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Supporting Critical Access Hospital Staff during COVID-19

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PURPOSE

Hospital staff, including those working in Critical Access Hospitals (CAHs), have faced immense challenges since the onset of the COVID-19 pandemic. The pandemic has exacerbated existing staff shortages in CAHs and increased stress and burnout among hospital staff as they cope with persistent trauma and the need to work longer hours. This brief describes initiatives in three CAHs that have helped support their staff in the areas of child care, stress and well-being, and work flexibility. It also assesses similarities between these programs and offers considerations for CAHs interested in starting comparable initiatives.

The CAHs included in this brief are:

- Ferrell Hospital in Eldorado, IL
- Hammond Henry Hospital in Geneseo, IL
- First Care Health Center in Park River, ND

BACKGROUND

COVID-19 in Rural Communities

COVID-19 is a respiratory illness that first made its appearance in December 2019, which quickly became a public health emergency in the United States and has claimed millions of lives around the world.[1]

While rural areas initially had lower incidence and mortality rates of COVID-19 compared to more densely populated urban areas, this pattern shifted beginning in summer 2020, when incidence in rural areas surpassed that in urban areas. There have since been several surges in cases throughout the country in both urban and rural areas, though these surges are not always concurrent. Despite an overall decline in the number of cases nationally, as of March 2022, COVID-19 case and mortality rates remain greater in nonmetropolitan counties compared to metropolitan counties.[2] This difference can be attributed to a combination of many factors, including an older population in rural areas that is more likely to have chronic conditions, and lower rates of COVID-19 vaccinations among rural residents.[3,4]

Additionally, many rural residents seeking health care have limited options for accessing care or need to travel further to reach the care they need.[5,6] CAHs make up 70% of hospitals in rural areas and play a major role in delivering and enabling access to essential health services for rural communities.[7] Prior to the COVID-19 pandemic, CAHs faced significant challenges that have now been exacerbated by the pandemic, including long-term financial sustainability (despite federal emergency funding)[8] and workforce shortages. These challenges have strained CAHs, CAH staff, and the communities they serve.[9]

Child Care

In March 2020, it was reported that 30% of health care workers were parents of children under age 14.[10] With the onset of the COVID-19 pandemic, many schools transitioned to online learning and some child care centers decreased their classroom size to

limit exposure. These changes, along with concerns about exposing their families to COVID-19, resulted in health care workers struggling to balance work and child care obligations. With women making up 76% of the health care workforce nationally[11] and often bearing the brunt of child care responsibilities in their homes, the impact of changing child care needs during COVID-19 is likely to have disproportionately fallen on women.[12]

For many rural communities, finding available child care during the COVID-19 pandemic may have been even more challenging due to limited resources. Even prior to the COVID-19 pandemic, three in five rural communities lacked adequate child care for the needs of their residents.[13]

Staff Stress and Well-being

Hospital staff face a multitude of stressors, many of which are new or heightened since the start of the pandemic. These stressors include concerns about exposure to COVID-19 at work, access to personal protective equipment (PPE), balancing work demands and personal or family responsibilities, and the trauma of caring for seriously ill patients.[14,15] Increased stress may lead to symptoms of depression, post-traumatic stress disorder (PTSD), and/or reduced productivity for individual providers, as well as medical errors impacting patient safety.[16] Rural health care workers, including those in CAHs, may be particularly susceptible to burnout given the existing health care worker shortages in rural areas. Nearly two-thirds of primary care Health Professional Shortage Areas (HPSAs) are in rural areas.[17]

In the two years since the COVID-19 pandemic began, many hospitals have tried to address staff well-being and mitigate burnout by expanding mental health services and promoting or creating resources for coping and/or support strategies such as websites and infographics.[14] However, such programs may be difficult for CAHs to implement if they are already struggling with limited financial, staffing, and infrastructure resources.

Hospital administrators have suggested several government interventions to address these challenges including assistance with acquiring additional staff during public health emergencies, assistance with recruiting, and supporting hospitals' access to expertise addressing burnout and PTSD.[18] In an effort to reduce hospital staff burnout and promote well-being, $103 million in American Rescue Plan funds was awarded to 45 grantees beginning in January 2022, who were encouraged to focus on providers in rural and medically underserved communities.[19]

Work Flexibility

The COVID-19 pandemic dramatically changed the format and rhythm of work for many U.S. workers. This meant a shift to remote work for some, layoffs or temporary unemployment for others, and an increase in demand for many, including health care workers. In addition, workers who are also caregivers for children or others at home have faced added challenges to balancing work and home obligations.

For rural hospitals, including CAHs, providing flexibility for staff has been more challenging during COVID-19 due to existing staff shortages and remote locations limiting their ability to share staff between hospitals in the way many urban hospitals may be able to.[18] Furthermore, while access to broadband internet has improved in rural areas over the past decade, access still lags compared to urban areas with 22.3% of rural residents lacking coverage compared to only 1.5% of urban residents.[20] CAH staff who could otherwise work remotely, such as those in administrative roles, may not have that option throughout the COVID-19 pandemic if they lack sufficient broadband at home.

APPROACH

Data for this case series were collected through qualitative interviews with representatives from CAHs with innovative staff support programs. A variety of sources were used to identify these CAHs, including survey results from two previous Flex Monitoring Team projects,[21,22] the Rural Health Information Hub,[23] the

American Hospital Association (AHA) website,[24] and recommendations from State Flex Coordinators (SFCs). CAHs that already had a large media feature on their initiatives (e.g., on the AHA website) were excluded to avoid redundancy (see Appendix 1 for list). An emphasis was placed on initiatives that were new, changed, or expanded during the COVID-19 pandemic. Selections were not limited to initiatives that were started at the CAH level and included larger programs such as those available through statewide grants.

It was challenging to connect with many CAHs that were identified by or recommended to the FMT, likely due to the ongoing COVID-19 pandemic and limited capacity of SFCs and CAH staff. For the three CAHs that were selected and responsive, semi-structured interviews were completed via Zoom with four individuals about three unique programs between November 8th and December 14th, 2021. The interviews contained questions about how staff needs were identified, what resources were needed, the barriers to implementation, and the impact of these programs. Due to the small sample size, the interviews were not coded for analysis, but each initiative is summarized in the results below. This analysis is not intended to be representative of all CAHs, but rather provide examples of what CAHs are doing to support their staff during the COVID-19 crisis.

FERRELL HOSPITAL – ELDORADO, IL

To address challenges with limited child care for health care workers in the first few months of the pandemic, the Illinois Children's Healthcare Foundation (ILCHF) provided funding and partnered with the Illinois Critical Access Hospital Network (ICAHN) to distribute $500,000 to support hospital workers for child care costs. These funds could be used to directly reimburse hospital workers for child care costs, or to help cover the cost of an on-site day care. Workers in 27 Illinois CAHs utilized this money, which was made available from March 2020 until it ran out in August 2020. The FMT interviewed a staff member at ICAHN who worked on this initiative as well as the Chief Compliance Officer (CCO) at Ferrell Hospital, which opened their own temporary child care facility.

The grant money became available when ILCHF identified that children in rural areas were particularly vulnerable following school and day care closings. ILCHF reached out to ICAHN with this opportunity, and ICAHN acted as a liaison to answer questions and make sure all participating child care providers completed fingerprinting and background check procedures.

When the small town of Eldorado, IL experienced multiple child care closures at the beginning of the COVID-19 pandemic, there was only one child care center left with very limited capacity. Combined with school closures and the ongoing need for essential workers to care for patients, this prompted Ferrell Hospital to open and operate their own temporary child care facility. Funds from ILCHF were mainly used to pay their two teachers. Other resources that allowed Ferrell Hospital to offer child care at no cost to hospital employees included an in-kind contribution of nearby church space and community donations of toys and other supplies. During its operation from May to July 2020, the child care center typically served eight to ten children daily, including children of staff at another nearby CAH. An estimated total of ten to twelve employees utilized the center. ILCHF funds were also used to reimburse child care expenses for two additional employees who were able to secure child care elsewhere. Ferrell's CCO was not aware of any employees who were unable to find child care during this time, thanks to the support from ILCHF and ICAHN.

Though there were many challenges to opening the child care center, Ferrell's CCO found that many partners in the community were willing to help bring it to fruition. In addition to the child care center's two teachers, several staff from Ferrell also completed the regulatory requirements (background check, fingerprints, CPR certification) to allow them to offer extra help in the center as needed. The hospital's contact person at the Illinois Department of Children and Family Services (DCFS) was instrumental in helping them complete the necessary forms and fulfill needed requirements. When schools closed their in-person

classes, the local school district continued providing meals to students, and Ferrell's child care center became a lunch drop off point for the children there.

Although the child care center is no longer operational due to lack of ongoing funding, Ferrell's CCO noted that the impact was remarkable. She received significant gratitude for the center from hospital employees, many who said they were worried they might otherwise lose their jobs. Though the hospital was not able to quantify the hours that would have been missed by employees, the CCO said she is confident that having the child care center likely reduced number of days or hours missed by those employees that utilized it. Another meaningful outcome of the child care center was the strengthening of relationships between Ferrell and the local school district, DCFS, ICAHN, their neighboring CAH, and community members while working on this project. When asked about advice for other CAHs, Ferrell's CCO suggested utilizing the surrounding resources and asking others for help, because CAHs are built on those community relationships.

HAMMOND HENRY HOSPITAL – GENESEO, IL

Hammond Henry Hospital described multiple initiatives that supported their staff during the pandemic, including increased flexibility, promotion of mental health resources, and funding from two sources for equipment and child care.

In response to the pandemic, the administration at Hammond Henry prioritized flexibility for staff through a change to their paid time off (PTO) policy, allowing employees to use PTO before it was accrued. Twenty-five employees used PTO before it was accrued for a total of 887 hours. The policy is still in effect but has not been used since February 2022.

Hospital leadership also worked to highlight mental health services available to employees through their Employee Assistance Program (EAP), which were available prior to the onset of COVID-19. The EAP reported increased utilization of services by Hammond Henry employees.

Photo of Hammond Henry Hospital, courtesy of the Hammond Henry Facebook page.

In spring 2020, Hammond Henry held daily morning meetings to discuss where the highest staffing needs were and assign tasks each day. These meetings provided an outlet for employees to offer insight on where more staff were needed, as well as physical resource needs such as lab equipment and laptops that would allow for more efficient workflow or physical distancing. With a grant from ICAHN, Hammond Henry was able to purchase more equipment for this purpose.

Employees were flexible with filling gaps where needed, and managers arranged for cross training between departments. The hospital also created a weekly sign-up sheet for covering tasks in new areas such as screening visitors at the hospital entrance for COVID-19 symptoms, yard work, and disinfecting hallways; all of which were paid at their regular wage. As another example, physical therapy services were reduced in the beginning weeks of the pandemic, so many staff working in physical therapy took shifts in environmental and dietary services. These extra tasks were available during all shifts, seven days a week. Because employees were willing to cross train and sign up for other tasks, Hammond Henry was able to avoid any furloughs or layoffs.

While Hammond Henry was able to offer bonuses and financial incentives for staff, they also say that it was the community-oriented mindset and culture of their

organization that allowed them to retain staff. Turnover during the COVID-19 pandemic has been relatively low, and they have not needed to obtain travel nurses or other outside staffing. Hammond Henry's Vice President of Physical Services reported that because of their low turnover and their staff's flexibility, the hospital has not needed to turn patients away due to staff shortages.

The hospital also received funding from ILCHF, described above, to reimburse emergency child care costs for all ten employees who requested it. Employees were encouraged to inquire about alternative child care options as needed, and the administration at Hammond Henry helped accommodate through their flexible work described above.

FIRST CARE HEALTH CENTER – PARK RIVER, ND

First Care Health Center (First Care) in Park River, North Dakota has continuously supported hospital staff in several ways, especially through the new and exacerbated challenges posed by the COVID-19 pandemic. The Director of Nursing (DON) and other administrative staff stressed the importance of listening to their staff and what they need. As part of this ongoing commitment to seeking input from staff, First Care started a "Change Committee" during the COVID-19 pandemic to encourage nursing floor staff to speak up about changes that would improve their work and ultimately, improve care for patients. In committee meetings, problems are raised, and the group of floor staff decide on a solution. The nurse manager and CNO attend but limit their role in decision-making. Instead, they take the plan that the floor staff have decided on and implement those changes.

One example was related to difficulties creating the nursing staff schedule. They encountered several issues with paper time-off requests, challenges for staff to plan ahead because the schedule was only out for six weeks, and limited capacity of the person creating the schedule because they also worked in the treatment room. As a solution, the DON now creates the schedule for 12 weeks, and staff can either make appointments on their day off or switch with colleagues. Staff have been pleased with this change.

Another example was when employees didn't have child care available for a limited period of time, often due to COVID-19 exposure. Employees did not want to use their PTO during this time but were also anxious about having no income. First Care's DON said they occasionally can offer other office duties to staff outside of a normal scheduled shift such as QI data collection, quality project reporting, and assisting with COVID-19 testing. While they are not always able to offer this, the administration tries to assist when they are able for unusual circumstances.

First Care has also found no or low-cost ways to engage and support staff. In order to boost morale during the COVID-19 pandemic, First Care started an employee recognition system where employees can submit a thank you or note to recognize a colleague. The comments are public, and anyone with their name submitted is entered into a prize drawing. Hospital staff have also shown support for each other through a program First Care calls "wine fairies," where staff can fill out a form about what kind of wine, nonalcoholic beverage, or snacks they like, and participants are randomly assigned to send another person an anonymous gift basket. About 75 out of First Care's 105 employees participate in this program. The DON noted that both programs have been fun ways to show appreciation for fellow staff while also promoting team building across different departments.

Another new initiative that started during the COVID-19 pandemic is providing snacks and soda for staff. Employee needs and preferences were taken into consideration to provide healthy snacks as well as chocolate, and they include items that are easy to eat quickly for busy hospital staff. Finding funds for snacks has not been a significant barrier because the CEO and administration have made supporting staff a top priority.

Overall, the DON at First Care said people like working there and feel like they are heard, which has been

reflected in their low turnover rate and ability to hire new staff at a time when many hospitals are struggling to do so. In 2020, First Care's staff turnover rate was about 5%, which was high for them, but much lower than the national average of 19.5%.[25] The DON recently hired two nurses despite widespread recruiting challenges for rural hospitals, and believes this is largely because of First Care's reputation as a good place to work. Rather than focusing on strategic planning from the top down, First Care focuses on talking to staff at every level and taking that feedback up to administration to execute changes. Hospital leadership asks staff what they need, what they want the hospital to work on, and how the administration can make things better for staff and patients.

Photo of "jar-cuterie" snacks and "mock-mosas" at First Care Health Center, provided by the Director of Nursing.

SUMMARY

The examples above provide information on how three CAHs have implemented initiatives that support their hospital workforce in the areas of child care, stress and well-being, and flexibility. Some commonalities throughout these interviews included the importance of collaboration and engagement with CAH staff to understand their needs. The CAHs interviewed also discussed the impact of these programs, including appreciation from employees, staff retention, and minimizing missed days of work. See Appendix 2 for additional resources about hospital-community partnerships, addressing burnout, and workforce retention and recruitment.

Collaboration & Engagement

Interviewees from all three CAHs mentioned the importance of collaborating toward a shared goal. Some mentioned specific outside organizations such as state agencies, schools, and other community organizations. Interviews also highlighted the importance of internal collaboration at the hospital and of CAH staff working together and being flexible.

In the interviews, CAH representatives were asked how they have identified needs for staff during the COVID-19 pandemic. They all emphasized the importance of listening to employees through a variety of outlets, and how this directly impacted decisions they made to support employees. These avenues for communication were sometimes more formal, such as daily meetings and committees, but also included connecting with employees more informally throughout the workday to build trust and get a pulse on what they needed. The DON at First Care stressed the importance of this "bottom up" approach, which has often brought new concerns to her attention such as needing additional equipment or rearranging where certain items are stored to improve workflow. She says this strategy ultimately helps with employee satisfaction and improving care for patients.

Some CAH representatives referenced the value of having a leadership team that prioritizes supporting employees. This support gives them the flexibility to use resources on snacks, beverages, and other staff recognition efforts.

Impact of Initiatives

Representatives from the CAHs discussed a range of impacts resulting from their initiatives to support staff, focusing on the importance of a positive workplace culture, where employees feel appreciated and supported by their peers and leaders. They noted how this can be tied to better employee retention and engagement. The initiatives described above all contributed to a supportive workplace environment, and this was reflected in words of gratitude from hospital staff. Though not explicitly measured, some of the interviewed CAH staff also said they believe their initiatives reduced the number of work days missed by employees.

Some interviewees also mentioned that organizational collaboration was not only a contributor to the success of their initiatives, but that these collaborations also resulted in strengthened relationships with external partners, such as local schools and statewide hospital networks. Staff reported looking forward to continuing partnerships with these organizations beyond the public health emergency given their success working together during the COVID-19 pandemic.

CONCLUSION

The COVID-19 pandemic has raised numerous challenges for hospitals throughout the U.S., including CAHs. Among these challenges are concerns about burnout and the long-term impacts of extraordinary stress on health care workers. The initiatives presented here provide examples of how CAHs were able to make small changes and capitalize on external funding to support their staff and foster resiliency going forward. Reaching CAH staff to discuss these initiatives was challenging due to continuing COVID-19 surges, and there are likely additional examples of initiatives in CAHs nationally that focus on short- and long-term staff support. Other CAHs may consider how these or similar initiatives could be implemented in their facility, and State Flex Programs can assess ways they can support their CAHs in these efforts.

APPENDIX 1: Other initiatives supporting hospital staff

CAH Name	State	Summary
Decatur County Memorial Hospital	IN	A pantry was established so that staff could purchase discounted items in effort to minimize exposure. There were conference calls for safety huddles and incident command; showers for staff were also provided.
St. James Parish Hospital	LA	This hospital developed a child care center to help staff, and reassigned staff to different roles as needed.
Daviess Community Hospital	IN	Cross training was provided to staff working in new roles (such as COVID-19 hotline, employee and community screenings).
Coffey Health System	KS	The health system's board chair collected personal messages from each of the board members and used them to put together a video that highlighted their gratitude to staff.
CentraCare system (multiple CAHs)	MN	Virtual presentations detailing symptoms of chronic stress, fliers detailing the importance of "emotional PPE" wellness rests, and more were implemented to offer mental health support for staff.
Hope4Healers Hotline (state-based, not CAH- based)	NC	The Hope4Healers Helpline provides resilience and mental health support to health care workers and their families experiencing stress from responding to COVID-19. This helpline is available 24/7, and callers will receive follow-up from a volunteer licensed behavioral health professional.

APPENDIX 2: Resiliency Resources for CAHs

Resource name	Description
Creating Effective Hospital-Community Partnerships to Build a Culture of Health	A guide to best practices and lessons learns from 50 interviews with hospitals throughout the U.S. Includes information on identifying community needs, potential partners, and sustainable partnership structures. Created by the Health Research and Educational Trust (HRET) with support from the Robert Wood Johnson Foundation.
Lessons Learned from the Field in Addressing Burnout	Describes the role of leadership in addressing burnout and provides examples of how hospitals are working to combat burnout. Recorded webinar presented by the Vice President of the American Hospital Association's (AHA) Physician Alliance.
Recruitment and Retention for Rural Health Facilities	Rural Health Information Hub guide that provides information and resources about staff retention and recruitment in rural health facilities.
Physician Burnout: Definition(s), Cause(s), Impact(s), Solution(s)	Rural Health Information Hub article that provides information about physician burnout, including rural-specific considerations and solutions.

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