Milliman Northwest Healthcare COVID-19 Pulse Survey

April 2020

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Introduction and Key Findings

This survey is designed to provide data in a confidential and objective manner to local healthcare employers on topics relating to the impact of the coronavirus.

A total of 81 Northwest hospital, clinic, home care, and long-term care organizations participated in the survey between March 26 and April 3, 2020. Information is summarized for all organizations in this detailed report. Information is also available for all organizations, as well as separately by facility type online at pulsesurveys.millimanservices.com/Coronavirus-COVID-19/AccessResults. Sample sizes vary by question.

We extend special thanks to those organizations participating in this survey (listed on the following page).

KEY FINDINGS

- The majority of participating organizations are treating COVID-19 patients.
- Over one-quarter of respondents have had staff members test positive for COVID-19.
- 23% of respondents have or are considering implementing hazard pay for workers at risk for exposure.
- One-quarter of respondents have implemented special incentives such as weekly bonuses or recognition pay for workers at risk for occupational exposure.
- Over 40% of respondents are encouraging employees who test positive for COVID-19 to apply for workers' compensation if there is known occupational exposure. About 32% are providing other leave benefits such as quarantine pay, and short term housing.
- The majority of respondents indicated that they are handling employees who test positive for COVID-19 the same regardless of whether or not there is known occupational exposure, while approximately 36% reported a different approach.
- The majority of respondents are not mandating overtime for clinical staff. Of the 13% that are planning to do so, some are requesting volunteers, while others are waiting for a surge in COVID-19 patients.
- The majority of respondents are not mandating overtime for non-clinical staff, although some non-clinical staff are voluntarily working overtime out of necessity.
- Most respondents are not capping overtime hours for either clinical or non-clinical workers.
- Over 50% of respondents are shifting staff to COVID-19 services. Some report asking for voluntary floats, while others are reassigning non-essential staff.
- 55% of respondents have made changes to or are considering making changes to their sick leave policies. 42% of respondents are changing or considering changing their PTO policies.
- One-quarter of respondents are considering offering childcare benefits, such as daily or weekly stipends. 27% of respondents indicated considering other incentives.

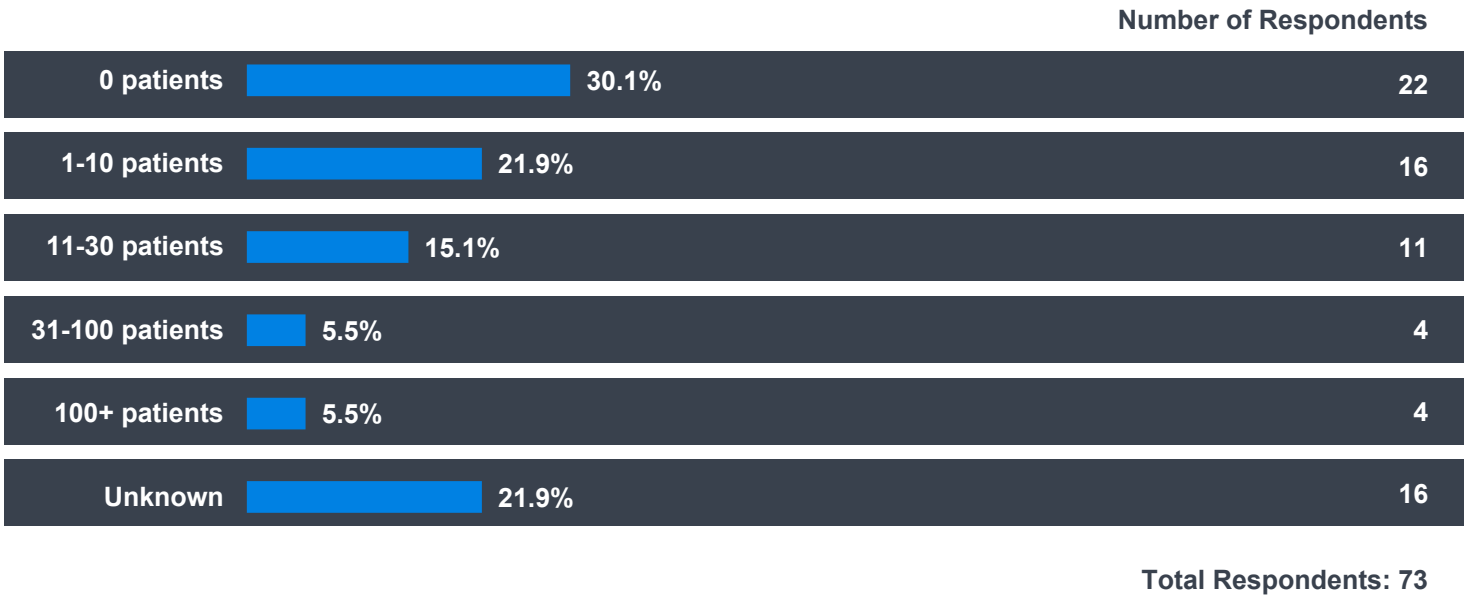
Survey Participants

A Total of 81 Northwest healthcare organizations responded to the survey.

Asante	Pioneer Human Services
Asian Counseling and Referral Service	Planned Parenthood of the Great Northwest and the Hawaiian Islands
Bay Area Hospital	Prosser Memorial Health
CHAS Health	Pullman Regional Hospital
Columbia Basin Health Association	Puyallup Tribal Health Authority (PTHA)
Columbia Valley Community Health	Quincy Valley Medical Center
Comagine Health	SAIF Corporation
Community Health Center of Snohomish County	Salem Health
Community Health Plan of Washington	Samaritan Health Services
Compass Health	Samaritan Healthcare
Comprehensive Healthcare	SCCA Proton Therapy Center
Confluence Health	Seattle Cancer Care Alliance
CorePhysio	Seattle Children's
Coulee Medical Center	Shriners Hospitals for Children - Portland
Country Doctor Community Health Centers	Skagit Regional Health
Era Living LLC	Sound Family Medicine
EvergreenHealth	St. Joseph Regional Medical Center - Lewiston
Forks Community Hospital	State of Idaho
Foundation Health Partners	Strategic Pharmaceutical Solutions, Inc. / VetSource
Grays Harbor Community Hospital	The Doctors Clinic
Good Shepherd Medical Center	The Everett Clinic
Hospice of Spokane	The Oregon Clinic
Island Hospital	The Polyclinic
Kaiser Foundation Health Plan of Washington	TRA Medical Imaging
Kartini Clinic	Tualatin Valley Fire & Rescue
King County	Tuality Healthcare
Kittitas Valley Healthcare	Unity Care NW
Klickitat Valley Health	University of Washington Medical Centerr
Kootenai Health	Valley Medical Center
Legacy Health	Vancouver Clinic
Moda Health	Vera Whole Health
MultiCare Health System	Virginia Mason Memorial
Northwest Kidney Centers	Washington Health Benefit Exchange
Northwest Orthopaedic Specialists	WhidbeyHealth Medical Center (Whidbey Island Public Hospital District)
Northwest Pathology	Whitman Hospital & Medical Clinics
Northwest Permanente, PC	Willamette Dental Group
Nova Health	Willapa Harbor Hospital
Ocean Beach Hospital & Medical Clinics	Women's Healthcare Associates, LLC
Olympic Health & Recovery Services	Yakima Neighborhood Health Services
Oregon Imaging Centers	Yukon-Kuskokwim Health Corporation
Pathology Consultants, PC	

The majority of participating organizations are treating COVID-19 patients.

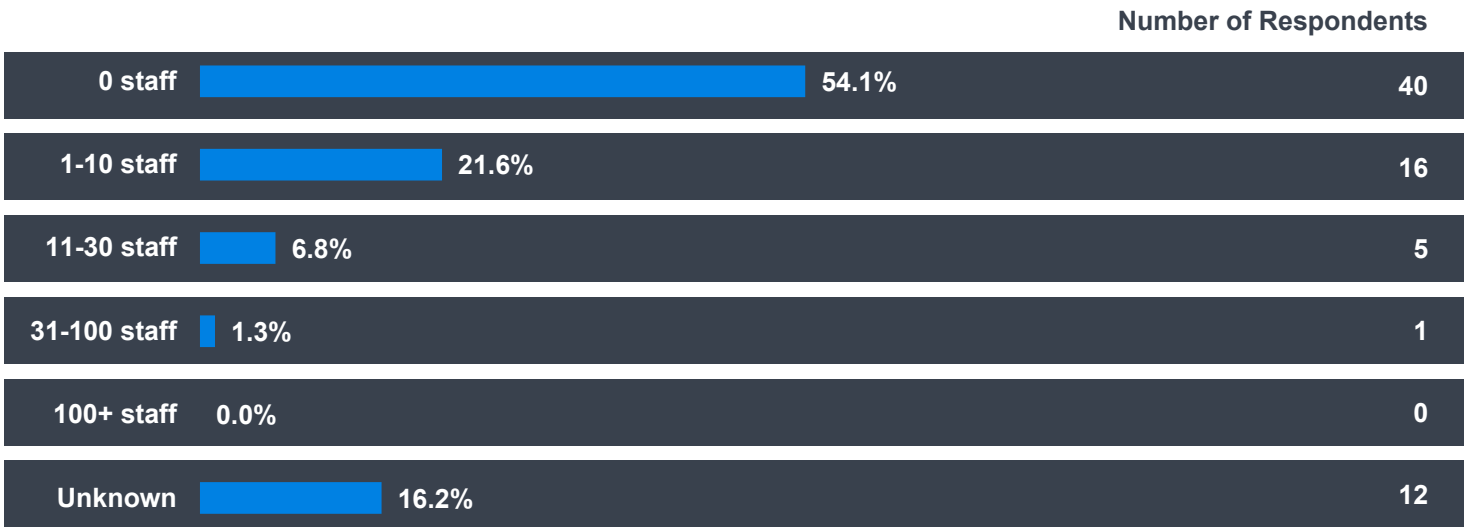
How many patients have tested positive for COVID-19?



Total Respondents: 73

Over one-quarter of respondents have had staff members test positive for COVID-19.

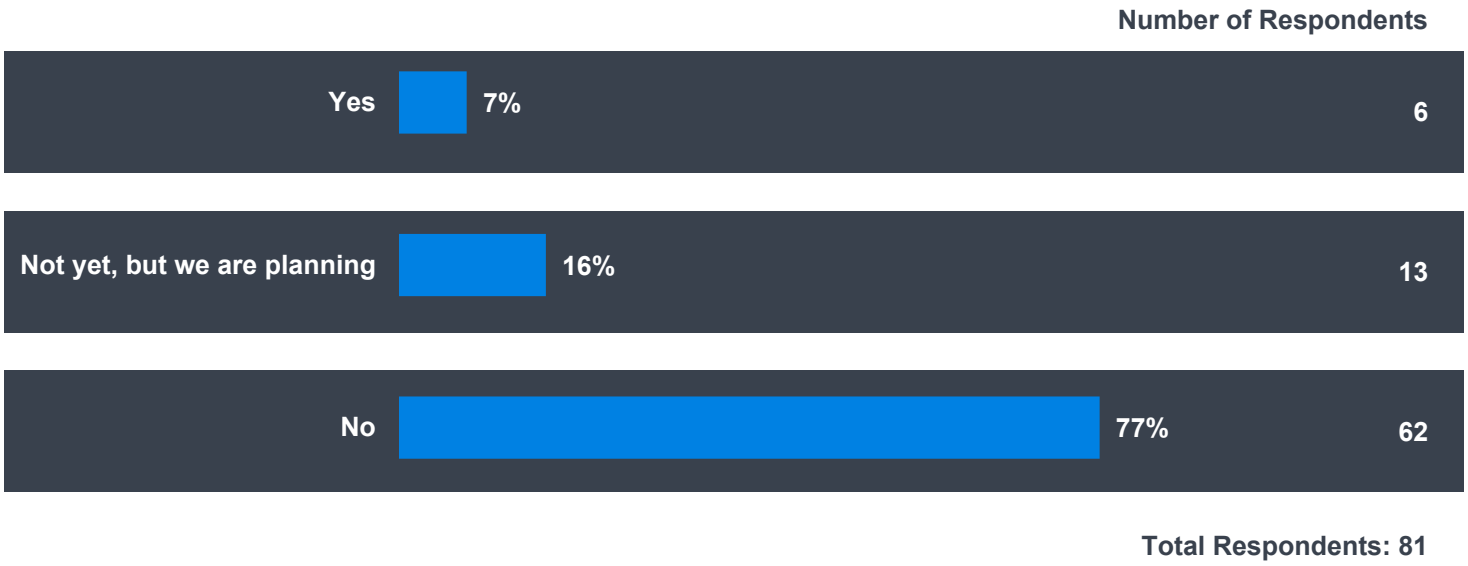
How many staff members have tested positive for COVID-19?



Total Respondents: 74

23% of respondents have or are considering implementing hazard pay for workers at risk for exposure.

Has your organization implemented hazard pay for those with direct COVID-19 patient care responsibilities, or for others at risk for occupational exposure?



Has your organization implemented hazard pay for those with direct COVID-19 patient care responsibilities, or for others at risk for occupational exposure?

Comments:
Not yet, but we are planning on it

- If staffing becomes a large enough issue where hazard pay processes need to be implemented, we are prepared to begin executing a plan to compensate patient care staff with appropriate hazard pay in light of COVID-19.
- In discussion with the unions.
- Looking at options now and trying to understand how to scale it across all levels and determine if there should be indirect and direct contact variables.
- Modeling different scenarios at the moment.
- No decisions have been made, but talks are being done around the issue.
- Should we see a surge we are considering it.
- We are looking into it. No decision at this time.
- We are not doing it for sure but we are considering it. Right now we are modeling what it would look like.
- We are working with our unions to formulate an incentive.

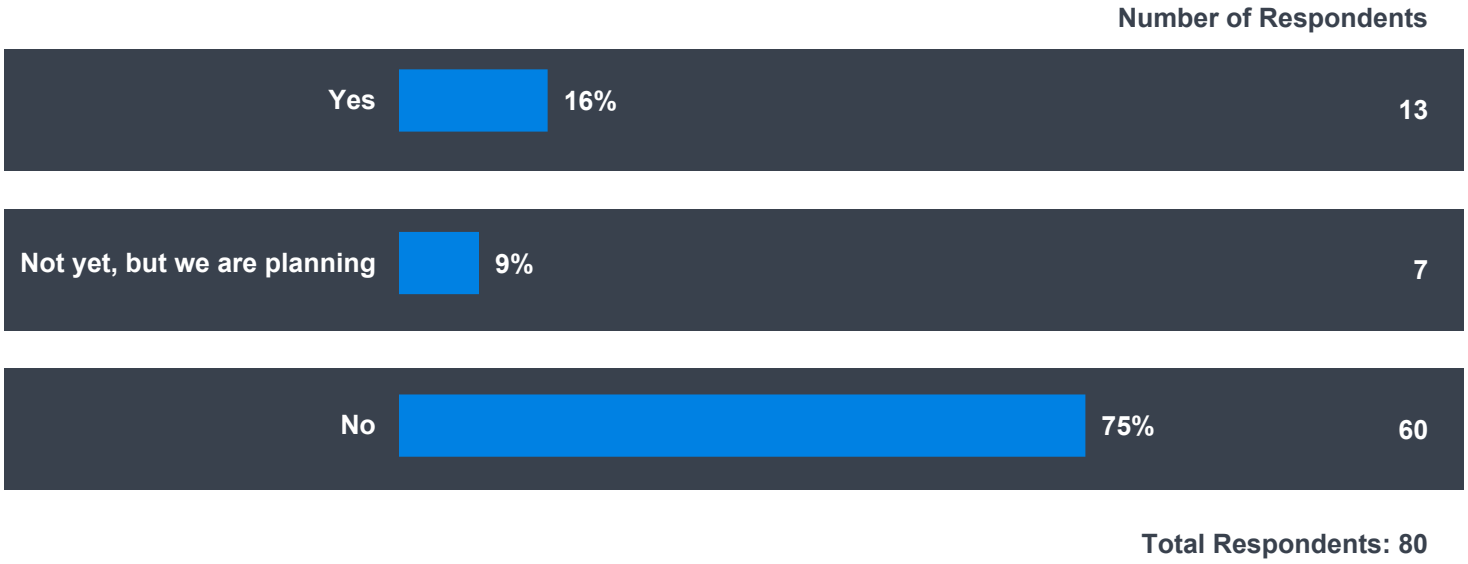
Has your organization implemented hazard pay for those with direct COVID-19 patient care responsibilities, or for others at risk for occupational exposure?

Comments:
If yes / planning on it, for which positions

- All positions.
- All staff suspected of COVID cases.
- Anyone going to clinics, or required to work in an office.
- May include Respiratory Therapy, EVS, etc.
- Mental Health Professionals, and Peer Counselors.
- Not sure at the moment, but considering any role that may have potential exposure hazard.
- Pharmacy Tech, and Warehouse.
- All hands on patient jobs, Nurses, Imaging, Physicians, and EVS.

One-quarter of respondents have implemented special incentives such as weekly bonuses or recognition pay for workers at risk for occupational exposure.

Has your organization implemented other special incentives for those with direct COVID-19 patient care responsibilities, or for others at risk for occupational exposure?



Has your organization implemented other special incentives for those with direct COVID-19 patient care responsibilities, or for others at risk for occupational exposure?

Comments:
Yes, please describe

- 2 week PTO advance if needed for sick leave.
- Additional 80 hours of Admin Leave for those diagnosed with Covid-19 (self or immediate household member) - prorated by FTE. Childcare incentive of $250/week.
- Emergency PTO (paid sick leave) and FMLA Extension.
- Extra leave time.
- Free parking.
- Increased shift differential to be more competitive. Paying double time for extra shifts.
- Paid childcare.
- Quarantine Pay was paid for the first two weeks and limited to those employees who were exposed to confirmed COVID-19 patients at the hospital and tested positive.
- Regional Labor Pool for EE floating to other assignments outside or within their home facility. Float premiums will apply.
- Telecommuting for non patient facing roles.
- The medical and dental teams are split into groups on rotating days, but still paid for full time. We consolidated all security to one shift instead of 3. Ancillary on site support staff also on split days/hours-i.e.: supply chain.
- We call it Recognition Pay.
- Weekly bonus amounts for working in direct patient care positions, additional for working in Acute Respiratory Clinics.

Has your organization implemented other special incentives for those with direct COVID-19 patient care responsibilities, or for others at risk for occupational exposure?

Comments:
Not yet, but we are planning on it

- Accelerated pay increases. Implementing July 1 increases earlier.
- Modeling different scenarios at the moment.
- Researching other jurisdictions. Looking into offering comp time or OT to FLSA exempt employees working on our COVID response team.
- Still modeling .
- We are working with our unions to formulate an incentive.
- We'll most likely do something to acknowledge, but not sure if will be monetary or non-monetary.

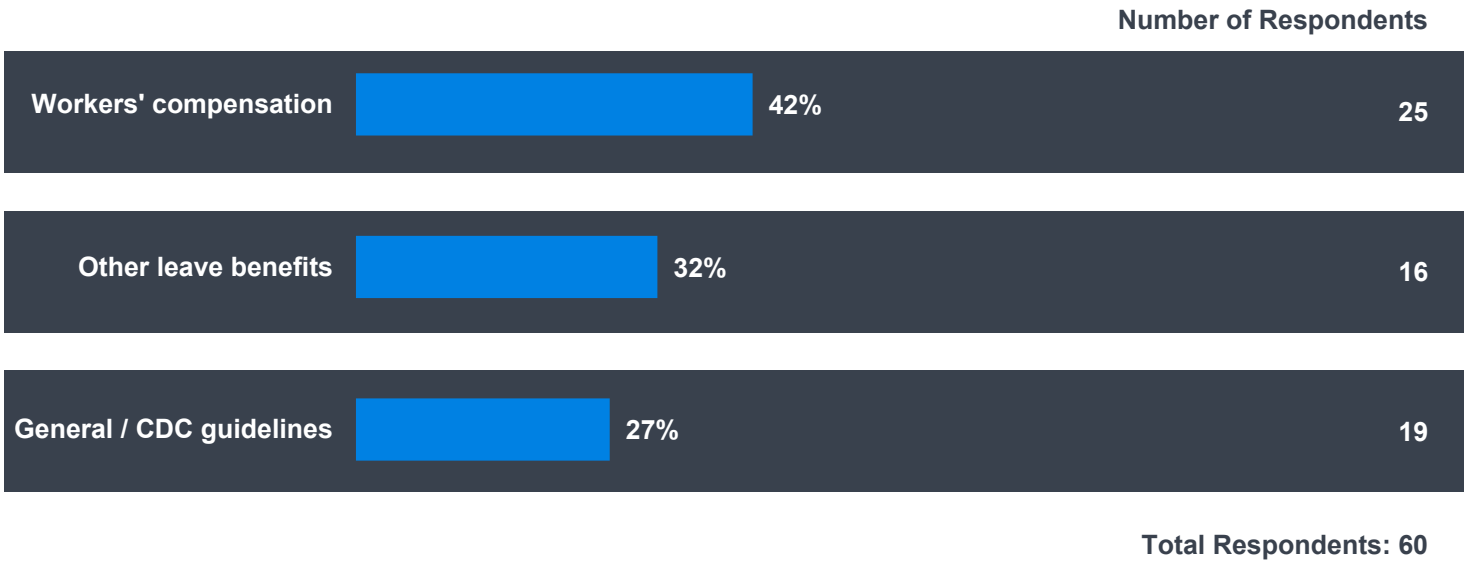
Has your organization implemented other special incentives for those with direct COVID-19 patient care responsibilities, or for others at risk for occupational exposure?

Comments:
If yes / planning on it, for which positions

- All Employees and Providers.
- All Operations, Pharmacy, and Warehouse.
- All positions. ***(reported x4)***
- Employees working on our COVID response team.
- Everyone in offices and clinics.
- Other direct patient care positions.
- Other Non -Clinical essential: IT support, Nutrition, Registration, Supply chain, visitor screening. Other ancillary as necessary.
- Pharmacy, other non-exempt clinical positions, and all admin roles which support patient care operations.
- Scheduling, Billing/Coding, Finance, HR.
- Unit Techs.
- We are a PT clinic and we ceased direct in person client care 3/17/20, and have followed CDC guidelines for our onsite business staff (3 staff in 3200 square feet space) since ongoing work. No hazard pay because we don't treat sick people, but assume that each of us is asymptomatic positive and use the appropriate PPE.

Over 40% of respondents are encouraging employees who test positive for COVID-19 to apply for workers' compensation if there is known occupational exposure. About 32% are providing other leave benefits such as quarantine pay, and short term housing.

How is your organization handling employees who test positive for COVID-19 if there is known occupational exposure?



How is your organization handling employees who test positive for COVID-19 if there is known occupational exposure?

Comments:
Workers' compensation

- Employee's first three days are paid, then the claim is processed as usual while they recover and remain symptom free for 72 hours. If they are asymptomatic then we would process the claim and have them quarantine for 14 days.
- Employees will be called off work and HR will help navigate sick leave, FFCRA, unemployment and if applicable workers' compensation.
- File an L&I claim, kept on salary for 14 days. Off work and cannot return to work sooner than 7 days after illness onset, or 72 hours after recovery. Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. Some employees may experience prolonged cough , which may continue after isolation has ended. These employees will be required to wear a facial mask or equivalent until their cough resolves.
- If determined it was caught at work, likely will be workers' compensation.
- Placing on leave and employee can file for L&I and use Paid Sick Leave or accrued PTO & EIB.
- Quarantine from work, encourage to apply for unemployment, workers' compensation, and Paid Family and Medical Leave (PMFL).
- They are put on quarantine, and will qualify for workers' compensation.
- They would be advised to stay home for long as the CDC or care provider determines. Employees are notified of possible exposure. The employee exposed can request workers' compensation given that there is known occupational exposure.
- We are following FMLA, State Paid Family and Medical Leave, CDC guidelines and asking employees to complete Safety Forms. Employees must complete/submit a workers' compensation claim online.
- Workers' compensation and FMLA protected leave.
- Workers' compensation claim. ***(reported x15)***

How is your organization handling employees who test positive for COVID-19 if there is known occupational exposure?

Comments:
Other leave benefits

- COVID-19 Sick Leave Bank up to 80hrs.
- Emergency Paid Sick Leave during infection period.
- For any employees that are exposed to COVID-19, we have implemented a short-term disability (STD) policy that is available for them.
- Home 7 days - paid not worked time - then reach out when 72 hours fever-free to return to work.
- Immediate access to EIT (extended illness time) until exhaustion, then PTO sick, then PTO until exhaustion then unpaid status.
- Initially we paid for the employee who was off. After educating staff on proper PPE it is treated as any other type of occupational type exposure.
- Mandatory quarantine and Quarantine Pay.
- Paid administrative leave.
- Paid Furlough. ***(reported x2)***
- Paid sick leave, OFLA/FMLA if needed.
- Provide short term housing (i.e. hotel) up to 14 days for those with positive diagnosis.
- Providing 2 weeks of disaster relief PTO to use while sick.
- PTO, COVID fund, additional 2 weeks paid.
- Quarantine and allow for extended paid time off.

How is your organization handling employees who test positive for COVID-19 if there is known occupational exposure?

Comments:
Other leave benefits *(continued)*

- Sending them home, sending employees home who they were in close contact with to quarantine, letting the affected employees know about their pay options - can use their PTO, Paid Sick Leave, COVID-19 Paid Sick Leave (2 weeks of paid leave employees can use for COVID-19-related reasons), can also use Leave Without Pay and apply for unemployment/workers' compensation.
- We are having them stay home - but they will be paid.
- We have implemented a special sick bank.
- We provide paid leave time.

How is your organization handling employees who test positive for COVID-19 if there is known occupational exposure?

Comments:
General / CDC guidelines

- Advising employees to go to their PCP.
- All in-person meetings, onsite work, etc. is suspended indefinitely; we're following CDC guidelines should such an exposure occur.
- All workforce members who tested positive are recovering at home.
- Allowing the department of public health to guide how we handle that situation.
- An incident report is completed for anyone experiencing symptoms and/or receiving a positive result. NPs are tasks with follow up. Staff who may have been exposed are advised of potential exposure but HIPAA/confidentiality is maintained.
- Employees are required to notify HR immediately, and we notify employees who had prolonged or close contact with the employee. Our employees are working at home but if they are essential staff who work in the office, they must remain from work until at least 72 hours have passed without fever.
- Employees who tested positive for COVID-19 must stay home from work. They must follow “Respiratory Viral Illness” guidelines to determine when they are permitted to return to work.
- Following CDC guidelines. ***(reported x2)***
- If an employee tests positive the county health department works to discover outside contacts and Infection Prevention and Employee Health work to track down internal contacts. Same process is followed if a patient comes in and then tests positive.
- Mandatory quarantine. Deep clean and sanitize possible exposure areas. Require use of PPE.
- Mandatory quarantine. Must be tested and cleared by employee health before returning to work.
- Sent home for care until clear from COVID-19.

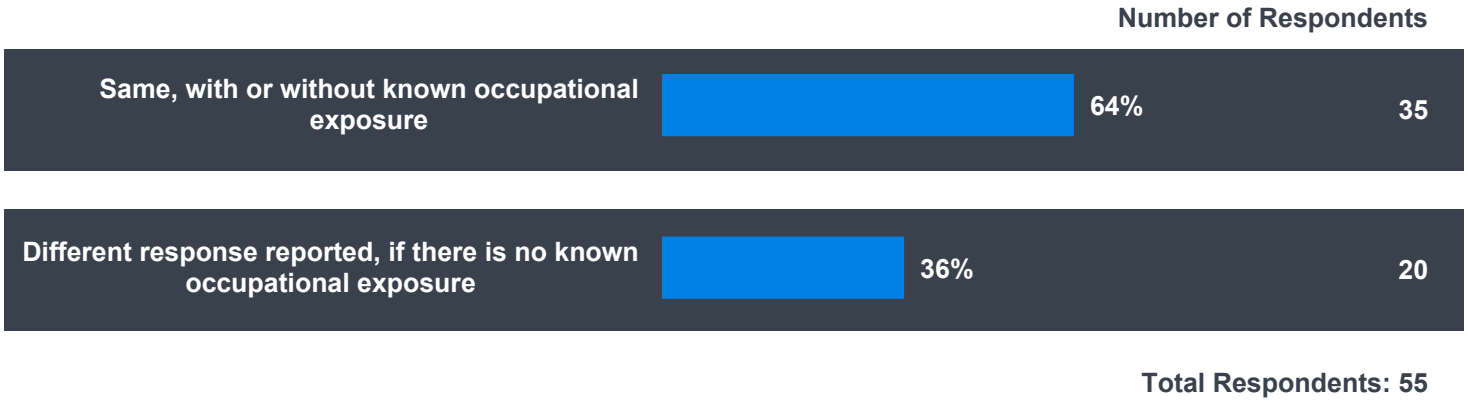
How is your organization handling employees who test positive for COVID-19 if there is known occupational exposure?

Comments:
General / CDC guidelines *(continued)*

- The employees are at home sick following CDC guidelines, and following our employee health policy by not reporting to work sick.
- Using newly enacted laws signed into place on 4/1/2020.
- We are following CDC and DOH guidelines, sending them home to self-quarantine for a minimum of 14 days and until free from symptoms for at least 72 hours. We complete exposure tracers to see what other staff may have been exposed to the employee if they were working prior to the onset of symptoms.

The majority of respondents indicated that they are handling employees who test positive for COVID-19 the same regardless of whether or not there is known occupational exposure, while approximately 36% reported a different approach.

How is your organization handling employees who test positive for COVID-19 if there is no known occupational exposure?



How is your organization handling employees who test positive for COVID-19 if there is no known occupational exposure?

Comments:
Different response reported, if there is no known occupational exposure

- All employees have been working remotely for over a month. Any employee who reports testing positive for COVID-19 is offered whatever leave is applicable.
- Disability plan, now with no waiting date.
- Eligible for company paid accrued sick leave/time off.
- Employee would be placed on the appropriate medical leave.
- Employee's sick or vacation leave.
- Enhanced extended illness benefit with immediate access to hours.
- Evaluated on case-by-case basis.
- Off work.
- Place on leave of absence.
- Processed through the clinic and HR for leaves. Isolate individual at home.
- PTO/EIB.
- Same as any other illness - contact our Leave Specialist, see if qualifies for OFLA and/or FMLA, see if employee qualifies for STD and possibly LTD. Can take PTO and OPL for hours not compensated.
- Sending them home with full pay.
- The employee is placed on leave and can use Paid Sick Leave and accrued PTO & EIB.
- They are put on quarantine, and qualify for FMLA and STD. They are not required to use any of their PTO.

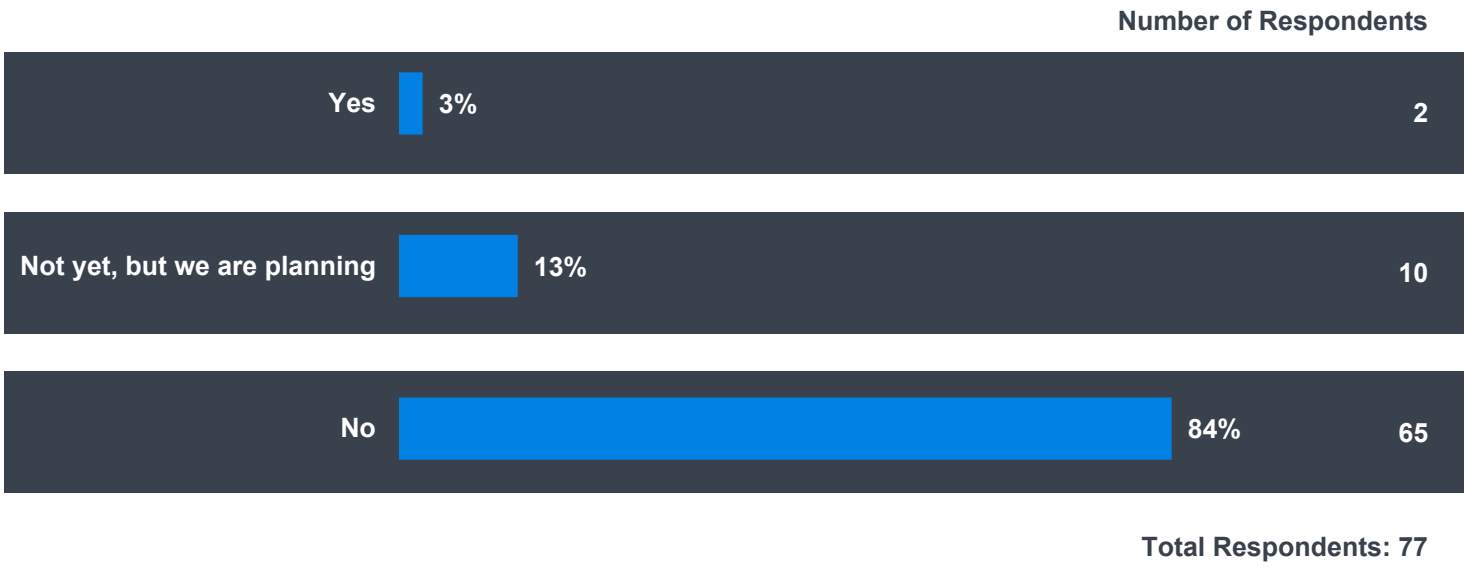
How is your organization handling employees who test positive for COVID-19 if there is no known occupational exposure?

Comments:
Different response reported, if there is no known occupational exposure *(continued)*

- They can draw their PTO or open a claim for PFML.
- They follow our regular leave policy, first PTO and then sick time.
- They would be advised to stay home for long as the CDC or care provider determines. Employees are notified of possible exposure.
- Treating it in accordance with our existing illness policies (i.e. paid sick leave, extended illness bank). Employees that test positive are quarantined for at least 14 days from the date of the positive test. They may return to work if it has been at least 3 days since recovery (fever-free) and at least 7 days since the onset of symptoms.
- We are applying FMLA and/or OFLA protected leave if the employee is eligible, paid if Oregon Paid Sick Leave or PTO is available. The time off is recorded as other approved leave due to COVID19 if FMLA and/or OFLA coverage is not applicable.

The majority of respondents are not mandating overtime for clinical staff. Of the 13% that are planning to do so, some are requesting volunteers, while others are waiting for a surge in COVID-19 patients.

Is your organization mandating overtime for clinical staff?



Is your organization mandating overtime for clinical staff?

Comments:
Not currently, but we are planning on it

- Currently requesting volunteers. If no volunteers, have a rotation roster ready to use.
- If volumes increase, yes.
- If we see a patient surge, we may have OT for our clinical staff.
- In the event of a surge or staffing shortage.
- Maybe if the pandemic increases and incident command is needed.
- No Mandatory OT. Have tried to move to Telehealth as much as possible.
- We are an ambulatory clinic and have reduced patient hours per day.
- We are planning for the hospital surge - redeploying other physicians to the hospital setting to absorb some of the overtime (and respect work life balance), but expect overtime will occur.
- When the surge occurs.

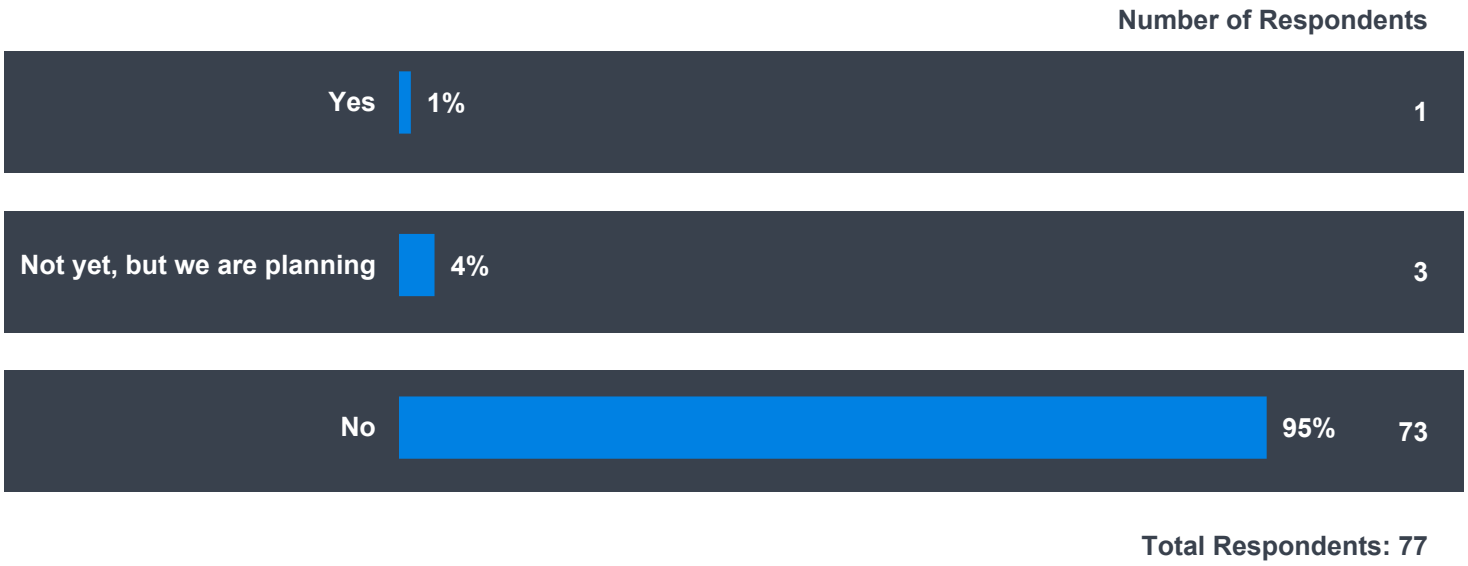
Is your organization mandating overtime for clinical staff?

Comments:
Additional comments about clinical staff mandatory overtime

- Current union contracts do not allow.
- I do not know if we are mandating OT for clinical staff. Likely will as needed.
- It is not mandatory, but it may likely happen due to staffing and the circumstances.
- May due so if necessary.
- Not mandating overtime, but many of our clinical staff are working overtime out of necessity and to help out where they can. We are also applying an emergency labor pool.
- Not needed at this time.
- Not sure - we are pretty flexible and have staff to service all emergency sites; we shut down most clinics to focus on the pandemic.
- Plans change day-to-day to respond to current needs.
- We are trying to use our labor pool to supplement for the extra hours we need.
- We have not needed to do this as of yet.

The majority of respondents are not mandating overtime for non-clinical staff, although some non-clinical staff are voluntarily working overtime out of necessity.

Is your organization mandating overtime for non-clinical staff?



Is your organization mandating overtime for non-clinical staff?

Comments:
Not currently, but we are planning on it

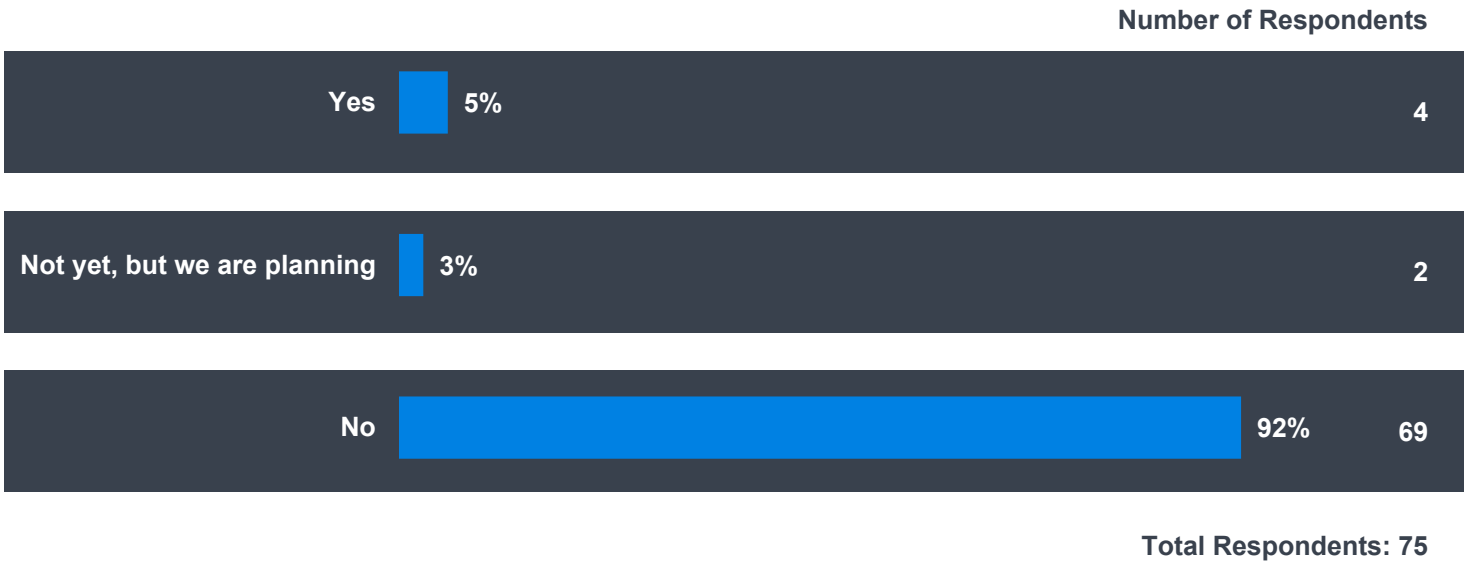
- If volumes increase, yes.
- Offered Remote work for non-essential/non clinical support staff.

Comments:
Additional comments about non-clinical staff mandatory overtime

- Current union contracts do not allow.
- Currently non-clinical staff are teleworking as much as possible.
- I do not know if we are mandating OT for non-clinical staff. Likely will as needed.
- It is not mandatory, but it may likely happen due to staffing and the circumstances.
- May due so if necessary.
- Not mandating overtime, but many of our non-clinical staff are working overtime out of necessity and to help out where they can.
- Overtime may be mandated for employees performing essential functions.
- Staff may be required to cover a Saturday or Sunday shift on a rotational basis.
- Volumes have decreased so there is no need for overtime by any individual.
- We are reducing hours.
- We do not anticipate overtime situations.
- We have not needed to do this as of yet.

Most respondents are not capping overtime for clinical staff.

Has your organization capped overtime for clinical staff?



Has your organization capped overtime for clinical staff?

Comments:
Not currently, but we are planning on it

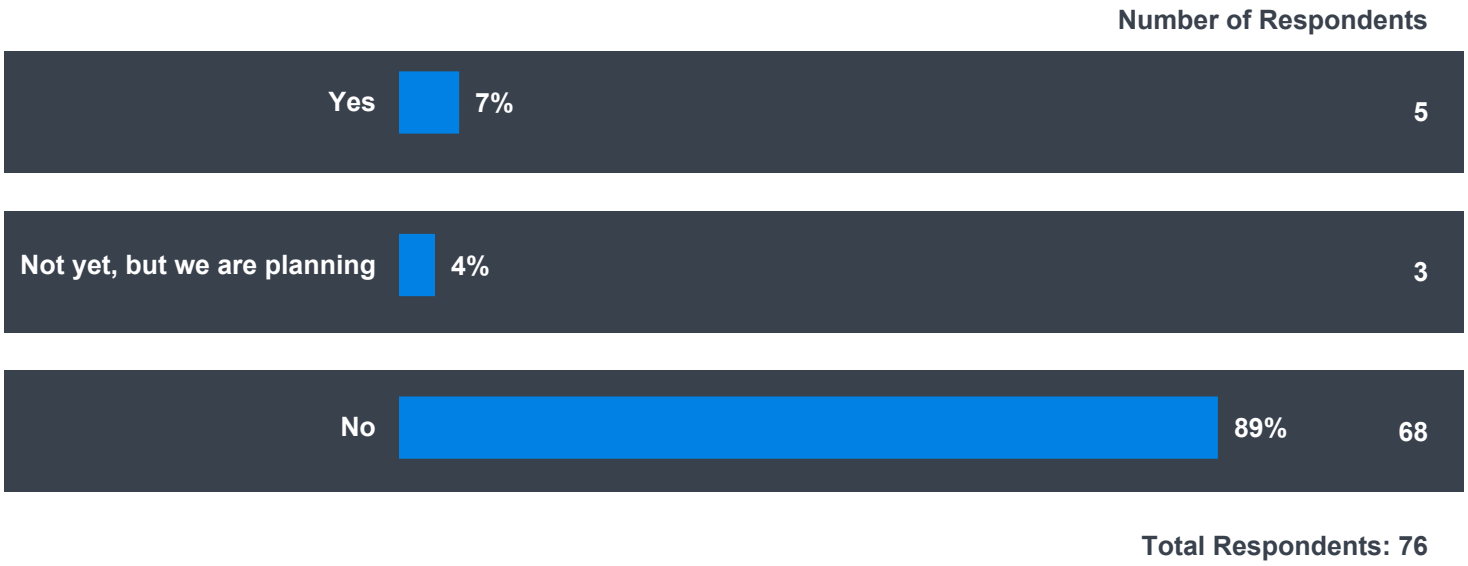
- Organizational overtime will not exceed 1% of gross payroll.

Comments:
Additional comments about capping overtime for clinical staff

- No need.
- No, we have had to lay employees off due to lack of work.
- Not outside our existing policies, requiring that OT be approved in advance by leadership.
- Not that I know of.
- Our existing policy guideline is to limit the scheduling of nurses to no more than 108 work hours in a two week period, when nurses work extra shifts. At this time, we have not implemented any new caps specific to the COVID-19 pandemic.
- Put the majority of staff on standby unemployment as of March 18th. We went from 25 employees to 3 and I am slowly bringing individuals in depending on need and as we grow telehealth services.
- Rarely need overtime.
- We are sending many staff home due to lack of work.

Most respondents are not capping overtime for non-clinical staff.

Has your organization capped overtime for non-clinical staff?



Has your organization capped overtime for non-clinical staff?

Comments:
Not currently, but we are planning on it

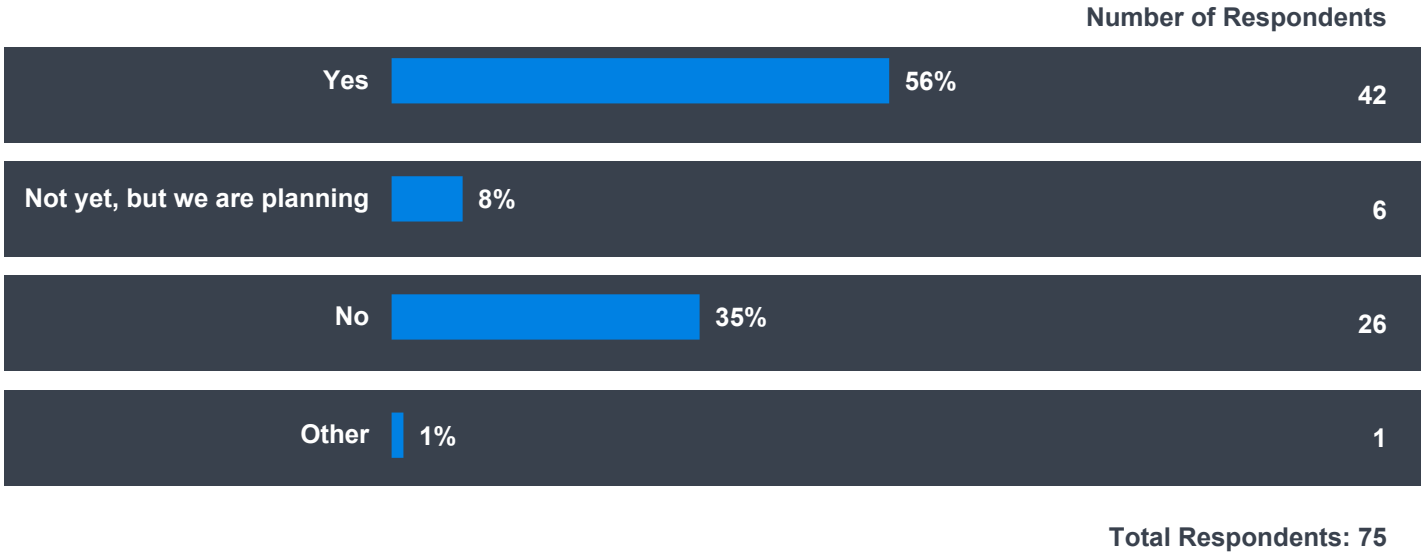
- Organizational overtime will not exceed 1% of gross payroll.
- Not that I know of.

Comments:
Additional comments about capping overtime for clinical staff

- No need.
- No, we have had to lay employees off due to lack of work.
- Non-clinical areas are expected to manage workloads to avoid/limit any overtime hours at this time; we have not implemented any new caps specific to the COVID-19 pandemic.
- Not outside our existing policies, requiring that OT be approved in advance by leadership.
- Rarely need overtime.
- The general rule of thumb is to avoid all overtime unless absolutely necessary. At this time we should have no non-clinical staff accumulating overtime.
- We are sending many staff home due to lack of work.

Over 50% of respondents are shifting staff to COVID-19 services. Some report asking for voluntary floats, while others are reassigning non-essential staff.

Are you shifting staff from other units to COVID-19 services?



Are you shifting staff from other units to COVID-19 services?

Comments:
Yes, please describe

- A number of people have been reassigned based on help needed. HR, Finance, case workers.
- Across the organization and we have a Labor Pool for screeners and other miscellaneous assistance needed.
- All non-critical surgeries have been stopped to save on PPE and manpower. Individuals are being redirected.
- Applying an emergency labor pool where we can.
- Created a labor pool.
- Created a one point of contact for all ambulatory patients to be seen/tested for COVID-19 and/or any other respiratory condition. We have shifted some of the medical staff from medical clinics to assist.
- Dental staff are helping out with screening patients outside before they come in.
- Departments that have reduced volume (surgery, dental, PT, clinic) are orienting in acute care, ER, nurse help line, entrance screening, pharmacy curbside pick-up, etc.
- Don't provide Covid-19 services but we are moving staff around to assist with screening incoming staff and staff and to direct people to testing if need be.
- Employees may be reassigned out of class within their agency or with another agency to assist with COVID-19 services as needed.
- Every department we can.
- Exempt RN positions such as Quality to Patient Care hourly roles.
- For lines of the business that are not receiving major business i.e. dental, our dental customer service and claims folks are focusing on our medical side of the business that may face an influx of work due to COVID-19.
- However it is a voluntary float, not mandated.

Are you shifting staff from other units to COVID-19 services?

Comments:
Yes, please describe *(continued)*

- If people are licensed we are having them assist with COVID services. Currently it is all hands on deck! Example: some people may have a medical assistant license but are working in an administrative type role, if their license is still active, we have asked that they go to assist the sites.
- Internal medicine, Skilled Nursing and Gastroenterology shift to hospital medicine. Sleep medicine who are boarded in pulmonology move to pulm full time. Looking at others as well.
- Most clinic services are being moved to the labor pool and assisting where needed.
- Moved clinical staff from the surgery center to assist at urgent care/triage.
- Moving primary care providers to staff walk-in clinics.
- Non critical departments (sleep/most outpatient clinical and administrative staff/some imaging etc.) are shutting down and staff are being directed elsewhere as needed. Door screeners, additional RNs, triage hotlines etc.
- Nurses are being used for employee temperature taking, assisting employee health, enforcing hand hygiene in common areas such as cafeteria, etc.
- One of our clinics has been converted to only seeing patients with URI symptoms. Staff and clinicians can voluntarily choose to work in that clinic. We have closed seven clinics, and left four open for essential visits only. Staff and clinicians from closed clinics are rotating in to other clinics, conducting telephone and video visits, and in some cases furloughed.
- Primarily OR staff at this time. They are doing employee and patient screening at our entrances.
- Reassigning staff from non-essential departments.
- RNs from Surgical Svcs, outpatient Cardiac Rehab and Interventional Pain who have reduced assigned hours are cross training as secondary RNs or general clinical support in the following units: Acute Care, ICU and ER.
- RNs in Same Day Services and Surgery are being trained to assist in other nursing departments. Other staff have been redeployed to be door screeners, traffic control, and switchboard operators.

Are you shifting staff from other units to COVID-19 services?

Comments:
Yes, please describe *(continued)*

- Shifting staff from Dental to helping screen patients at the entrance of the clinic and to help with employee fitting of N95 masks.
- Some clinics are experiencing low census due to restrictions on elective procedures. Clinics where staff are seeing a decrease in hours to their FTE may be assigned to Regional Labor Pool to assist in other departments.
- Some staff from departments such as Cardiac Rehab and outpatient clinics that currently have cancelled services and reduced operating hours have been assigned to assist with enforcing COVID-19 protocols at the hospitals and to staff a COVID-19 call center.
- Staff from clinics with low census.
- Staff from dental units are being shifted to medical.
- Staff not currently needed for their current jobs are signing up for the float pool for training and use as needed.
- Surgical staff have been redeployed to other clinical areas, as all elective surgeries have been canceled. Other low census areas are also being redeployed to higher volume areas for the time being.
- Techs to another modality where they are licensed.
- Training any employee who holds an NAC license to work in our hospital as well as anticipating using non clinical staff for things like screening questions, directing patients, etc.
- Trying to keep as many folks employed as possible. Staff from nearly every unit (except for the ED and ICU) are being utilize for a temp check station, COVID hotline call center, environmental services and drive-thru COVID testing station.
- Turned one site into "Hotspot" shifted staff based on volunteer to cover site with only symptomatic patients. Other sites are "cold sites."
- We have some of our RN staff providing screening at the door.

Are you shifting staff from other units to COVID-19 services?

Comments:
Yes, please describe *(continued)*

- We shut down 19 clinics and opened 3 COVID-focused sites and 5 other emergency sites.
- Where needed and where the patients are--mostly to Urgent Care.
- Working clinical staff, extra hours to staff screening stations.

Comments:
Not yet, but we are planning on it

- Have identified staff in other clinical roles that could be used for critical positions. Currently asking if there is voluntary interest in cross training.
- We are making contingency plans currently.
- We are using volunteers to staff an off-site COVID clinic .
- We have respiratory hours but not shifting staff in any way. Have limited number of staff for each shift in clinic and moved mostly to telehealth if possible or limiting hours in clinic.
- We have stopped seeing non medically urgent patients so our clinicians could work for partner organizations that may need them to treat COVID-19 patients.

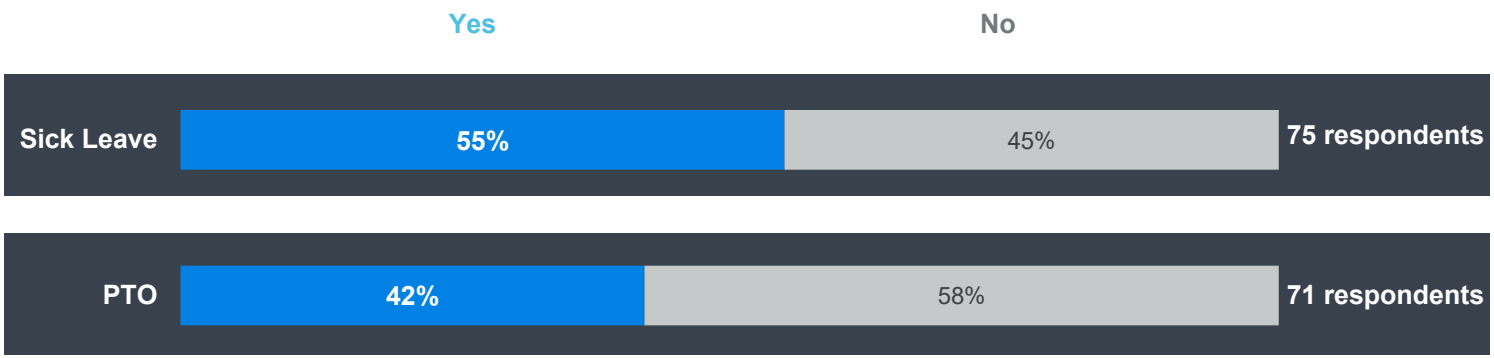
Are you shifting staff from other units to COVID-19 services?

Comments:
Other / Additional comments about shift staffing

- Also stood up screening at each location's door.
- Currently cross training and using this wait time for extra planning and training.
- If staff are unable to telecommute and do not want to use leave, we will be offering the opportunity for them to be reassigned to COVID services without a loss in pay.
- In case of a COVID-19 patient surge, staff with clinical training who are working in non-clinical roles may be asked to work in patient care, if their training, licensures, and certifications are valid and appropriate.
- Moving staff more frequently due to staff calling out sick.
- Other employees (non-RNs) who are experiencing reduced hours are provided the option to cross train to EVS, Materials Support, Entrance Screening and other non-clinical support for nursing units.
- Primarily the screening of patients at the door and extra disinfecting/cleaning tasks at this time.
- Providing a reassignment premium to staff leaving their home department (amount still TBD).
- Temporarily closed one of our primary care clinics to help consolidate supply and more accurately staff our larger clinics.
- We are not a hospital, we are an outpatient PT clinic and not treating any symptomatic clinic. We have paused in person care since 3/18/20 due to COVID-19.
- We have a list of staff who are available for redeployment and supervisors can look at the list to see if they need help.
- We have a regular practice of having staff work at alternate sites, as needed, based on staffing and patient needs.

55% of respondents have made changes to or are considering making changes to their sick leave policies. 42% of respondents are changing or considering changing their PTO policies.

Are you considering adjustments to your sick leave or PTO policy?



Are you considering adjustments to your sick leave policy?

Comments:
Yes, considering adjustments to sick leave policy

- Added 21 days of sick time for employees to be absent for themselves, or a household member, including roommates, who test positive for COVID-19, exhibit symptoms for COVID-19 even if not able to be tested.
- Added a new COVID-19 Paid Sick Leave bank for employees where they have access to 80 hours (prorated by FTE) of leave for an absence related to COVID-19.
- Added up to 10 additional days (pro-rated based on FTE) of emergency leave for qualifying absences related to COVID-19.
- Additional 80 hours of Admin Leave for those diagnosed with Covid-19 (self or immediate household member) - prorated by FTE. Childcare incentive of $250/week.
- Additional PTO. FMLA rules applies - Families First Act.
- Adjusted sick leave banks and attendance exceptions for things like child care etc.
- Allow up to 80 hours negative PTO if personally Covid diagnosed.
- Allowed those that have either been laid off, quarantined, high risk, or impacted by school closures to use sick time.
- Allowing employees to use banked sick leave for anything related to COVID-19, including EES who self-quarantine whether or not a high risk or underlying health condition exists.
- Allowing its use for quarantine purposes.
- Allowing staff with no child care/school in session to utilize sick leave.
- An additional COVID 19 EIB bank prorated by FTE for use and those hours will have to be returned to the organization via worked hours. The 16 hour wait period for EIB has also been waived.

Are you considering adjustments to your sick leave policy?

Comments:
Yes, considering adjustments to sick leave policy *(continued)*

- As new rules come out with FFCRA and other regulations we will adjust our practices. We've also adopted a more flexible approach in general.
- Coming back to work goes through a special process to make sure there is no risk to operations.
- Continuing to pay all staff whether they are on site, working remotely, or at home not able to work due to childcare or inability to work remotely.
- COVID19 is opening our sick time hours even if you are not sick. It can be used for childcare and low census when you use your PTO.
- Currently allowing COVID19 related unpaid leave that does not fall under FMLA and/or OFLA protection to be taken non-paid without loss of benefits coverage for month of April.
- Currently, no one is going unpaid if they are sick (even if it is not COVID). They are not going unpaid for childcare reasons either.
- Depends on FFCRA and CARES interpretations.
- Employees will be able to carry a negative sick balance of up to 112 hours or 14 days. Allowing negative sick balances will expire by the end of 2020 or when leadership determines the pandemic has subsided and the need for urgent sick pay is no longer required.
- Expanded the use of sick leave.
- Federal and state mandated.
- FFCRA.
- Have allowed for access to a special leave bank for illness during the outbreak.

Are you considering adjustments to your sick leave policy?

Comments:
Yes, considering adjustments to sick leave policy *(continued)*

- Keeping with our 1 hr. earned sick time for every 40 hrs. worked as per WA State. We are apparently exempt from the emergency FMLA because it would put us out of business as a small company.
- Our sick leave is included within our PTO policy.
- People being furloughed for a month and we are covering the benefit costs.
- Possible immediate access to EIT (Extended Illness Time) that generally begins on the 17th hour of illness.
- Possibly considering in the future depending upon the timeline of the impact of COVID-19, we may adjust the requirement to utilize 16hrs of PTO prior to EIB.
- Prior to federal Emergency Paid Sick Leave, we implemented Paid COVID 19 sick leave, separate from regular PTO bank.
- Relaxed policy and are continuing to look at additional options to support staff.
- Relaxing the requirements for usage.
- Two (2) week advance PTO for sick leave.
- Updating our policy to reflect the new emergency sick leave.
- Waived rules to our sick leave policy to expand eligibility, reasons for use, and ability to donate/receive.
- We have a COVID sick bank of 80 hours.
- While out due to COVID, employees are not required to uses PTO.
- Will be more generous than required under federal law and pay full-time employees up to 80 hours of FEPSL.

Are you considering adjustments to your PTO policy?

Comments:
Yes, considering adjustments to PTO policy

- Added two weeks of additional disaster paid time off for employees to use before using their personal sick time and PTO time. Additionally, employees may now go into arrears with their PTO up to two weeks to maintain "paid status."
- Additional PTO. FMLA rules applies - Families First Act.
- Allowing staff to go negative on their balances.
- Already relaxed policy and are continuing to look at additional options to support staff.
- Are going to allow employees to "borrow" up to 40 hours of PTO if they don't have enough of their own to take them two weeks out.
- Being asked by our nursing union to permit immediate cash out of PTO and remove the accrual cap of PTO.
- Currently, no one is going unpaid if they are sick (even if it is not COVID). They are not going unpaid for childcare reasons either.
- Expanded the use of PTO.
- Exploring allowing employees to cash out up to 80 hours of earned vacation.
- Freezing all vacations and continuing education for the year.
- May need to limit how much PTO allowance the unscheduled employees can use in the future to backfill low hours worked.
- No cap. All time off has been cancelled.
- Not requiring use if employee out and doesn't want to use their time.
- Only allowing employee to us 50% of their regular work schedule as PTO. Example - instead of using 80 hours in pay period - the employee would be allowed to use 40 hours in a pay period.

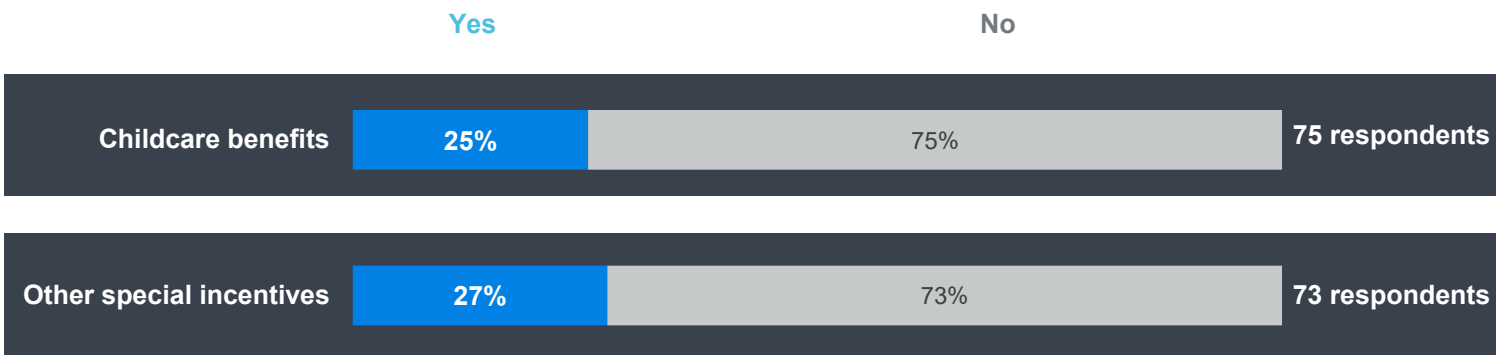
Are you considering adjustments to your PTO policy?

Comments:
Yes, considering adjustments to PTO policy *(Continued)*

- Our sick leave is included within our PTO policy. We are allowing all regular full time employees to have the ability to take PTO if they do not have any available. They can take up to 75 hours. The hours will be a negative balance that will accrue normally into a positive balance later on.
- PTO for new employees will kick in right away. Normally there's a 60 day waiting period. Employees can chose to use PTO or unpaid time. Normally they would be required to use PTO.
- Removed the accrual cap.
- Softening of the Emergency PTO cashout policy for those who may be seeing lesser hours, a partner who may have been laid off. Also applies to EE's who may have had scheduled PTO who can no longer travel and are reaching the cap of their PTO balance.
- Still modeling.
- Temporarily allowing PTO to be used to a negative balance - 80 hours. Developing an expanded employee PTO donation program to allow employees to donate PTO to the hospital Foundation’s employee emergency fund, patient assistance fund, and disaster fund.
- Two (2) week advance PTO for sick leave.
- Unlimited PTO in effect - a lot of paid time not worked.
- Vacation leave is frozen through the month of April. We are allowing employees a mid year vacation cash out if they meet qualifications.
- We added two weeks of Emergency Paid Leave for COVID related absences.
- We used to have a policy that employees had to use all of their PTO before going on Leave Without Pay. We changed this policy so an employee can choose if they want to use LWOP or PTO. PTO no longer has to be exhausted before an employee can use LWOP.
- While out due to COVID, employees are not required to uses PTO.

One-quarter of respondents are considering offering childcare benefits, such as daily or weekly stipends. 27% of respondents indicated considering other incentives.

Are you considering childcare benefits or other special incentives?



Are you considering childcare benefits?

Comments:
Yes, considering childcare benefits

- $100/day stipend.
- Already have FSA deduction available.
- Authorized conference room to be used for staff to bring children to the office, with appropriate supervision.
- Childcare incentive of $250/week.
- Coordinating with local community organizations and schools to make temporary child care available to assist essential health workers, first responders and others while schools and many child care centers are closed. Programs will be in place through April and may be extended if necessary.
- Enlisted help with local school districts for childcare for healthcare workers. In-house Early Learning Center has allowed patient-facing staff to utilize center although not formally enrolled. Allowing staff with no child care/school in session to utilize sick leave.
- FFCRA.
- Have allowed for access to a special leave bank for illness during the outbreak.
- Implemented up to $100/day reimbursement for emergency childcare.
- Keeping with our 1 hr. earned sick time for every 40 hrs. worked as per WA State. We are apparently exempt from the emergency FMLA because it would put us out of business as a small company.
- Leadership has identified a variety of childcare alternatives to support our employees during this challenging situation. The childcare options are group, on-site child care, in-home child care, nannies and babysitters, and care-sharing.
- Not at this time. We have contacted many services and posted to our intranet childcare options.

Are you considering childcare benefits?

Comments:
Yes, considering childcare benefits *(continued)*

- Now providing $2.2 million in unspent Puget Sound Taxpayer Accountability Account funding to provide free childcare to eligible families of first responders and other essential workers during the COVID-19 pandemic.
- Opening more slots in children's center.
- Our sick leave is included within our PTO policy.
- Paid childcare for unforeseen circumstances.
- Partnered with schools and community agencies to provide child care to families in the medical field and first responders.
- Partnering with local YMCA to support child care. Employees have free premium memberships to care.com and additional assistance in paying for back up care for children and adults. Paying admin pay if employee is out due to lack of available child care.
- People being furloughed for a month and we are covering the benefit costs.
- Possible immediate access to EIT (Extended Illness Time) that generally begins on the 17th hour of illness.
- Possibly considering in the future depending upon the timeline of the impact of COVID-19, we may adjust the requirement to utilize 16hrs of PTO prior to EIB.
- Prior to federal Emergency Paid Sick Leave, we implemented Paid COVID 19 sick leave, separate from regular PTO bank.
- Providing a daycare stipend for those who are asked to work a different shift or additional shifts due to COVID.
- Relaxed policy and are continuing to look at additional options to support staff.

Are you considering childcare benefits?

Comments:
Yes, considering childcare benefits *(continued)*

- Relaxing the requirements for usage.
- Still working on this at the moment.
- Two (2) week advance PTO for sick leave.
- Updating our policy to reflect the new emergency sick leave.
- Waived rules to our sick leave policy to expand eligibility, reasons for use, and ability to donate/receive.
- We already provide childcare benefits.
- We have a COVID sick bank of 80 hours.
- We have an in-house daycare center and we have expanded the ages to accommodate school aged children.
- We have plans in place to have childcare set up for critical healthcare workers if the need should arise.
- We put out an info sheet with tons of information about resources that they could access. We are also making sure that they do not go unpaid if they do not have childcare right now, as all the schools are closed.
- We're helping staff find childcare resources.
- While out due to COVID, employees are not required to uses PTO.
- Will be more generous than required under federal law and pay full-time employees up to 80 hours of FEPSL.
- You can use your sick hours for childcare.

Are you considering other special initiatives?

Comments:
Yes, considering other special initiatives

- Considering providing scrubs to employees in areas deemed to be a high risk of exposure to COVID-19. We also have a strong focus on the emotional health and wellbeing of our employees through this uncertain time, leveraging internal mental health resources to provide no cost supportive discussions for employees along with internal published resources and support for personal wellness.
- Continuing benefits for reduced hour and furloughed employees and waiving their premium.
- Coordinating with the school district to help with child care.
- Employee Assistance Fund.
- Food is being provided to staff and the additional mental health counseling.
- Home supplies for staff.
- Implemented free parking.
- Implemented full time remote work as of 3/6 for all but essential staff and expect to be working remotely through 4/24 and are prepared to extend through mid-May if needed. We immediately waived testing fees and office visit copays for COVID-19 testing, and also waived office visit copays, deductibles, and co-insurance for all medically necessary care for employees and their covered dependents who test positive for COVID-19. This includes hospitalization. We have added text telehealth at no cost ($0 copay) for COVID and nonCOVID related visits. We have not addressed child care directly, but have loosened expectations for employees working from home with school age children in the house. We are providing all hourly employees who make less than $60k per year a $50 monthly stipend to offset internet costs for working at home during this time.

Are you considering other special initiatives?

Comments:
Yes, considering other special initiatives *(continued)*

- In April, all employees will be paid their fully scheduled pay even if they work less or no hours while we get a handle on longer term strategy.
- In-house Professional Development team is offering special training on COVID-19 testing guidance, PPE usage and precautions, and infectious disease protocols. Developing new online and video-based options for employee orientation and trainings to reduce in-person contact during social distancing protocols.
- Ordering in lunch every day for the essential staff who must come into the building as our normal cafeteria is unavailable.
- Paying all employees full pay if they are home for any COVID-19 reason including childcare.
- Premium for filling critical shifts.
- Pulling health and mental well-being levers - including offering up our BH staff for support.
- Really trying to focus on wellness. We know this is a very stressful and depressing time for our employees. A lot of our employees are having to work from home as well, which can be lonely. We have put out a lot of information about mediation, working from home, having fun, and self care.
- Revising benefits plan to allow for earlier coverage for new hires.
- Staff furloughs.
- Supplying daily boxed lunches to all staff working on site.
- Yes, but unsure yet what that will look like.

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