

## Examples of MHA Hospital Surge Staffing Strategies

Hospital efforts currently underway to hire staff include the use of staffing agencies; drive-thru and virtual job fairs; job postings on hospital websites, state and national job boards; recruiting through social media; hiring nursing and allied health students, contacting recently retired employees and more.

The following are examples of changed care delivery models currently being implemented in Missouri hospitals.

- Reverse triage — sending less acute patients to another inpatient hospital to make room for critically ill patients.
- Patient exchange — agreeing to take one patient when another patient who is less acute is taken in exchange.
- Team-based staffing — assigning one R.N. to a team of other staff, including LPNs, aides and technicians to increase the staff:patient ratio without compromising care.
- Nurse apprenticeship programs — hiring nursing students who can care for patients at a higher level than an aide.
- Rapid orientation cycles — decreasing nurse internship programs to orient new nurses to the field faster and bolster workforce.
- Internal rapid orientation — deploying rapid orientation for existing employed R.N.s and LPNs who may work in nonpatient care departments like quality, clinics, outpatient, regulatory/accreditation, etc. to cross-orient and work in patient care areas. This also includes leadership staff working evenings, nights and weekends to provide needed direction and/or assist with staffing needs.
- Increasing utilization of swing beds to help with skilled transfers who could not be discharged to long-term care facilities in hospitals with lower acuity who had increased capacity to care for additional patients without increasing staffing.
- Alternate care sites — decreasing exposure and spread of disease among patients and health care staff.
- In-house daycare — caring for the children of staff so they can work.
- Paired rotation — pairing with another staff member and rotating shifts so they will be assured of being able to keep a shift while the other may help with childcare, or other personal issues.
- Agency — increased utilization of agency nurses at often double or triple the normal rate.
- Elimination/Suspension of education and other internal competency requirements for employment at certain levels (i.e. Level I, Level II, etc.)
- Patient care delivery models focusing on the R.N.'s responsibility for the total care of the patient throughout the shift.
- Primary nursing care delivery models outlining a one-to-one, patient-centered, nurse-patient relationship that promotes continuity of care. The nurse is paired with ancillary staff to assist, but the nurse is ultimately responsible for the patient's entire length of stay. While this is the more common model prior to COVID-19, it is a model deployed when other models are not feasible. A hospital may have more than one model at play at the same time.
- Functional care delivery model — the coordination of care rests on the nurse manager or charge nurse and tasks are delegated through a hierarchical structure.