CORONAVIRUS DISEASE
(COVID-19)

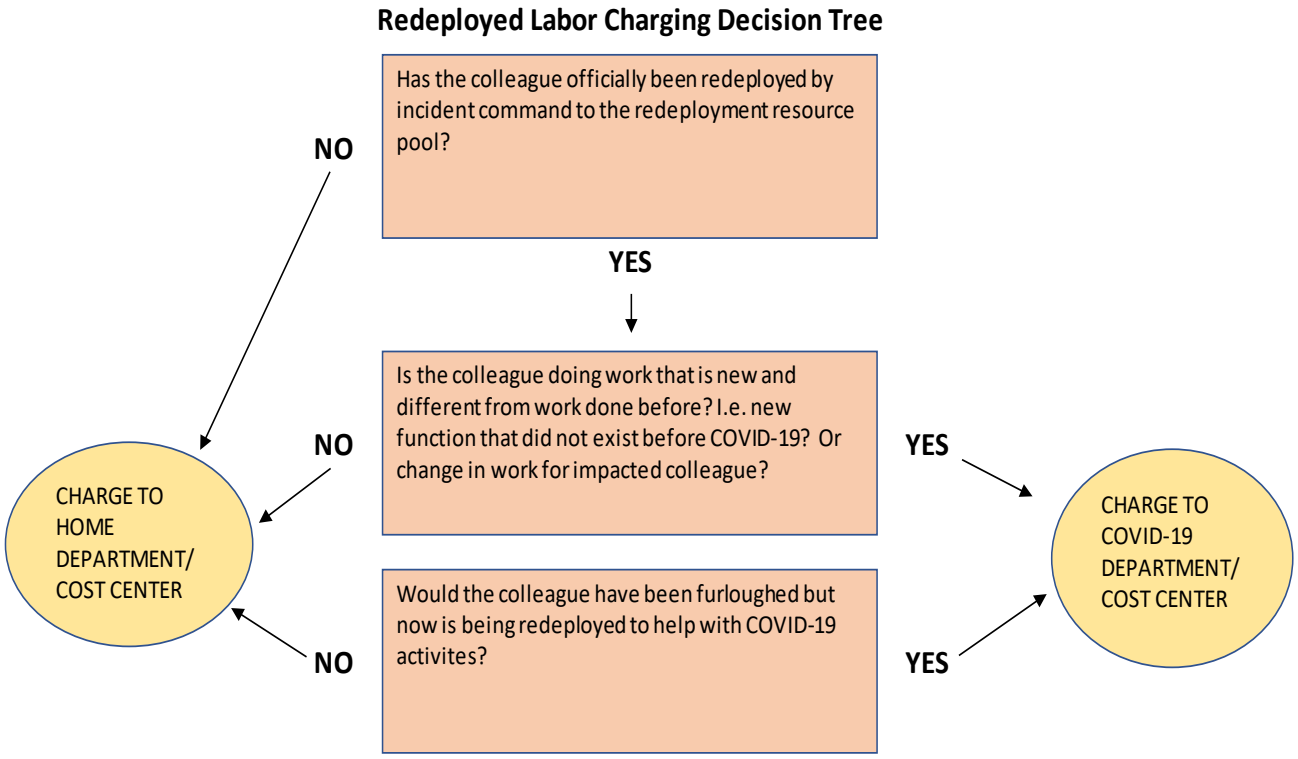
Redeployed Labor – when to charge to the COVID-19 Dept

Trinity Health

Audience:
Revision Date: 4/28/20
Version: Version # 1

Standard COVID-19 Department/Cost Center ("COVID-19 dept")
Redeployed Labor – when to charge to the COVID-19 Dept

This document clarifies that staff redeployed by the Incident Command Center should be charged to the COVID-19 dept if not providing direct patient care. This includes staff redeployed that would have been furloughed or otherwise not working. In addition, the colleague is doing something new and different from their normal position, the function did not exist before COVID-19, or is directly related to COVID-19. This does NOT apply to executives that are spending the majority of their time on COVID-19 activities. Colleagues providing patient care are NOT charged to the COVID-19 dept. Please see the decision tree below. This guidance will require either time keepers to move time of exempt colleagues in time keeping tools, or journal entries by the accounting team. Changing labor costs related to past payroll periods must be done by Accounting via journal entry.



Examples of incremental or redeployed labor costs to be charged to the COVID-19 dept.:

1. Colleagues performing screening, outside testing, etc.
2. Increased staffing and related hours in environmental services to comply with COVID-19 standards; the increased or incremental staff or their time would be charged to COVID-19
3. TogetherCare exempt colleague redeployed by Incident Command to spend 100% of their time on COVID-19 travel program (this exempt position was program based and will not exist once the TogetherCare project is complete)
4. Colleagues redeployed 100% to help with COVID-19 activities (i.e. Medical Records manager that would have been furloughed but has been approved by Incident Command to supervise the team of 100 colleagues redeployed as screeners)
5. Hours for nurse managers from closed units working in the super hub to redeploy resources
6. *All training* required by the incident command center is charged to the COVID-19 dept.
    a. Training hours for colleagues who have been approved to work on COVID-19 activities due to planned surge volumes who are taking new training to be qualified for patient care or other duties (I.e. Medsurg nurse training for the ICU; pharmacists being trained in new prescription protocols; nurses being trained to place patients in the prone position)
    b. The time of manager level colleagues who are training redeployed colleagues to perform patient care that they were not performing prior to COVID-19, (i.e. hours of the training instructor to train colleagues how to place patients in the "prone position";
    c. Physical therapists redeployed to a new role to train and educate nurses to treat COVID-19 patients who would have otherwise been furloughed
    d. Training hours for home care nurses receiving training to work in inpatient units managing patients on ventilators – Colleagues are redeployed to a new role and would have otherwise been furloughed.
7. Nurse or lab tech that is re-assigned to the drive-thru test area for screening. The drive through test center is an incremental cost, set up by the command center and in place only to respond to the pandemic.
8. Incentive pay paid to colleagues, i.e. RNs and PCTs, to cover shifts in the ED or ICU. Incentive pay under formal COVID incentive pay policy is charged to the COVID department as these pay practices were put into place to address needs for the pandemic. (See Slides on April 14, 2020 Finance Section Chiefs call)

Examples of labor costs NOT charged to the COVID-19 dept.:

1. Director of Pharmacy as incident commander – the colleague is in their original role, not redeployed and only supporting COVID activities
2. Staff preparing and reporting COVID-19 costs, and activities, heat maps, lost revenue, etc. to track COVID-19 cases or apply for COVID funding sources; colleagues are supporting COVID-19 activities but have not been redeployed; I.e. performance excellence or finance staff who work on several different "special projects" during the year as part of their normal, recurring role
3. Pharmacists increasing coverage hours for the ICU, ED, evenings and nights (these are patient care hours and increased costs of patient care required due to higher acuity of COVID-19 patients)
4. The Clinical Informatics leader has been redeployed to incident command center 100%; this differs from the TogetherCare director that is charged to the COVID-19 dept because the clinical informatics leader's role is not temporary, and the colleague often works on projects that change
5. The time for the team of patient care colleagues that are working in COVID departments to assist with turning patients to the prone position is NOT charged to the COVID-19 dept. These are patient care labor costs and we should be getting paid by payers to cover these costs.