Evidence check

29 March 2020

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Models for redeploying staff

Rapid review question

What are the existing models for redeploying (reassigning) staff during COVID-19 (or pandemics)?

In brief

- The Australian and New Zealand Intensive Care Society released guidelines recommending to identify and potentially redeploy nursing, medical, allied health and other staff. This can be done by identifying staff with former critical care experience or similar experience and re-deploying nurses without specific critical care experience to assist with routine nursing care
- In Ireland, a redeployment policy for the Health Service Executive outlines that; organisations need to identify all essential and non-essential services, redeploy the additional staff once non-essential services have been cancelled to areas with increased capacity. They may engage retired staff of those with clinical background not working on frontline. Payroll and refusal are also described
- In the UK, advice states trainees should be considered individually, they should not be 'pooled', rather utilised in a phased (Consolidate, Mobilise, Repurpose & Redeploy) and stratified manner, recognising different skill sets, experience and utility for the NHS
- Australia's Health Practitioner Regulation Agency's website states there is potential to fast-track registration, depending on the applicant's situation for practitioners with non-practising registration and for recently retired practitioners, and the opportunity to redeploy International Medical Graduates
- When re-deployed, there should be a rapid orientation program, training should be provided and staff should be supervised
- Welfare and wellness issues must be anticipated, planned for and mitigated where possible.

Background

As the COVID-19 outbreak spreads, it is anticipated that hospitals, particularly intensive care units (ICUs) will need to prepare for a potential surge of critically ill patients. This review aims to identify current models for redeploying staff during COVID-19 (or pandemics).

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Methods

PubMed was searched with no results found, this review relied on grey literature searches using google on 29th March 2020.

Results (table 1)

Some jurisdictions are using processes to identify potential patterns of redeployment (Figure 1)

Figure 1: Example of flexing staff into ICU
Skills needed include managing ventilators; inserting central lines; managing critical care plans

Tier	Medical	Nursing
Group 1 Work comprises professionals' key role in normal circumstances	Intensivist Anaesthesiologist General emergency medicine	Critical care nurse ICU/ PICU?
Group 2 Professionals with complementary skills / able to flex without much training	Surgeon Physician – cardiology / infectious dx / haematology	Oncology nurse Med / surg / tele
Group 3 Professionals with related skills – could partially flex into roles but may require training	GP Physician - endocrinology	Rehab nurse Community nurse

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Table 1: Models for redeploying staff

Source title	Advice	Source link
Australian and New Zealand Intensive Care Society (ANZICS) COVID-19 Guidelines (1)	The Australian and New Zealand Intensive Care Society COVID-19 Guidelines recommend that all available resources should be used to optimise workforce capacity, by identifying and potentially redeploying nursing, medical, allied health and other staff. This can be done by identifying all nursing staff: • Capable of caring for critically ill patients which may include nursing staff with formal critical care training or experience, but not currently working in the intensive care unit (ICU) • Experience with critical ill patients from other parts of the hospital e.g. coronary care nurses • Paediatric ICU nurses • Nurses with reduced clinical activity who are familiar with a critical care environment (e.g. anaesthetic nurses) There should be a formal rapid orientation program, and these nurses should work under the supervision of an experienced ICU nurse. Additionally, nurses without critical care experience may be suitably trained and redeployed to assist with the following tasks; • Supervision of staff and visitors donning/doffing of PPE • Routine nursing care - turning, washing • Re-supply, storage and inventory of equipment • Medication delivery and checking • Documentation • Maintaining bed management and patient flow information • Supporting essential pandemic research projects Social workers may need to be redeployed to assist with families isolated from their critically ill loved ones.	http://cec.health.nsw.gov.au/__data/assets/pdf_file/0004/572512/ANZICS-COVID-19-Guidelines-Version-1.pdf
Policy and procedure redeployment of staff during covid-19 infection - Health Service	Redeployment of staff in • Each hospital/community organisation should identify and document all essential activities that need to continue during the infection • The identification of non-essential services should also be documented and all available resources for redeployment identified • Business continuity plans for each unit should be made available to the Chief Executive Officer, the Chief Officer and relevant National Director of corporate divisions in advance	https://www.hse.ie/eng/staff/resources/hrppg/policy-on-redeployment-of-staff-during-covid-19-infection-march-2020.pdf

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Executive (HSE) Ireland	of any emergency. These plans should direct teams in deciding on the redeployment of staff resources • During COVID-19 there may be a requirement for some or all identified non-essential services to be cancelled or postponed. Employees in positions that are curtailed or temporarily suspended (non-essential services) will be deemed available to be redeployed to assist in other essential service areas that are experiencing staffing shortages • Employees most at risk of contracting COVID-19 in the workplace (e.g. age 60 years or over, have a long term medical condition, immune suppressed, pregnant) will be assigned to non-direct contact areas Managing the redeployment • Local crisis management teams will lead the management and redeployment of employees, by considering appropriate skill sets and geographical redeployment limits • If necessary, decisions may be made to engage members of staff who have retired during the past two years. HR should be consulted in these circumstances • Employees with nursing, medical, health and social care professional or other skills needed, who are employed by the HSE but no longer engaged in frontline health duties should be identified and redeployed to assist where their skills are most required • Arrangements may be made to outsource some work or engage the services of agency staff where it is not feasible to redeploy HSE employees Payroll • During COVID-19 infection redeployed employees will continue to be paid by their existing payroll department • All employees will continue to be coded on their usual department timesheets • Appropriate line manager approval must be given on all overtime requests Alterations to work location / grade • Notice requirements will be suspended (scheduling shift changes etc.) for the duration of COVID-19 infection as redeployment needs will require assessment on a daily basis Work / Redeployment refusal • Refusals to work or to be redeployed will be handled in accordance with the Grievance Procedure for the health service, which outlines the requirement of the employee to 'work under protest' in the event of a grievance arising relating to an instruction issued by a line manager, based on a service imperative. Line managers should consult their local HR Department for support/advice in this regard.	

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	• If a national public health emergency is declared an examination of staffing levels will take place. If necessary, the cancellation of annual and discretionary leave will be considered by the National Crisis Management Team.	
Plans regarding trainee redeployment during the COVID-19 pandemic - The Academy of Medical Royal Colleges UK	Trainee medical workforce • Wherever possible, trainees should be working within their existing specialty/skill set in an acute setting • When working in any setting outside documented competencies or recognised roles, appropriate standardised training must be delivered and supervision clarified, before any patient care is given • Not all skills/competencies are transferable or upskillable. All trainees, of all levels, should not be 'pooled', rather utilised in a phased (Consolidate, Mobilise, Repurpose & Redeploy) and stratified manner, recognising different skill sets, experience and utility for the NHS • Welfare and wellness issues must be anticipated, planned for and mitigated where possible. Caring for our colleagues is as important as caring for our patients. Figure 1. Phases of redeployment  • Trainess for redeployment should be decided based on skill	https://www.aomrc.org.uk/wp-content/uploads/2020/03/200326_ATGD_COVID-19-redeployment_full.pdf

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	Figure 2. Skill based stratification  	
RCN guidance on redeployment - COVID-19 - Royal college of nursing UK	• Any redeployment must be done within the basic principles of best practice and with a rational, pragmatic approach to varying practice to cover this emergency. • There is a general expectation within the NMC Code that nursing staff support in emergency situations within the bounds of their individual competence and providing the appropriate safeguards • The temporary movement of staff in this context is managing high demand and increases in patient volumes and care needs due to COVID-19. • The employer is responsible for ensuring staff have the necessary skills and knowledge to take on work. • The RCN would expect employers to undertake a risk assessment based on the individuals experience and skills before considering areas to redeploy staff. Students • Emergency education standards have been introduced by the NMC for those joining the register in their last 6 months of final year of an undergraduate pre-registration degree. • It is a voluntary register	https://www.rcn.org.uk/clinical-topics/infection-prevention-and-control/novel-coronavirus/rcn-guidance-on-redeployment-covid-19#questionsandanswers
Australian Health Practitioner Regulation	• There is potential to fast-track registration, depending on the applicant's situation for practitioners with non-practising registration and for recently retired practitioners • There is the opportunity to redeploy International Medical Graduates (IMGs) depending on the practitioner's situation.	https://www.ahpra.gov.au/News/COVID-19/COVID-19-queries.aspx

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~~Agency –~~ Website Question and Answers		
Hospital-based pandemic influenza preparedness and response: strategies to increase surge capacity (2)	In a previous pandemic, several strategies were used to increase capacity including using a portion of the lobby for emergency department (ED) waiting, a 24-hour short stay unit to care for ED patients and redeploying staff by using physicians not board certified in paediatric emergency medicine and inpatient-unit medical nurses to care for ED patients.	

References

1. The Australian and New Zealand Intensive Care Society (ANZICS) COVID-19 Guidelines. Version 1. Accessed on 27 March 2020 Available from: http://cechealthnswgovau/__data/assets/pdf_file/0004/572512/ANZICS-COVID-19-Guidelines-Version-1pdf. 2020.
2. Scarfone RJ, Coffin S, Fieldston ES, Falkowski G, Cooney MG, Grenfell S. Hospital-based pandemic influenza preparedness and response: strategies to increase surge capacity. Pediatr Emerg Care. 2011;27(6):565-72.

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