



# Use of Current Organization Staff Quick Tip

This Quick Tip outlines practical approaches to optimize resident care during the COVID-19 pandemic.

## CREATIVE SCHEDULING

Include staff in discussions of alternatives to a conventional scheduling model, which may accommodate staff's family needs and life situation (e.g., virtual school needs, day care needs, transportation availability).

Examples may include:

- Flexible scheduling – Allow staff input to flex their current schedule and work with other staff members to determine coverage. Staff would have the ability to trade shifts based on organization guidelines (i.e., overtime, notification of trade/adjustment to supervisor, number of hours worked per week, collective bargaining agreement, etc.). ▲
- Self-scheduling – Allow staff to schedule hours based on their current position, including the ability to review open shifts and sign up on the master schedule based on organization guidelines. ▲

Change shift start times and length of shift based on staff availability and recommendations and the organization's needs. ▲

- Different scheduling scenarios ▲
  - Work 4 days on, 3 days off
  - Weekends only
  - Weekday only
  - Per diem staff

## WORK WITH COLLECTIVE BARGAINING UNIT IF APPLICABLE

- If the director of nursing, scheduler, and department leaders are not familiar with the collective bargaining agreement (CBA), meet with the administrator or human resources director to discuss staffing options. ◆
- Meet with your CBA unit representative to discuss critical staffing needs during the pandemic and understand any potential issues related to the agreement. ◆
- Review potential options for staff schedule flexibility, which may vary from the agreement.
  - Some creative scheduling options may not be possible based on the CBA. ◆
- Outline agreed-upon temporary solutions. ▲
  - Scheduling hours or shifts
  - Seniority
  - Cross-training of staff to work in certain positions

## REDISTRIBUTION

During the COVID-19 pandemic, organization leadership may need to determine tasks routinely completed by direct care staff that could be done by non-direct care workers (in compliance with federal and state regulations). Below is a practical approach.

- The director of nursing and administrator meet with the interprofessional team to identify current staff who may be able to assume non-direct care tasks. ◆
- The director of nursing or designated team leader will identify non-direct care tasks that may be done by non-nursing personnel. Some of these may already be part of environmental services or maintenance team roles. ▲
  - Specific non-direct care tasks may include:
    - Bedmaking
    - Transporting
    - Wheelchair cleaning
    - Splint and brace cleaning
    - Cleaning mechanical lifts
    - Emptying room trash
    - Cleaning and sanitizing equipment such as bed pans, urinals, and commodes
    - Replenishing supplies such as linens or personal protective equipment (PPE)
    - Personal laundry collection and delivery
    - Assisting with providing snacks or hydration for independent residents
    - Passing and collecting resident trays after intake documentation
    - Delivering mail or newspapers
    - Emptying soiled linen bins
    - Assisting with resident visits if indicated
- The nursing home provides training to identified staff on non-direct care procedures that will be included in their new role, including a process to document education provided. ▲

### KEY

◆ = easy or relatively short amount of time to implement

■ = moderate time to implement

▲ = easy / moderate amount of time to implement

● = longer amount of time to implement