

## Issue Brief

# Clinical Workforce Capacity and Surges

February 2021

### Background

At the local, state, and territorial levels, public health, emergency management, and healthcare partners collaborate to monitor the capacity of the clinical workforce within a jurisdiction's healthcare system. Because most of the clinical workforce is privately employed and subject to decisions by hospital and healthcare leaders, health agencies have a limited role in addressing private sector surge capacity. Nonetheless, agencies work with leaders to request needed resources through [Emergency Medical Assistance Compacts](#) that address regional shortfalls, especially following natural disasters and other emergencies. Because COVID-19 is now straining healthcare sector resources nationwide, these agreements may be difficult to support and new models for triage and surge may be needed.

### Issues and Considerations

- A long-term approach to growing and retaining the clinical workforce is needed, with a specific focus on diversity to address issues of patient trust and confidence in the healthcare system.<sup>i</sup>
- The lack of personal protective equipment (PPE) continues to be an area of concern, with reuse of masks and inadequate protective equipment top of mind in many jurisdictions.<sup>ii</sup>
- The consistent availability of COVID-19 vaccine and vaccination prioritization of clinical and patient-facing non-clinical healthcare workforce continues to be of concern.
- Staffing requests placed through the Emergency Management Assistance Compact system have often been unfulfilled due to the national scale and workforce demands of the COVID-19 pandemic.
- State and territorial governments often have difficulty visualizing and planning to mitigate workforce shortages across the healthcare spectrum. The system is privately operated and there are few incentives to support real-time exchange of clinical workforce data within local and state settings. States often rely on professional associations, including state and territorial hospital associations, for current information on capacity and needs.
- The COVID-19 response will continue to impact the mental health of the clinical workforce, especially if difficult triage decisions continue to become commonplace in the United States. The public health and medical enterprise must establish and promote staff use of mental health programs to reduce stress, burnout, and despair among the clinical workforce.
- In settings where infection rates are high, severe cases are likely to exceed workforce and institutional capacity to meet demand in multiple states, especially in rural and frontier areas with limited capacity. Crisis Standards of Care must be implemented to meet the most urgent needs for care first.

### Solutions and Ideas for Improvement

- Develop and enhance existing data management and visualization tools to help state and local government officials visualize data and predict future workforce needs.

- Encourage states to retain or expand regulatory flexibility for licensing and credentialing of health professionals, including students, retired providers, international clinicians, and community-based paraprofessionals such as care navigators and community health workers. Ensure consistent availability of COVID-19 vaccine and priority vaccination of clinical and patient-facing non-clinical healthcare workforce.
- Assess the benefits of using military or national guard personnel to assist in surge staffing beyond their current deployment.
- Increase domestic manufacturing capacity of PPE and other medical supplies through full use of the Defense Production Act. Most PPE has been sourced individually by health systems through existing commercial distribution systems, which has led to a detrimental environment with states competing against each other for products.
- Create innovate solutions to meet staffing demands, such as staffing collaboratives between competing systems and with national associations that serve various clinical specialties and professions.<sup>iii</sup>
- Review and consider expanding incentives to increase and maintain the clinical workforce, with a special focus on clinical and non-clinical specialties (patient-facing or population focused) that are valuable in the COVID-19 response.
- Conduct an in-progress review of the HHS/ASPR Hospital Preparedness Program and adjust strategies used by federal partners to support the clinical system during emergencies.

Communities facing an imminent threat to their medical care capacity will need federal policies and resources that provide emergency support and compensation to businesses and workers. While our reliance on the clinical workforce is vital, the best way to prevent hospital capacity surges is to prevent COVID-19 through common sense measures. Healthcare leaders should stress this point even as they are addressing acute needs for clinicians and attempting to address ICU shortfalls nationwide.

## Contact

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<sup>i</sup> COVID-era health care workforce capacity in Washington, DC. D.C. Policy Center. Accessed 11.13.2020. [https://www.dcpolicycenter.org/publications/health-care-workforce-capacity/#\\_ftn12](https://www.dcpolicycenter.org/publications/health-care-workforce-capacity/#_ftn12)

<sup>ii</sup> American Nurses Association. Update on Nurses and PPE: Survey reveals alarming conditions. Accessed 11.13.2020. <https://www.nursingworld.org/~4a558d/globalassets/covid19/ana-ppe-survey-one-pager---final.pdf>

<sup>iii</sup> Colorado Hospital and Healthcare Staffing Collaborative. Accessed 11.13.2020. <https://info.hwlmsp.com/colorado-staffing-collaborative>