NON-HOSPITALIST PROVIDER ON-BOARDING: Creating Schedules

Scheduling incoming providers to work on inpatient services is a key logistical step. Using information gleaned from your gap analysis will help to ensure a shared understanding of the types of services you need, which providers are most appropriate for each task and when. There are a number of national and local models available to predict the surge. Using these to estimate the highest patient volume will allow you to make plans for a variety of scenarios, including worst case scenario, congregant living situation outbreaks or more moderate scenarios.

Specific Scheduling Recommendations

1. **Align providers interests, skills and schedules with available shifts:** Use the gap analysis to align providers with the shifts in which they will be most effective. This may mean scheduling incoming providers preferentially on services with built in support, such as working with APPs or residents, rather than on solo services.

2. **Consider tiered or partnered scheduling:** If your surge plan includes clinicians who are not inpatient clinicians (such as primary care physicians or outpatient subspecialists), consider creating tiers of providers based on the amount of onboarding they will need. This will allow you to call some in sooner if needed and take time to train the others. You can also partner with experienced hospitalists, which might include a stepwise integration in which a regular hospitalist initially remains on a service to serve as a resource for multiple surge providers.

   NOTE: Recent housestaff or current fellows can likely be rapidly deployed with minimal onboarding and thus should be considered in your initial tier of incoming providers.

3. **Schedule as early as possible:** When possible, schedule outpatient providers several weeks out so they can arrange clinic schedules and other responsibilities. It also may be better to schedule providers beyond your expected surge need and then call them off if not needed rather than having to scramble to get shifts covered if volumes acutely surge.

4. **Allow incoming providers to choose between multiple shift options:** If your gap analysis indicates that you'll have needs for multiple service lines and shift types (non-COVID wards, COVID wards, admitting, night coverage, etc.), consider allowing your incoming providers to sign up which shift types they prefer. This may give providers a sense of control which can alleviate stress.

5. **Build back-up shifts into your schedule:** If you are unsure of how many providers you are going to need, consider scheduling incoming providers for "back-up" shifts to be called in. Remember that these providers may not be accustomed to being on-call, so we recommend giving them notice at least one day prior to the shift activation. Having providers signed up for back-up can also allow you have a jeopardy system for the expanded services.

General Surge Planning Recommendations

1. **Develop multiple lines of additional staffing:** It's likely that you'll need different levels of staffing at different points throughout a surge. Create a stepped approach with multiple levels of back.

2. **Define trigger points for activating additional staffing in advance:** Based on your expected surge, define the breakpoints at which you will deploy each additional level of staffing. Having this planned in advance allows for rapid deployment and communicate to your providers that you're supporting them.

3. **Ensure your surge plan is aligned with other areas in your hospital and across your system (if applicable):** Other areas, such as ICU or ED, will also be developing surge plans that may include hospital medicine as their backup. Work jointly with these areas to make sure that backup plans are not relying on the same providers in multiple roles at the same time. If you work in a multisite system, also ensure that surge plans are compatible across practice sites.

4. **Address logistical issues in advance:** Take care of credentialing, EMR and security access issues as early as possible to avoid scrambling in a crisis.

5. **Think about the role of telehealth in coverage if you have quarantined providers**: While recommendations for quarantine after COVID-19 exposure are in flux, you may have providers who cannot provide in-person care for some period of time even though they are not symptomatically ill. The rules for telehealth have relaxed, so consider ways in which those providers can support inpatient teams through remote cross-cover, virtual visits, etc.

6. **Iterative planning is expected, and you cannot over plan:** Expect that your surge plans will need to evolve as the situation on the ground changes and the resources available to you change. Your surge scheduling plan is a living document that needs to change with the situation. A provider who was scheduled may fall ill or be pulled to cover another area, or your group could be asked to cover a new facility. Creating a surge plan with more layers than you initially think are necessary gives you depth to pull from in a dynamic situation.