



Grena Porto RN, MS, ARM, CPHRM  
Vice President, Risk Consulting  
ESIS ProClaim<sup>SM</sup>

Grena is a nationally recognized expert and leader in patient safety, risk management and quality improvement with more than 30 years' experience in all areas of risk management, including loss prevention, risk financing, and claims management. She is a past President of the American Society for Healthcare Risk Management (ASHRM).

Grena has lectured extensively both nationally and internationally and is the author of numerous publications on risk management and patient safety.

**16%**  
**increase in mental  
health claims in 2020.**

Hospitals should line up wellness resources, including broad-based wellness assessments, to evaluate and support staff transitioning to post-pandemic routines at home and at work.

## 5 Things Healthcare Organizations Should Consider When Preparing for a Post-Pandemic World

As hospitals and other healthcare organizations contemplate a post-pandemic world, simply redeploying legacy risk management practices and procedures is not likely to be effective in a world that has vastly changed. Instead, healthcare organizations should consider these five key strategies to manage risk with confidence in the 'new normal,' according to Grena Porto, Vice President, Risk Consulting, ESIS ProClaim.<sup>SM</sup>

### 1 Ready to Access Wellness Resources & Temporary Staffing

Healthcare workers have been on the frontlines of the COVID-19 pandemic and faced unprecedented levels of stress. In addition to the physical impact of working hours well in excess of the customary work week, the effects of the pandemic on healthcare workers' mental health must also be acknowledged. ESIS saw the number of short-term disability claims for mental health issues that we manage for clients increase by 16% in 2020. Healthcare organizations should not assume that all staff members will be able to transition easily to pre-pandemic work hours or schedules. Some staff may need time off while others may need additional support to manage the transition.

Healthcare organizations should be prepared to provide wellness resources, including screenings and assessments to ensure that staff are prepared to transition to post-pandemic routines both at home and at work. They should also consider temporary staffing to allow workers time to adjust to the post-crisis environment and seek assistance, if needed. Providing such resources and flexibility will pay off in getting and keeping staff healthy and on the job.

### 2 Assessing Training Needs

The pandemic forced many healthcare organizations to discontinue some routine services, and patients themselves elected to postpone non-essential procedures during the pandemic. In addition, many healthcare organizations laid off or redeployed medical personnel in order to focus on meeting the demands of COVID-19 care. This has had significant implications for staff competency and potential erosion of skills. Healthcare organizations should implement competency and skills assessment programs to evaluate staff readiness to return to their previous positions. Training or retraining may be needed to ensure baseline knowledge or skills as the facility and staff transition back to pre-pandemic operations.

## ESIS' Healthcare Practice Group

Our healthcare practice group focuses on healthcare facilities including:

- Hospitals
- Long-term care facilities
- Nursing homes
- Physicians groups
- Urgent care centers
- Outpatient facilities
- Surgeons
- Home health agencies
- Life sciences

### ESIS Solutions for Healthcare Organizations

- Claims Management (WC, GL, AL, Medical Malpractice)
- Litigation Management
- Risk Consulting
  - Clinical improvement and risk reduction strategies
  - Program assessment and enhancement
  - Clinical process design
  - Critical event response support
  - Culture change and improvement
  - Safety management systems
  - Training
  - Patient safety assessments
  - Medical investigations
  - National Practitioner Data Bank (NPDB) reporting
  - State reporting
  - OSHA recordkeeping
  - Sharps/injury log

## 3 Optimizing the Physical Facility for Future Outbreaks

When this global pandemic struck, many healthcare organizations scrambled to accommodate COVID-19 patients and create makeshift ICU and treatment areas. Going forward, even as vaccines provide a measure of control, the medical community recognizes that a reservoir of COVID-19 illness will remain and now can be planned for.

Healthcare organizations should evaluate the optimal means of delivering ongoing COVID-19 care in their facilities. This should include all potential impacts from ventilation systems to the pathways patients and staff travel in the facility to get to needed services such as radiology or the OR. Reengineering and physical modifications may be needed to minimize the risk of exposing the hospital population to infectious patients, especially as the organization returns to pre-pandemic capacity and services. Such assessments and evaluations should also contemplate the probability of other pandemics in the future. Healthcare organizations can use what has been learned during the COVID-19 pandemic to prepare more effectively for future events.

Healthcare organizations should also be aware that construction projects related to upgrading ventilation systems or changing physical layout can bring their own safety concerns. For example, reconfiguring existing ventilation systems, if not handled properly, can increase the risk of air-borne infection during the construction phase. Organizations should consider engaging industrial hygiene specialists to help evaluate the adequacy of the HVAC system, provide options on what can be done with existing systems, or suggest how best to redesign the system to provide appropriate dilution ventilation and airflows that minimize the spread of airborne pathogens in the facility.

## 4 Reassessing Security

Even before the pandemic, healthcare workers were five times more likely to suffer a workplace violence injury than the general population.<sup>1</sup> The incidence of workplace violence decreased during the pandemic due to overall reduction in volume of patients and services, but it is likely to return to prior levels as more people return to work and healthcare. Healthcare organizations should plan for this by appropriately deploying security resources and recalibrating expectations of continued lower incidence among staff.

In addition, as healthcare organizations resume construction projects put on hold during the pandemic, the increased security risks associated with such projects must be addressed. Improperly secured construction areas are a frequent cause of security-related incidents in healthcare organizations. Healthcare organizations should not be lulled into a false sense of security by the temporary decrease in violence and security breaches during the pandemic and should resume risk assessments and other preventive measures to ensure that construction does not put staff and patients at risk of harm.

## 5 Revising Staff Vaccination Policies

Most healthcare organizations have existing policies regarding staff vaccinations and such policies generally allow healthcare workers to continue to work with appropriate precautions, such as face masks, even though they are unvaccinated. To try to keep employees, patients and visitors safe, organizations should adapt current policies to address staff members who choose not to get COVID-19 vaccinations.

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To learn more about our Healthcare Practice Group and the tailored programs we can create to help improve outcomes and reduce your total cost of risk, connect with us today.

Annette Sanchez | SVP, Sales | [Annette.Sanchez@esis.com](mailto:Annette.Sanchez@esis.com)

For more insights on how we can help you reduce your total cost of risk, connect with us on [LinkedIn](#).

1. Bureau of Labor Statistics