

COVID-19 Hospital Facility Needs Assessment

Survey objective: Assess hospital health care workforce staffing levels (current staffing, current gap, anticipated gap at 2 and 4 weeks) and current facility workforce planning and training efforts

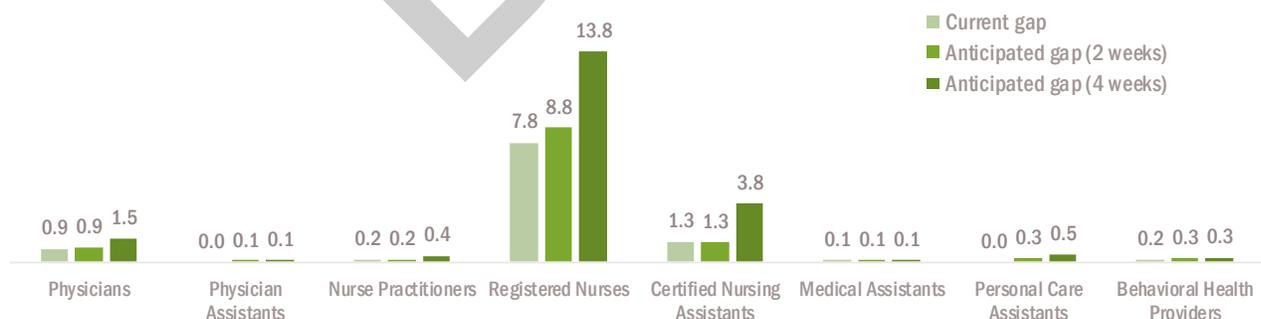
Distribution: Survey distributed via targeted emails to HR directors/staff at 60 Oregon hospitals on Friday 4/3/20; follow up emails sent the week of 4/6/20 to contacts at hospitals that did not provide a response (CNOs, additional HR staff, hospital contacts)

Response: 34 (of 60) hospitals submitted a response *as of Thursday 4/9/20 9:15 AM*

Results Overview:

- Hospitals reported **small current and anticipated short term (2 & 4 week) gaps** in staffing for the following health care provider types: physicians, physician assistants, nurse practitioners, registered nurses (RNs), certified nursing assistants, medical assistants, personal care assistants, and behavioral health providers. The largest anticipated gap in the number of licensed personnel by profession is reported for RNs; the average percent increase in RNs over current staffing levels is 13%, though this percent growth varies widely by hospital (0%-52%). As a percent increase of current staffing, anticipated staffing gaps are higher at Type A and B hospitals.
- Open ended responses also indicate concern around shortage of respiratory therapists.**
- 41% of respondents report that they are working with a staffing agency in anticipation of future needs.
- Nearly 70% have a mechanism to cross-train employees internally; less than 10% are also working with an outside training entity (community college, workforce investment board, private company) to train or cross-train existing employees.
- Three facilities indicated they may have immediate training needs for staff that could require State support. They have been contacted for additional information.**

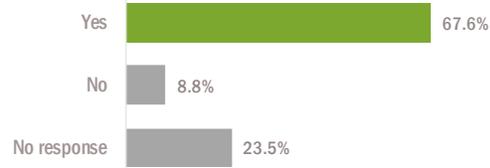
Current staffing gap and anticipated short term (2 & 4 week) gaps
(number of licensed personnel not FTE)



41% report working with a staffing agency in anticipation of future needs.



Nearly 70% have a mechanism to cross-train employees internally.



Results

Responses represent the 34 hospitals which completed the needs assessment (Type A: n=10; Type B: n=11; DRG: n=13; see page 7 for complete list of hospitals). Note: Not all facilities responded to all questions.

DRG hospitals are typically large urban hospitals that receive standard Medicare Diagnostic Related Group (DRG) based reimbursement; Type A hospitals are small hospitals (with 50 or fewer beds) that are located more than 30 miles from another hospital; Type B hospitals are small hospitals (with 50 or fewer beds) that are located within 30 miles of another hospital.

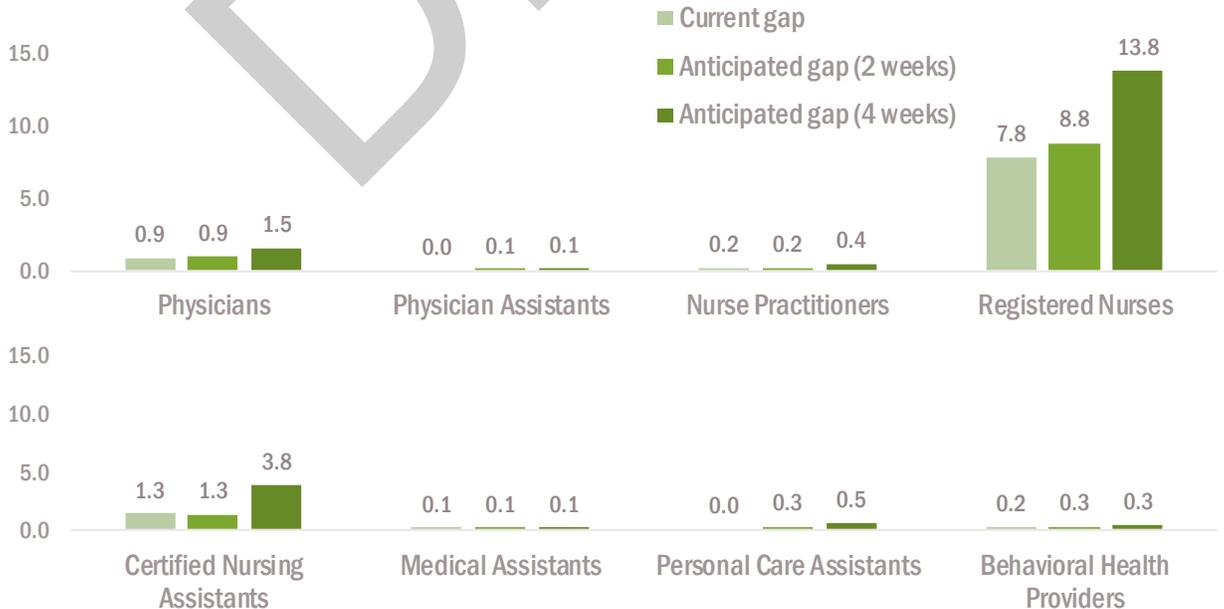
Staffing Gap: Current / 2 weeks / 4 weeks

Approximately 25 hospitals supplied responses around current and/or anticipated workforce gaps. Most hospitals report small gaps (current and anticipated) in terms of number of licensed professionals by discipline.

Average current staffing level by hospital type (number of licensed personnel not FTE)

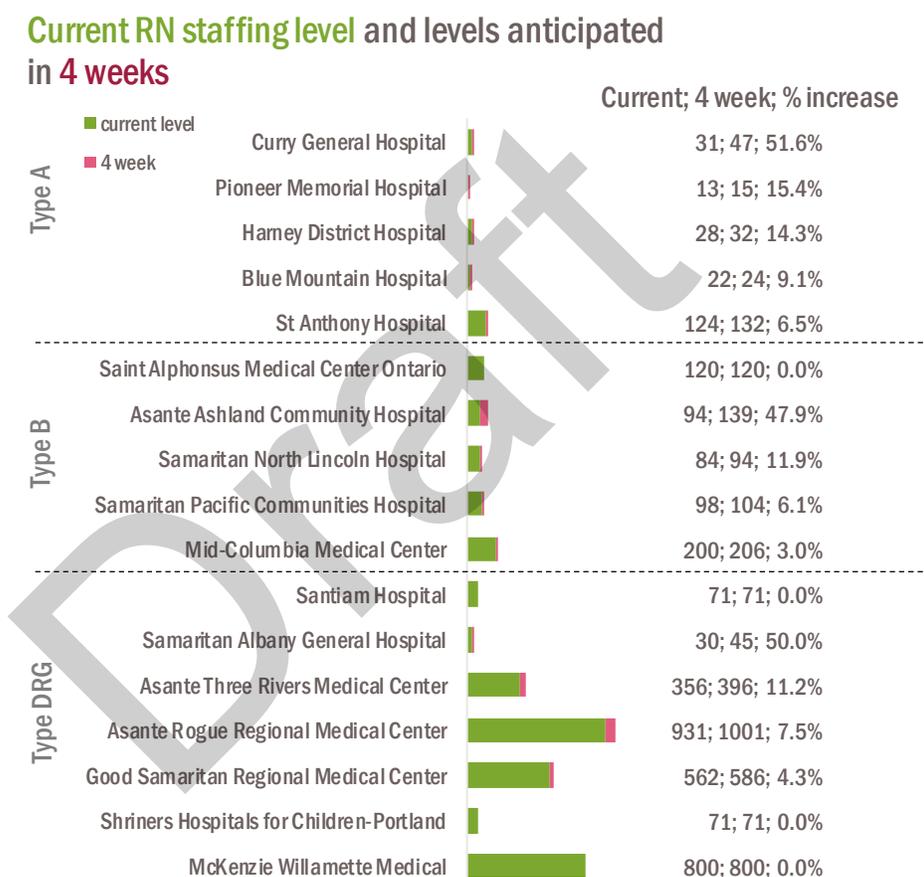


Current staffing gap and anticipated short term (2 & 4 week) gaps (number of licensed personnel not FTE)



Staffing Gap: Current / 2 weeks / 4 weeks (cont'd)

The largest gap is in registered nurses; however they also make up the largest part of the current workforce. The chart below shows current RN staffing levels and anticipated levels in 4 weeks. E.g. Curry General Hospital reports a current level of 31 RNs. They anticipate they will need another 16 RNs in 4 weeks (Total 47; 51.6 percent increase over the current level). The average percent increase in RNs over current staffing levels is 13%, though this percent growth varies widely by hospital (0%-52%). *Note that hospitals may already be experiencing a gap at their current staffing levels. This is not reflected in this chart.*



The table on page 4 shows current staffing levels, anticipated levels in 4 weeks, and percent increase for other occupations grouped by hospital type. Anticipated increases of at least 20% are highlighted. As can be seen, these larger anticipated increases are more frequent in Type A and B hospitals. (Note data only shown for hospitals reporting current and 4 week levels).

Other staffing concerns identified from open ended question (See page 9 for complete list of responses):
Respiratory therapists (n=9); EMT/EMS staff (n=3); ICU nurses, Housekeeping, Environmental services, Nutrition

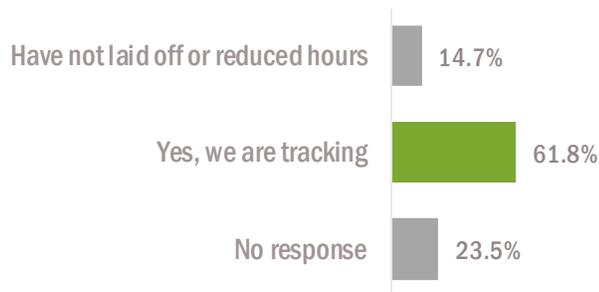
Current staffing level and anticipated level needed in 4 weeks

Type	Hospital	Physicians	Physician Assistants	Nurse Practitioners	Registered Nurses
A	Blue Mountain Hospital	6; 7 (16.7%)	0; 0 (0.0%)	1; 1 (0.0%)	22; 24 (9.1%)
A	Curry General Hospital	9; 11 (22.2%)			31; 47 (51.6%)
A	Harney District Hospital	7; 9 (28.6%)	0; 0 (0.0%)	4; 5 (25.0%)	28; 32 (14.3%)
A	Pioneer Memorial Hospital	3; 4 (33.3%)	0; 0 (0.0%)	0; 0 (0.0%)	13; 15 (15.4%)
A	Saint Alphonsus Medical Center Ontario	30; 30 (0.0%)	3; 3 (0.0%)	3; 3 (0.0%)	120; 120 (0.0%)
A	St Anthony Hospital	9; 10 (11.1%)	0; 0 (0.0%)	5; 6 (20.0%)	124; 132 (6.5%)
B	Asante Ashland Community Hospital	71; 73 (2.8%)	12; 12 (0.0%)	12; 14 (16.7%)	94; 139 (47.9%)
B	Mid-Columbia Medical Center	52; 52 (0.0%)	5; 5 (0.0%)	11; 11 (0.0%)	200; 206 (3.0%)
B	Samaritan North Lincoln Hospital	24; 31 (29.2%)			84; 94 (11.9%)
B	Samaritan Pacific Communities Hospital	24; 26 (8.3%)			98; 104 (6.1%)
B	Santiam Memorial Hospital	32; 32 (0.0%)	7; 7 (0.0%)	6; 6 (0.0%)	71; 71 (0.0%)
DRG	Asante Rogue Regional Medical Center				931; 1001 (7.5%)
DRG	Asante Three Rivers Medical Center	311; 311 (0.0%)	22; 22 (0.0%)	35; 35 (0.0%)	356; 396 (11.2%)
DRG	Good Samaritan Regional Medical Cent	144; 152 (5.6%)	32; 34 (6.3%)	20; 22 (10.0%)	562; 586 (4.3%)
DRG	Legacy Health	572; 572 (0.0%)	105; 105 (0.0%)	116; 116 (0.0%)	4,066; 4,066 (0.0%)
DRG	McKenzie Willamette Medical	30; 30 (0.0%)	24; 24 (0.0%)	3; 3 (0.0%)	800; 800 (0.0%)
DRG	Samaritan Albany General Hospital	75; 75 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)	30; 45 (50.0%)
DRG	Shriners Hospitals for Children-Portland	13; 13 (0.0%)	2; 2 (0.0%)	3; 3 (0.0%)	71; 71 (0.0%)

Type	Hospital	Certified Nursing Assistants	Medical Assistants	Personal Care Assistants	Behavioral Health Providers
A	Blue Mountain Hospital	4; 5 (25.0%)	0; 0 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)
A	Curry General Hospital			8; 16 (100.0%)	
A	Harney District Hospital	20; 20 (0.0%)	13; 13 (0.0%)	0; 0 (0.0%)	1; 1 (0.0%)
A	Pioneer Memorial Hospital	11; 12 (9.1%)	0; 0 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)
A	Saint Alphonsus Medical Center Ontario	45; 45 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)
A	St Anthony Hospital	20; 20 (0.0%)	14; 15 (7.1%)	0; 0 (0.0%)	0; 0 (0.0%)
B	Asante Ashland Community Hospital	14; 29 (107.1%)	0; 0 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)
B	Mid-Columbia Medical Center	30; 33 (10.0%)	57; 57 (0.0%)	0; 0 (0.0%)	8; 10 (25.0%)
B	Samaritan North Lincoln Hospital	12; 19 (58.3%)			0; 3 (0.0%)
B	Samaritan Pacific Communities Hospital	22; 27 (22.7%)			
B	Santiam Memorial Hospital	28; 28 (0.0%)	38; 38 (0.0%)	0; 0 (0.0%)	3; 3 (0.0%)
DRG	Asante Rogue Regional Medical Center				
DRG	Asante Three Rivers Medical Center	102; 112 (9.8%)	0; 0 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)
DRG	Good Samaritan Regional Medical Cent	202; 206 (2.0%)	87; 88 (1.1%)	0; 0 (0.0%)	35; 35 (0.0%)
DRG	Legacy Health	452; 452 (0.0%)	407; 407 (0.0%)		22; 22 (0.0%)
DRG	McKenzie Willamette Medical	300; 300 (0.0%)	150; 150 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)
DRG	Samaritan Albany General Hospital	8; 23 (187.5%)	0; 0 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)
DRG	Shriners Hospitals for Children-Portland	16; 16 (0.0%)	5; 5 (0.0%)	0; 0 (0.0%)	0; 0 (0.0%)

Current workforce staffing and training efforts

Q. Are you tracking staff within your facility that have been laid off or have had their hours reduced who would potentially be available for inclusion in a surge labor pool?



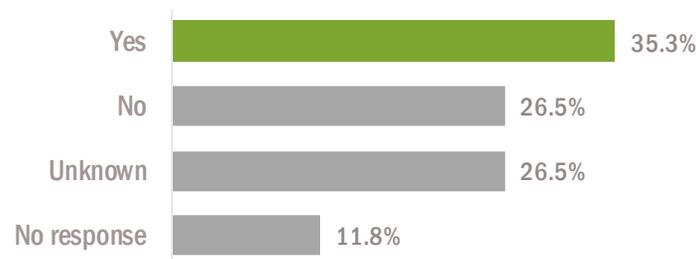
Q. Is your facility working with a healthcare staffing agency in anticipation of future staff needs?

41% report working with a staffing agency in anticipation of future needs.



Q. Are there healthcare facilities in your area that have closed or reduced operating hours where healthcare staff have been furloughed but could be utilized at other facilities, if necessary, to respond to case surge?

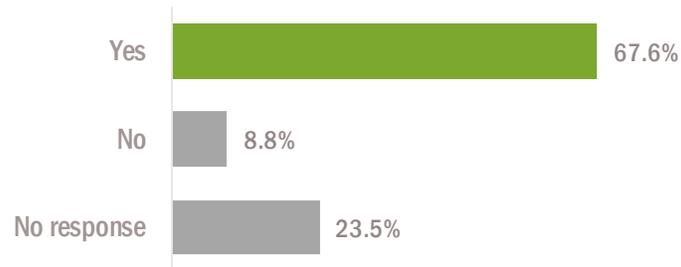
35% report facilities in the area that have closed or reduced operating hours.



Current workforce staffing and training efforts (cont'd)

Q. Does your hospital have a mechanism to cross-train employees internally?

Nearly 70% have a mechanism to cross-train employees internally.



(See page 10 for open ended responses on type of cross-training)

Only 3 report using an outside training entity (community college, workforce investment board, private company) to train or cross-train employees.

Q. Do you anticipate any immediate training needs for staff (within the next 2-3 weeks) that may require state support? For those answering yes, you will be contacted individually for additional information.

3 facilities responded yes to this and are being contacted for additional information.

Appendix 1: Hospital list

Responders (n=34)

Name	City	Type	Health Care Coalition Region
Asante Ashland Community Hospital	Ashland	B	5
Asante Rogue Valley Medical Center	Medford	DRG	5
Asante Three Rivers Medical Center	Grants Pass	DRG	5
Bay Area Hospital	Coos Bay	DRG	3
Blue Mountain Hospital	John Day	A	7
Columbia Memorial Hospital	Astoria	B	1
Curry General Hospital	Gold Beach	A	3
Good Samaritan Regional Medical Center	Corvallis	DRG	2
Good Shepherd Medical Center	Hermiston	A	9
Harney District Hospital	Burns	A	7
Kaiser Sunnyside Medical Center	Clackamas	DRG	1
Kaiser Westside Medical Center	Hillsboro	DRG	1
Lake District Hospital	Lakeview	A	7
Legacy Good Samaritan Hospital	Portland	DRG	1
Lower Umpqua Hospital	Reedsport	B	3
McKenzie-Willamette Medical Center	Springfield	DRG	3
Mercy Medical Center	Roseburg	DRG	3
Mid-Columbia Medical Center	The Dalles	B	6
Pioneer Memorial Hospital - Heppner	Heppner	A	9
Saint Alphonsus Medical Center - Baker City	Baker City	A	9
Saint Alphonsus Medical Center - Ontario	Ontario	A	9
Samaritan Albany General Hospital	Albany	DRG	2
Samaritan Lebanon Community Hospital	Lebanon	B	2
Samaritan North Lincoln Hospital	Lincoln City	B	2
Samaritan Pacific Communities Hospital	Newport	B	2
Santiam Memorial Hospital	Stayton	B	2
Shriners Hospital for Children	Portland	DRG	1
Sky Lakes Medical Center	Klamath Falls	DRG	7
St Anthony Hospital	Pendleton	A	9
St Charles Medical Center - Bend	Bend	DRG	7
St Charles Medical Center - Madras	Madras	B	7
St Charles Medical Center - Prineville	Prineville	B	7
St Charles Medical Center - Redmond	Redmond	B	7
Wallowa Memorial Hospital	Enterprise	A	9

Appendix 1: Hospital list (cont'd)

No response (n=26)

Name	City	Type	Health Care Coalition Region
Adventist Medical Center	Portland	DRG	1
Adventist Tillamook Regional Medical Center	Tillamook	A	1
Coquille Valley Hospital	Coquille	B	3
Grande Ronde Hospital	La Grande	A	9
Legacy Emanuel Medical Center	Portland	DRG	1
Legacy Meridian Park Medical Center	Tualatin	DRG	6
Legacy Mount Hood Medical Center	Gresham	DRG	1
Legacy Silverton Hospital	Silverton	B	2
OHSU Hospital	Portland	DRG	1
PeaceHealth Cottage Grove Medical Center	Cottage Grove	B	3
PeaceHealth Peace Harbor Medical Center	Florence	B	3
PeaceHealth Sacred Heart Medical Center - Riverbend	Springfield	DRG	3
PeaceHealth Sacred Heart Medical Center - UD	Eugene	DRG	3
Providence Hood River Memorial Hospital	Hood River	B	6
Providence Medford Medical Center	Medford	DRG	5
Providence Milwaukie Hospital	Milwaukie	DRG	1
Providence Newberg Medical Center	Newberg	B	2
Providence Portland Medical Center	Portland	DRG	1
Providence Seaside Hospital	Seaside	B	1
Providence St Vincent Medical Center	Portland	DRG	1
Providence Willamette Falls	Oregon City	DRG	1
Salem Hospital	Salem	DRG	2
Southern Coos Hospital & Health Center	Bandon	B	3
Tuality Community Hospital	Hillsboro	DRG	1
West Valley Hospital	Dallas	B	2
Willamette Valley Medical Center	McMinnville	DRG	2

Appendix 2: Additional staffing concerns open-ended responses

Do you have staffing concerns for other healthcare occupations/disciplines not listed in the questions above?

Respiratory Therapists
Respiratory Therapists
Discharge planners, housekeepers, patient registration.
Paramedics, EMTs, LCSWs, Respiratory Therapists
Respiratory therapists - we have 185. Anticipated gap depending on surge and internal extender training all other headcount at Legacy = 7745
Respiratory Therapists - Our facility only has 9 RT's including the Supervisor and one casual for 24/7 care.
EMS Staff
Certified Surgical Techs and Lab Medical Technicians are in a significant shortage for our hospital.
CRNA's, RTs
EVS staff Radiologist Pediatrician
Potentially needing more housekeeping staff if we get a surge in patients. Working to bring in temps. We expect to need about 10 ICU nurses.
Respiratory Therapists (have 2 out on a small team due to COVID-19 related issues), Environmental services (will need to hire 9 during surge), Nutrition services (will need to hire 4 during surge).
Respiratory Therapists
potential issues with our Respiratory therapy techs I think the above questions are difficult to guess a need. We have been reorienting/training staff to cover the surge for ED and ICU. We can certainly cover a fair amount of patients. In a smaller hospital, the issue will be around the inability to "transfer" to a higher level of care for ICU needs whether Covid related or not for services that we do not provide at our facility...cardiac surgery, neurosurgery, dialysis as an example.
Supply Chain/ Materials Management personnel. Environmental Services.

Appendix 3: Cross-training open-ended responses

Does your hospital have a mechanism to cross-train employees internally?

Crosstraining Same day surgery staff to repurpose to medical surgical unit and SDS staging area for surge

We are using our health system nursing professional development resources to cross train staff, particularly those from peri-operative services who are not doing elective cases.

Our staff is already cross trained in many areas.

Since we are in a small hospital, cross-training our staff in nursing is done routinely. Our Providers are also able to be cross trained by other providers in this current COVID scenario.

We have already trained PT/OT staff and medical assistants to be care extenders with nursing if needed. Department Directors facilitate cross-training of staff.

Our Nursing Professional Department

Currently cross-training RNs from surgical services to inpatient departments and clinics to inpatient department. Just in time training for multiple departments to facilitate flexibility across departments.

Both our hospital professional development and ambulatory nursing departments are working together to use educators to train staff coming from our ambulatory settings into the hospital setting to be prepared to help during the surge. We are also training inpatient RNs and other staff to be prepared for supporting an ICU level of care in a team setting for our surge.

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internal nursing, provider, rehab and MA teams are responsible for developing and implementing transition/extender training.

Surgery RN's and Surgeons are being trained to care for in patients should a surge in patients occur

we have an internal orientation plan. We are cross training OR team to be in the ED and ICU. Especially while the OR cases are cancelled

It depends on the roll and need

We have system staff to assist.

Orientation plans for cross-training to different tiers of ability- -From "helping hands" to taking a full load

We are currently cross training RN staff to different departments through a job shadow experience

We have been crossing training staff in order to assist with a surge.

We have 1 Clinical Educator on staff, Centralized Professional Development department (stretched very thin)

In some areas-i.e. cross training nurses right now from Surgery to Med Surg.

Yes, nurses can be cross-trained by our Nurse Educator to work in different departments if necessary (Outpatient Clinic, Inpatient, Surgical Services, Operating Room, Recovery Room/PACU. Not currently needed at this time with elective surgeries canceled through 6/15/2020.

We are training our Physical Therapy team to be lift teams for moving and transferring patients. We are repurposing Surgical and PACU nurses to be floor nurses as necessary.

We are currently cross training nurses and rehab employees in areas impacted by low volumes to cross train in other areas and provide education/screening/tracking for COVID disaster prep and response.

critical care and intermediate cross training for nursing and nursing services staff. Training for core critical care, core ED, back fill ICU and backfill IMCU and then we would be in team nursing

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