Pandemic Underscores Transparency in Frontline Workforce Deployment

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On June 6, The New York Times profiled Dr. Bonnie Henry, Chief Public Health Officer for British Columbia, and her handling of the COVID-19 pandemic response (Porter 2020). Pointed reference was made to the use – and benefits – of transparent and empathetic communications towards directing a province in crisis, and quelling public uncertainty. Transparent directives gave residents solace by providing clear "pathways to action." British Columbians were provided with relevant and hard data on what to do, and what to expect. The rationale behind public health orders and advice, the justification of particular decisions, steps for what to do next, and the provision of significant role clarity brought great faith. These "standard operating procedures" had significant impact on flattening the curve, and on reducing the mental strain associated with the COVID-19 state of emergency.

Key Lessons Learned

Working on healthcare's frontlines is, at best, dynamic and uncertain, and at worst, tumultuous. Under normal circumstances, methodologies behind planning, scheduling and deploying frontline workforce are highly emotive for the affected staff. During a pandemic – when the health workforce is essentially executing its roles in a continual state of emergency – stress and anxiety is exacerbated. The quality of working life and performance is enhanced when there are clear processes, policies, and procedures that foster transparency and objectivity. They reinforce trust, safety and accountability within teams ultimately leading to higher degrees of integration and innovation (Morley and Cashell 2017). Logic dictates that when practices of health workforce deployment (HWD) are transparent and accessible, frontline staff benefit.

When the frontline staff are provided with transparent scheduling and deployment processes, including the justification behind them, they may feel more deeply engaged and the trust in leadership is enhanced. In fact, frontline staff depend on clinical procedure to minimize feelings of distress,

panic, doubt, and confusion. This is especially relevant in times of pandemic response. Clinical pathways are well-defined for patients – why not for them? The time is right to define and set into motion consistent procedures for scheduling and deploying the dedicated men and women who care for our families and communities.

When clear procedures and accurate information come together, the best in people can be brought out. As a society we have recently witnessed the impact of information clarity. During the ongoing pandemic, communication and linked-decisions often slowed as leaders did not want to communicate the "wrong" information and were unsure of the preparedness of jurisdictional response protocols (Raphael 2020). As guidance was provided by public health authorities, we increasingly took comfort in many inspirational stories of everyday heroes: people coming together to deliver groceries to others, health providers out of retirement to serve, selfless volunteerism to support under-equipped long-term care organizations, parents sacrificing time with their families to perform essential services and remarkably, creative discharges from hospitals for COVID-19 patients. Transparency helps anyone build the confidence and trust to go the extra mile. It helps us all feel safe and secure.

While transparency is one factor, availability of reliable information is another. Senior leaders, managers and schedulers alike require meaningful information to make crucial decisions. The data that underpins those decisions needs to be precise and supported by workflows that keep the information pure, and in real-time. In a world of well-defined HWD methodologies, at the snap of our fingers, we should be able to:

- rapidly assess where each member of the workforce is, and which skills they possess (and if they are up to date);
- understand which areas can "get by" and which are at the "tipping point";
- identify resources (number and type) to meet infinite service demand scenarios, and trigger alternate models of care when required;
- instantly model resource scenarios to ensure sufficient bandwidth: How do I respond if 20% of staff are unable to come to work? Can I

safely approve that leave request in the midst of all this chaos? Did everyone take their previously approved vacation? and

- maintain predictability and stability in the midst of chaos.

This is a world where frontline staff know what to expect and decision-makers can trust what they see.

Through any Tragedy There is Light

Rather than viewing HWD as a set of transactions, we must recognize that the staff scheduling environment is a key to safety, compliance and sustainability. Above all – the impact on the quality of working life for employees is dramatic. Given emergency orders, many care providers have secured temporary uplifts in their full-time equivalent (FTE) and a degree of longer range predictability in their schedules (Government of Ontario 2020). The impressive capacity of clinical education has shone, and unit-based relief workforces with multiple skills have been ramped up. Across the continuum of care, an era of greater continuity takes hold. Health systems of all shapes and sizes have done their very best to deploy their frontline workforces in respectful and proactive ways. Let us ensure that substantial focus on HWD methods forms part of the new normal.

Leveraging Inner Strength

Responding to the recent crisis has been a great equalizer, and many institutions have learned a lot about their organizational agility. Organizations that have invested in HWD strategies and portfolios have had a significant advantage. For instance, integrated health systems in BC, Alberta, and New Brunswick were able to utilize impressive command and control structures quickly – containing staff mobility, and restricting potential community transmission. In many cases these actions outpaced formal public health single-site designation orders for staff. Because such organizations had strong line-of-sight to organizational bandwidth, they were better able to respond. They simply had a better view of where resources could be used, which skills were attached to each employee, what units were meeting staffing needs, and so on. Despite the chaos of the pandemic hitting hard and fast, in such organizations leadership could act much more quickly, and focus more clearly on the provision of care and activation of emergency plans.

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Let us acknowledge the significant impact HWD practices can have on our frontline heroes. As Matt Andersen (2020), CEO of Health Ontario recently stated in a webinar: Don't start with governance, start with the outcome we are looking for.

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