWER CHOICES	RESPONSES	
Required usage of PTO	40.00%	18
Organizational increase of PTO to offset reduced hours	20.00%	9
Employee reduction in pay and/or benefits	15.56%	7
Executive leadership reduction in pay and/or benefits	40.00%	18
Physician reduction in pay and/or benefits	22.22%	10
Reduction in hours worked	75.56%	34
Temporary leave of absence with pay	13.33%	6
Temporary leave of absence without pay	35.56%	16
Layoff/Termination	17.78%	8
Other (please specify)	37.78%	17

Total Respondents: 45

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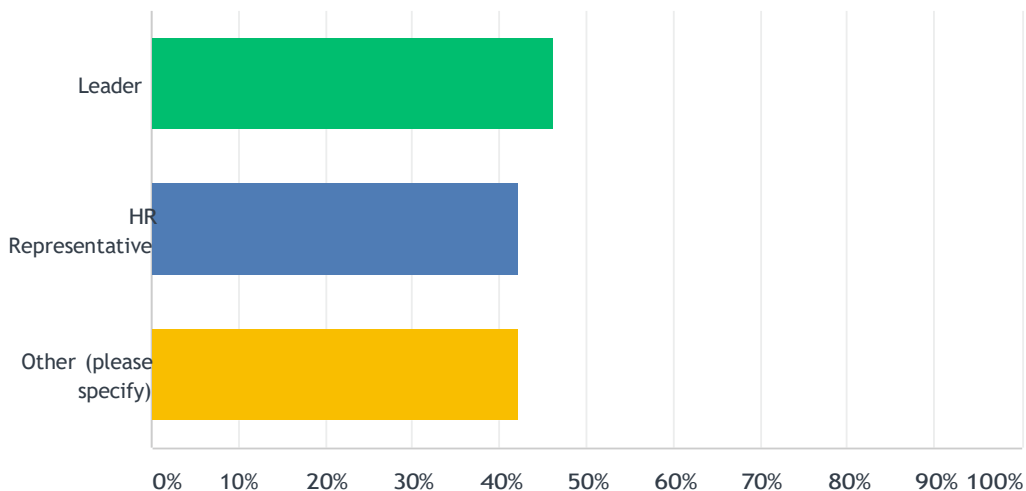
#	OTHER (PLEASE SPECIFY)
1	none
2	furlough
3	WE HAVE ONLY HAD TO REASSIGN ONE EMPLOYEE TO ANOTHER POSITION WITHIN THE FACILITY DUE TO GREATER NEED IN OTHER POSITION AND NO NEED TO THE PREVIOUS POSITION DUE TO FACILITY ENTRY RESTRICTIONS
4	volunteer days off, furlough, EA days
5	voluntary furloughs, which allowed employees to tap in to State and Federal Unemployment benefits.
6	voluntary sabbaticals
7	Voluntary Retirement Packages
8	Have paid employees regular pay through June 9, 2020. Established a Covid Pay Code so can track hours/dollars we are paying staff off work due to census.
9	furlough with benefits
10	voluntary sabbaticals
11	Voluntary time off without pay
12	used unemployment in April - stopped after that
13	Isolated furloughs or other voluntary time off with or without PTO
14	Pandemic pay at 70% of base paid if no work available for ft/pt staff
15	Use of PTO or MTO if necessary
16	Our employees are all taking a reduction in hours. They can use PDO or Low Census. With PDO they get paid, Low Census is unpaid
17	Continuous and/or intermittent furlough

Are you currently furloughing staff?



ANSWER CHOICES	RESPONSES	
Yes	30.19%	16
No	69.81%	37
TOTAL		53

If yes, who is facilitating the furlough conversations with staff?



ANSWER CHOICES	RESPONSES
Leader	46.15% 12
HR Representative	42.31% 11
Other (please specify)	42.31% 11

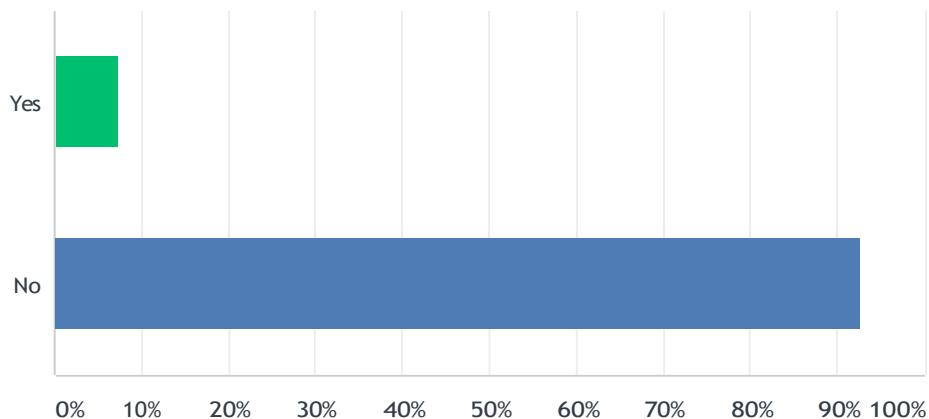
Total Respondents: 26

#	OTHER (PLEASE SPECIFY)
1	N/A
2	We are not doing them at this time
3	NA
4	NA
5	Department Head
6	not applicable
7	If we did, HR and Mgr. would have conversations
8	N/A
9	NA
10	N/A
11	when we did communication came from CEO, with support of HR and leader

How many staff have you furloughed so far? (number form)

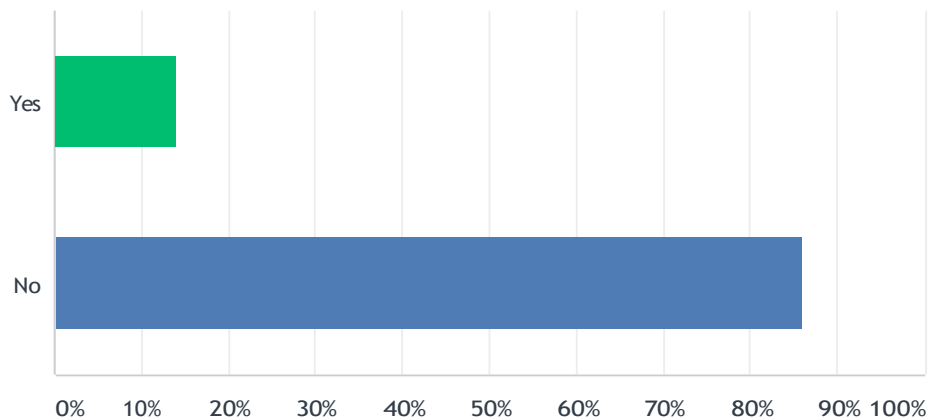
#	RESPONSES
1	2000
2	0
3	214
4	5
5	0
6	five
7	3000 approximately
8	389
9	0
10	0
11	0
12	0
13	None.
14	124
15	15
16	not applicable
17	0
18	50
19	unknown
20	N/A
21	15
22	NA
23	N/A
24	0
25	None
26	None
27	0
28	20
29	we did house wide for 4-6 weeks, and some departments by volumes.
30	90
31	25

If no, do you have plans to furlough staff in the future?



ANSWER CHOICES	RESPONSES	
Yes	7.32%	3
No	92.68%	38
TOTAL		41

Have you conducted any staff lay-offs?

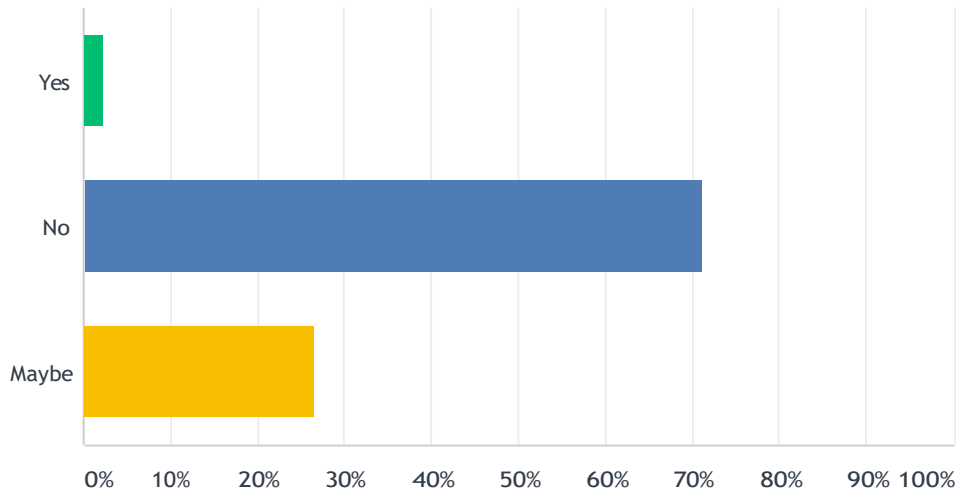


ANSWER CHOICES	RESPONSES	
Yes	14.00%	7
No	86.00%	43
TOTAL		50

If yes, how many? (number form)

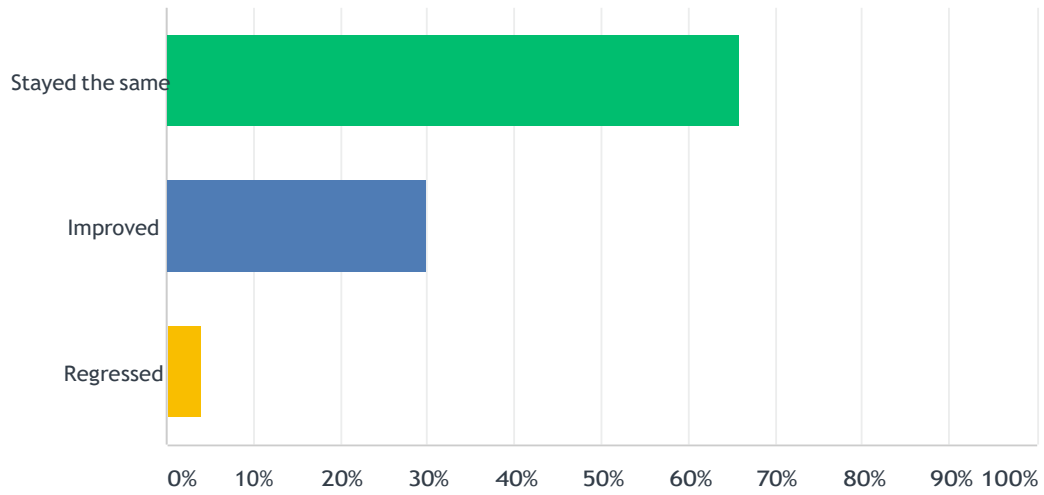
#	RESPONSES
1	0
2	0
3	5
4	roughly two dozen
5	less than 20
6	0
7	31
8	15
9	125
10	not applicable
11	0
12	6
13	n/a
14	N/A
15	NA
16	0
17	None
18	0
19	5
20	0

If no, do you have plans to issue any lay-offs in the near future as a result of COVID-19?



ANSWER CHOICES	RESPONSES
Yes	2.22% 1
No	71.11% 32
Maybe	26.67% 12
TOTAL	45

Currently, compared to pre-COVID-19, have your employee turnover metrics



ANSWER CHOICES	RESPONSES	
Stayed the same	66.00%	33
Improved	30.00%	15
Regressed	4.00%	2
Total Respondents: 50		

What are you doing to keep staff engaged/energized?

#	RESPONSES
1	Express appreciation, appreciation lunches, etc
2	Meals, extra pay, snacks, and bonuses.
3	Snacks, t-shirt days, thank you notes
4	Education
5	Offered free lunches to staff for 2 months; various employee engagement committee functions; passed out a roll of toilet paper with paychecks to each employee, frequent staff communication;
6	Lots of employee appreciation (onsite and virtually). Completed annual service recognition and gifts virtually
7	Frequent communication. Virtual activities and prize giveaways. Frequent recognition and thanks. Retention bonuses.
8	resiliency briefs, meals, gift cards
9	Trying to be encouraging and uplifting to staff.
10	WE ARE STRUGGLING WITH THIS AT OUR FACILITY
11	hometown businesses are showing their appreciation, trying to be positive.
12	We have created robust resiliency programs for staff still working as well as "Staying Connected" site for employees on furlough. We are equipping leaders with tools and tips to keep employees engaged. We have implemented pay programs, benefits modifications and other interventions to help support employees during this time.
13	Looking for ways to recognizing wins
14	A lot of response from the organization and community showing support for employees
15	Communication/Recognition
16	We have serenity (relax and recharge) room. We have also done town hall type meeting from our CEO and CMO 2 x a week for all staff to view via Microsoft Teams.
17	Celebrated National Hospital Week. Celebrated National Nurses Day. Distribute information from our EAP regarding ways to decrease stress. Updates from our CEO Team Fridays
18	Transparent communications, increased leadership visibility, expanded time off programs, free childcare at the Olathe Y, additional people practices/offering (micro-mart with personal care items, grocery bag kits with meal ingredients, etc.) to help associates/families, etc.
19	fun events such as jean and t-shirt days. staff meals provided by the community
20	food
21	Right now, it is business as usual
22	Having weekly COVID staff meetings and keeping all staff informed of any changes.
23	We have been putting inspirational and positive short videos on our intranet; CEO communicates regularly to all staff through our intranet to keep everyone updated.
24	Monitoring staff for elevated stress due to work and home. Currently discussing ways to re-engage and re-energize.
25	Bringing staff back as able, education, communication.
26	We opened a grocery store on-site, have local restaurants bringing in meals every day for carryout, we are rounding with candy to say thank you, etc.

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27	Weekly live broadcast to keep all staff updated, frequent rounding to check in on employees personally
28	Employee activities once a week - special lunches, free breakfasts, cookie breaks, bring in coffee vendor, etc.
29	Daily newsletters
30	Constant communication and employee engagement activities
31	A lot of employee support activities, rounding, etc.
32	increasing communication and giving perks to those that work covid risk areas like free lunch, gift cards and thank you notes
33	Nurses Week/Hospital Week celebrations, frequent COVID-19 communications, weekly messages from CEO, frequent communication to leadership.
34	Trying to have a positive work environment. This is hard with extra 600 in unemployment and asking people to take call due to low census.
35	Consistent communication and leadership rounding; recognitions publicized
36	Doing some give always, copying off what other have done on Facebook, paid hazard differential
37	Hospital week allowed a timely celebration.
38	Free meals once per week, daily "huddle" meetings, a Friday evening zoom "virtual happy hour", special "thank you" board in cafeteria with individual messaging, cinnamon rolls from our local "made-from-scratch" bakery, catered luncheons, de-stress room with adult coloring books
39	Daily communication from CEO
40	community support, staff rewards (treats)
41	Continual communication and appreciation efforts
42	We have been having staff help out throughout the hospital. This has allowed staff to work in other departments, or screening to help supplement their income when their hours have been reduced in their home department.
43	Hospital week helped. Lunches here and there. Messages of thanks from CEO to employees.
44	working to have good communication, continuing with treat days and events. community help as well with meals and treats.
45	We had drawings during hospital week for \$10 gift cards to local businesses. Marketing has created videos for staff. One showing pics of staff putting in extra work due to COVID. One of managers giving shout outs and thank you' s to their department.
46	Providing time off as we can, recognizing staff, providing staff with treats, posting words of encouragement at staff entrance
47	recognizing staff for hard work, encouraging them through the change - constant communication
48	increased communication; positive employee relations

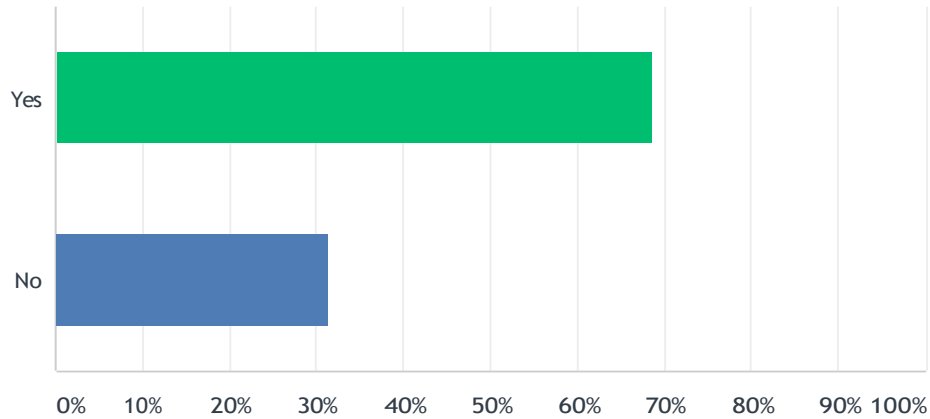
When will you resume in-person/classroom training programs for employees?

#	RESPONSES
1	not determined yet
2	We never stopped. We preform them masked and socially distanced.
3	This month
4	Unsure
5	When MO enters Phase 2
6	July 1
7	Not until July for sure and may reassess
8	tbd
9	Unknown
10	UNKNOWN, HOWEVER WE ARE STILL HAVING NEW HIRES ATTEND ORIENTATION IN-PERSON FOLLWOING SCOCIAL DISTANCING GUIDELINES
11	unknown
12	Not before the end of August, but still TBD as we monitor community spread.
13	Already stated
14	In the near future if able to appropriate accommodate social distancing, class sizes will be reduced if in person
15	TBD
16	Unknown
17	Unknown at this time
18	Unknown at this time.
19	Re-entry plans include a return to F2F NHO programs later this summer (currently handling via WebEx), a September people leader summit for development, etc.
20	internally June 8th. External audiences will still be with Skype until 2021
21	now with limit people
22	At this time, we do not have any
23	Unknown at this time.
24	do not know
25	Bringing back on a limited basis with social distancing in classroom.
26	Unknown at this time.
27	Undecided
28	Undecided
29	no set date yet
30	We did not stop, we are just masking everyone or using technology
31	Unknown
32	Classes have resumed
33	6/7/20

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34	Not sure at this time.
35	not sure
36	Undetermined.
37	Unknown
38	Unknown
39	Have done some in-house with masks and social distancing
40	We have some training now that is in person, however the goal is less than 15 people and they are distanced at 6 feet apart.
41	Hopefully, in July
42	ACLS and BLS have already been reinstated.
43	undetermined at this time
44	current with social distancing
45	This summer
46	Unknown at this time
47	Unknown
48	unsure based on when instructors can come.
49	Within the next 30 days
50	unknown
51	unknown
52	We have resumed some in-person/classroom training, adhering to local laws of maximum size and ensuring social distancing

Are you utilizing other methods for training in lieu of in-person/classroom training programs?



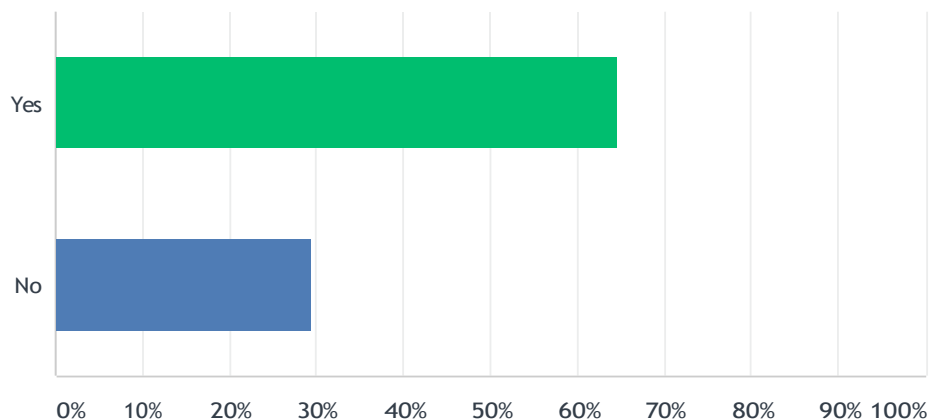
ANSWER CHOICES	RESPONSES	
Yes	68.63%	35
No	31.37%	16
TOTAL		51

#	IF YES, WHAT METHODS ARE YOU USING? (E.G. ZOOM, E-LEARNING, OTHER) (PLEASE SPECIFY)
1	Zoom and Microsoft Teams
2	Zoom and Relias courses
3	Virtual meetings (zoom, WebEx), e-learning
4	Teams, Web-Ex
5	Microsoft Teams
6	E-learning is available. But in-person training has been suspended.
7	zoom, e-learning
8	e-Learning
9	Zoom, Microsoft Teams and Web based learning
10	WebEx, e-learning, published helpful tools/communications, etc.
11	zoom and skype
12	e-learning
13	Zoom/conference calls.
14	zoom, e-learning
15	e-learning
16	Online learnings
17	Team meetings, e-learning modules
18	Company online learning platform
19	zoom

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20	online
21	online, zoom
22	Zoom, e-learning, WebEx, etc.
23	Have done Zoom, especially Board and Medical Staff, pre-COVID converted to Care Learning for all current employees, are only doing in-person Orientation for new employees
24	Adding training modules to our Learning Management System then having follow-up assignments and/or zoom discussion meetings
25	Zoom
26	Google Meets
27	Zoom and e-Learning
28	E-Learning
29	zoom and e learning
30	E-learning
31	e-learning and WebEx
32	e-Learning

If you had plans to issue salary increases to staff this year (merit, market, etc.), will you still do this?



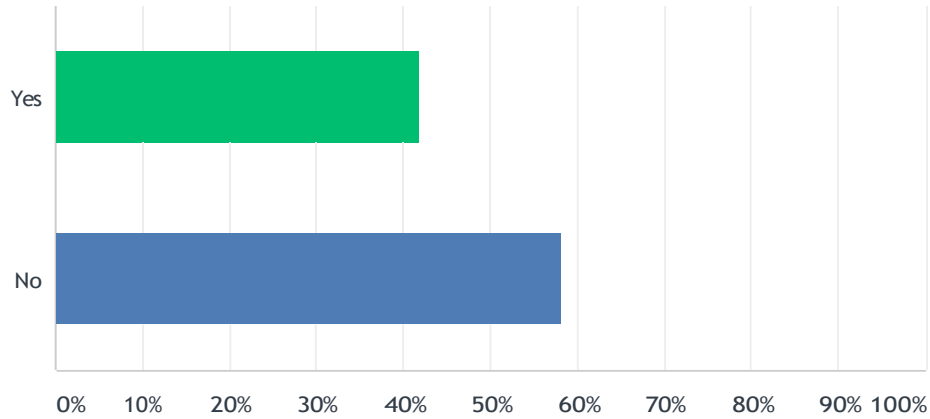
ANSWER CHOICES	RESPONSES
Yes	64.71% 33
No	29.41% 15
TOTAL	51

#	IF YES, WILL YOU DO ANYTHING TO REDUCE FINANCIAL IMPACT? (E.G. PUSH BACK DATE, REDUCED PERCENTAGES, OTHER) (PLEASE SPECIFY)
1	Froze executive salaries
2	There are no plans for that at this time. We are a privately-owned nonprofit. We are planning on eating the negative financial impact.
3	pushed back at least 1 quarter
4	Will likely come as a reduced percentage
5	WE HAVE MADE MARKET ADJUSTMENTS TO DIRECT PATIENT CARE STAFF, HOWEVER DO NOT PLAN ON SALARY CHANGES FOR THE REST OF FACILITY AT THIS TIME.
6	We have a wage freeze, performance evals are still being done and held until new fiscal year begins in Nov. for lifting freeze evaluation
7	We have moved back our planned increases and will reconsider later in the year. Executive increases implemented in January have been rolled back.
8	We will consider implementing staff increases at a later date depending on financial performance
9	We continued with our increases this year but told our associates we will not be doing increases next year
10	No
11	Still under review. We may have a reduced budget and a delayed effective date, etc.
12	we have not decided yet
13	unknown at this time
14	Our increases will not occur until January 2021; have time to evaluate to determine if we will give raises then.
15	We will delay the effective date of increases

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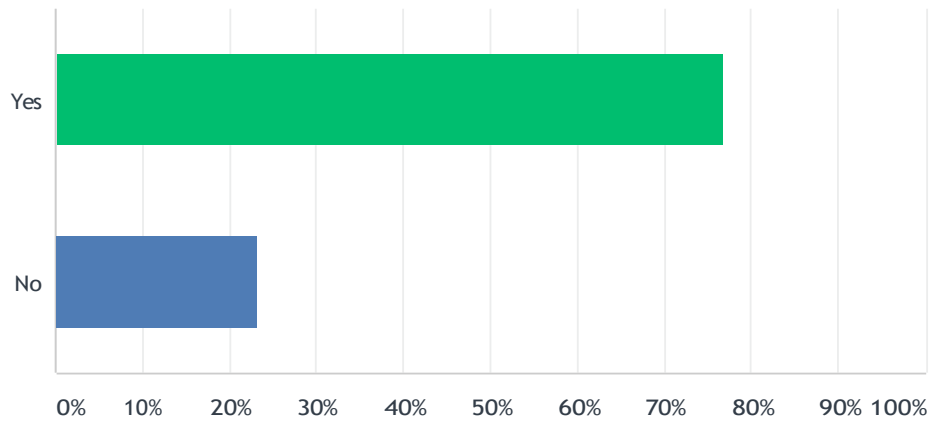
16	did our annual increase effective April 26, will not do increase next year
17	Raises were put on hold.
18	no
19	At this time, we have these budgeted but will decide later whether we need to reduce or push back the date or not provide them
20	Push back date.
21	Represented staff will receive increases; pulled back pandemic pay eligibility for this group; non-represented
22	Being rural and low volume, we have been able to do salary increases in several years
23	will give bonuses instead of hourly rate increases
24	We are working on this now, and it is unlikely that we will be able to issue increases at this time.
25	nope
26	unsure at this time. waiting for volumes to return then will further discuss.

Did anyone apply for a PPP loan and receive it?



ANSWER CHOICES	RESPONSES	
Yes	41.86%	18
No	58.14%	25
TOTAL		43

Do you think having this group work together on applying the forgiveness rules would be helpful?



ANSWER CHOICES	RESPONSES	
Yes	76.74%	33
No	23.26%	10
TOTAL		43