

Valuing the workforce: implementing pay protection in a healthcare system

University of Colorado Hospital, United States

What was the challenge?

The University of Colorado Hospital (UCH) is a ~ 650 bed acute care hospital, with an ambulatory division which receives over 1 million patient visits a year. At the onset of the COVID-19 in March 2020, UCH had concerns about its levels of staff and bed capacity to manage the number of patients requiring critical care for coronavirus. At this time, the hospital had 160 patients between intensive care units and medical-surgical departments and increased its virtual visiting facilities, decreasing outpatient visits by ~ 80%.

Due to the evolving needs in acute care and the decreased demand in outpatient, UCH had mismatch of labour wherein the hospital's inpatient divisions were extremely busy, at the same time as staff in ambulatory who were being sent home because of a lack of work.

What was the task?

UCH is part of a larger hospital group across Colorado: UCHealth. To address this mismatch in labour supply/demand, the executive team developed a programme which guaranteed each of the hospital staff's salary for 6 weeks (over 20,000 members of the workforce). Regardless of whether staff worked or not during the initial stages of the COVID-19 pandemic, they would be paid their full-time equivalent salary.

The ambitions behind this initiative were to:

- Create job-security and bolster retention of staff.
- Create an environment in which staff could be redeployed to other areas of the hospital (mainly ambulatory to inpatient) to provide support as 'Personal Protective Equipment' specialists at COVID-19 testing sites, etc.

What was the action?

Directors and managers identified minimum staffing needs, based on short-term projected volumes. Excess staff were put on a central 'redeployment' list so that they could be selected by other departments in the hospital experiencing staffing shortages. Staffing needs and the 'redeployment' pool were reviewed on a weekly and daily basis, as staffing needs fluctuated throughout the six weeks

of the programme. Managers of both the 'giving' and 'receiving' hospital departments played key roles in ensuring that the redeployments were successful, as often staff were being redeployed to environments and areas they had no prior professional experience in. Therefore, the managers needed to quickly train, and provide the necessary resources for redeployed staff to be successful in their new, temporary positions.

What were the results?

This novel initiative had great impact on the hospital's workforce culture: in the unknowns of the pandemic, staff had financial security, regardless of the volume of patients coming through the hospital doors. Consequently, staff felt supported by the organisation so were willing to take on the challenge of working in a new, fast-evolving environment. Although UCH had to dedicate funding to the pay protection scheme, when considering its positive impact on long-term staff retention and employee engagement, it is envisaged that this scheme will have lasting financial benefit for the hospital, compared to a situation where staff were furloughed.

What were the lessons learnt?

The pandemic placed unprecedented pressure on people working in healthcare, so it is critical that their 'core' needs are met. By guaranteeing staff pay for six weeks during a tumultuous time, UCH took a supportive, person-centred approach to ensuring its employees' wellbeing. Moreover, this initiative increased employee engagement and organisational commitment in staff who the hospital would want to retain long-term: those positive, efficient, dedicated employees.