Crisis Management Experts Meet Demand During a Pandemic

Fastaff Applies 30 Years of Experience in Rapid Response® Travel Nurse Staffing to Help Battle the Coronavirus



Situation Overview

Fastaff is the pioneer and industry leader in Rapid Response[®] travel nurse staffing. From natural disasters to census spikes to contagions and pandemics, Fastaff proves to be the reliable partner for healthcare systems nationwide in urgent and crucial situations.

As experts in crisis management, Fastaff and U.S. Nursing enacted a series of operational maneuvers to ensure reliable delivery to clients fighting the coronavirus outbreak, amidst an out-of-control contagion, an avalanche of unknown facts, a crashing economy, and a 100% virtual work environment.

In their own words, Fastaff leaders describe how they mobilized to meet unprecedented demand for skilled healthcare professionals.



Q and A with Bart Valdez

Fastaff President and CEO



Q. When did the coronavirus first appear on your radar?

A. We had our first discussion about the coronavirus and its potential impact on January 21st, which was before the W.H.O. declared the virus a public health emergency. Because of the nature of our business, we always have our ear to the ground. We are in touch with industry contacts and clients frequently to understand their challenges. We also monitor news and industry trade publications to maintain awareness of events that may impact demand for health care services as well as changing workforce conditions. From what we were hearing and seeing, it made sense to begin talking about how to deal with the virus if and when it hit in the United States.

Q. What were the first steps you took after realizing how serious the situation was?

A. At the end of February, we created a Coronavirus Task Force consisting of key operational and functional leaders to prepare for Covid-19-related disruptions. The group met three times a week initially and addressed nurse and patient safety, Fastaff employee health and protection, how to eliminate the risk of business interruption, and how to maintain rapid fulfillment of orders for our clients with increased demand.

We also held discussions with our board of directors to ensure they were informed about our operational preparation for the pending crisis. At the same time, our client services team gathered information from hospitals and other clients about how they were preparing for the virus. Based on their responses and the need for additional support, we distributed a white paper and hosted a webinar for clients on Emergency Preparedness.

Q. From an operational perspective, what did you need to do to ensure that you had staff available to deploy quickly?

A. Since crisis management is our expertise, we are operationally designed for this kind of event. However, not knowing the size and scale, and wanting to make sure we didn't miss a beat regardless of the circumstance, we took many steps to escalate capacity.

First, we increased our digital media marketing and recruiting efforts to make sure we had a deep bench of talent ready and willing to deploy to these assignments. We also took steps to speed up recruiting efforts by reorganizing highly targeted units with specialized focus.

Ensuring fast and efficient credentialing was also a top priority. That process involved connecting with NATHO and NCSBN to stay abreast of changing standards. We also scaled resources on our credentialing and document processing teams so that compliance would remain fast and accurate even with a rapid increase in the number of nurses.

Q. What were the other challenges involved in this process?

Managing operations remotely.

To protect the health of our headquarters staff in Denver, as well as do our part to stop the spread of the contagion in the local community, we moved to a 100% virtual environment on March 16, 2020. Our IT staff spent roughly 4,300 man-hours getting employees the equipment and technology needed to work from home successfully, including home deliveries of monitors and other necessary equipment by our Vice President of IT, Anthony Lopez.

Working new schedules to meet changing conditions. To manage the strategic and operational needs of a remote workforce, our executive team began meeting twice daily seven days a week. There were many moving parts to discuss and plan for, and I knew we couldn't lose one minute of productivity in delivering critical care providers to our partners. We also had to learn to be flexible with employees who were working at home with school-age children and needed to work different hours or schedules to balance work with other responsibilities.

Keeping nurses safe while traveling and living in potentially high-risk communities. While hospitals were responsible for supplying nurses with PPE while at work, we offered protective gear and information to support them while they were off the clock. Since the crisis started, we have distributed more than 3,500 masks to our nurses. We also began sending weekly emails with the CDC's evolving guidelines. During National Nurses Week, we sent gift cards for restaurants or food delivery services so they could minimize interaction outside of the hospital and support local businesses.



"I knew we couldn't lose one minute of productivity in delivering critical care providers to our partners."



Supporting nurses when they got

sick. Our nurses are accustomed to working in high-risk environments, but we hadn't seen a virus this contagious since Ebola, and the impact of that disease has been guite limited in the U.S. With coronavirus, we had to create contingencies for our nurses who became infected. If a nurse became sick during assignment, we provided up to two weeks compensation and had them guarantine in our housing. In a few locations where we had operations staff on the ground, those staff members were delivering food, thermometers and running other errands to provide support.

Q. What were you seeing in terms of demand in those early days of the pandemic?

A. We deployed our first nurses in response to the pandemic in late February. We had a request from a California-based hospital system that had to quarantine dozens of nurses due to potential exposure. Built for this kind of request, we were able to deploy the nurses requested in less than 48 hours to help the hospital maintain appropriate nurse/patient ratios and full productivity in the critical care units.

Less than a week later, a large urban facility in Washington state, which was the epicenter of the outbreak in the U.S. at that time, reached out to us to fortify their nurse shortage. Leveraging a roster of nurses who had been credentialed to work strikes in that same facility with our sister company U.S. Nursing, we guaranteed "We also scaled resources on our credentialing and document processing teams so that compliance would remain fast and accurate even with a rapid increase in the number of nurses."

delivery of nearly 50 nurses in a variety of specialties, deploying 33 within 48 hours. A week later, a large government agency contacted us about providing crisis staffing support for a nursing home outside Seattle. We filled an order for 30 nurses within hours. Our demand just grew exponentially from there.

Q. In the beginning of this crisis there were so many uncertainties, how did you help clients navigate the everevolving situation?

A. Flexibility was key. We accepted assignments as short as two weeks and reminded clients of our standing policy to cancel with no fees after a four-shift notice if the demand they anticipated didn't transpire. Our nurses were flexible and adaptable, floating between departments or even facilities to meet demand and taking on new duties. They also staffed field hospitals and makeshift overflow facilities. We also adjusted work weeks to 48-60 hours from a typical 36 to 40-hour week to meet increasing demand. For a few large orders, we deployed executive leaders on the ground to secure logistics and ensure project success.

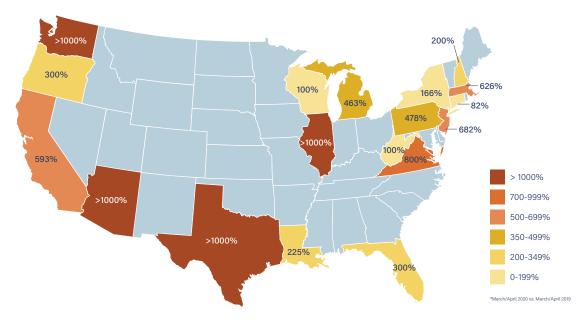
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Q. How large was your involvement in the fight against the virus?

A. The demand for our services was unprecedented – not just among hospitals but for a range of clients, such as nursing homes, assisted living facilities and rehabilitation facilities that typically don't encounter significant shortages. In hard-hit states, requests for nurses skyrocketed. As an example, nurse requests in Illinois and Washington in March and April 2020 increased 1,000% year over year.

Q. How did your strategy shift after lockdowns were lifted and some of the hot spots hit their peaks and began to plateau?

A. Our focus moved toward helping hospitals re-open operating rooms and surgery centers that had been closed to make room for Covid-19 patients. That involved recruiting nurses in the OR and PACU specialties. We also continued recruiting for Labor and Delivery and ER nurses to staff increasing demand in maternity wards and emergency rooms over the summer. At the same time, "Our nurses were flexible and adaptable, floating between departments or even facilities to meet demand and taking on new duties."



Year Over Year Percent Increase in Travel Nurse Requests by State

At this point in the COVID outbreak we have deployed thousands of nurses to over 300 healthcare facilities in 39 states, and counting. We are ready for whatever comes next.



we had to pay close attention to make sure we were replacing a physically and mentally exhausted workforce with rested travelers.

We also played a role in helping other aspects of society reopen safely, including sports events and film production. We accepted an assignment with the operations and logistics company S2 Global to help in the safe reopening of sports. Our nurses provided temperature checks for players, caddies, grounds crew and media at 12 PGA Tour events across the country in June and July.

Q. What did you see happening during the summer spikes across the country?

When infection rates started spiking and hospitals were nearing capacity, we would frequently get the first phone calls from clients in its path. In the first week of July we accepted almost 1,000 orders from hot spots in Arizona, California, Texas and Florida, while simultaneously staffing strikes in California and Illinois. It was a busy 4th of July weekend, but an important time to stay focused on delivering for our clients and not missing a beat.

We receive a daily report every morning detailing the infection rates in all 50 states, so we can stay prepared and be ready with staff when needed.

Q. How are you preparing for a potential second wave of infections?

A. We are always building supply and working on achieving greater

operational efficiencies. Technology has proven extremely important. We are finding new ways to process and orient nurses using digital methods. For the clients that already have a contract with us, the process is fairly seamless. We can fill orders very quickly in those instances, providing the support they need on demand.

We also continue to make large investments in upgrading our mobile apps, so nurses can apply for jobs quickly and safely store their documents. When jobs open up, this helps us fast track their applications and provides them with a user-friendly, industry-leading digital experience.

We have built a bench of nurses who now have experience battling this pandemic and who will be knowledgeable in fighting this fight at the bedside. They can be redeployed during this present period of summer resurgence, as well as this fall, next year, however long it takes to get the contagion under control. "When infection rates started spiking and hospitals were nearing capacity, we would frequently get the first phone calls from clients in its path."

Bart Valdez, an accomplished leader with over 20 years of experience in human capital management, has a proven track record of driving substantial and sustained growth through acquisition, business development and strategic realignment in large domestic and global companies.



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