

CHECKING OUR VITALS: OIG PROVIDES INSIGHTS ON HOSPITAL CHALLENGES/NEEDS THROUGH NATIONAL “PULSE” SURVEY

April 1, 2021

On March 23, 2021, the United States Office of the Inspector General (“OIG”) released the results of a national “pulse” survey under a report titled, “[Hospitals Reported that the COVID-19 Pandemic Has Significantly Strained Health Care Delivery](#)” (the “Report”). In compiling this report, OIG collected information from administrators at 320 hospitals across 45 states, the District of Columbia, and Puerto Rico from February 22 through 26, 2021. Interviews focused on three key questions:

1. What are your most difficult challenges in responding to the COVID-19 pandemic right now, and what strategies have you been using to address the challenges?
2. What are your organization's greatest concerns going forward?
3. How can government best support hospitals?

In reviewing the answers to these questions, OIG highlighted the following key areas:

HEALTH CARE DELIVERY

Hospitals reported health care delivery challenges posed by the pandemic, both with respect to treating COVID-19 patients directly and also in providing needed, routine treatment for other health care needs. Many hospitals anticipated higher hospitalization rates and a need for more complex hospital care among patients in the future based not only on long-term effects of COVID-19, but also on more general delays in routine care. Respondents also highlighted increased needs for mental and behavioral health treatment. With respect to those particularly impacted by the pandemic, respondents noted exacerbation of challenges to rural hospitals in the areas of staffing, facility capacity, and finances, and also noted exacerbation of health disparities among patients with limited access to such care. As providers highlighted, telehealth has become a critical tool for providers, but one that cannot “cover all aspects of health care delivery.” Further, as respondents reported, telehealth may have limited availability among certain patients, especially those in underserved communities who do not have access to proper devices or internet.

With regard to effective solutions which hospitals had adopted to address these concerns, OIG noted hospital efforts to share with staff best practices relating to standards of care, including engagement of medical specialists to help with training. OIG also highlighted hospital efforts to coordinate patient transfers among one another through resource and communication networks. Finally, OIG noted hospital efforts to encourage patients not to delay needed medical care, as well as efforts to encourage public trust in hospitals and health systems.

[Staffing](#)

Beyond health care delivery itself, OIG also examined responses concerning staffing. Specifically, OIG noted reported increases in staff responsibilities and hours, resulting in mental and physical fatigue, and in some cases symptoms of post-traumatic stress disorder (“PTSD”). Hospitals attributed much of this stress to staff members witnessing COVID-19 deaths among patients and even among fellow staff members. Hospitals also reported staff shortages based on turnover, further highlighting challenges to future recruiting given the substantial demands placed on health care workers.

In light of these concerns, OIG highlighted efforts which certain hospitals had made in addressing staffing concerns, including establishing assistance programs and other social supports to help increase morale and reduce burnout. OIG also noted staff reallocation efforts to supplement departments particularly in need, and offers of higher pay, overtime, bonuses, and additional benefits.

[Vaccinations](#)

Hospitals acknowledged the positive steps made in vaccine availability, and the likely improvements in infection rates and deaths which can be anticipated as a result. Nonetheless, respondents also noted that vaccination efforts have placed further strain on staff and finances, complicated by inconsistent guidance among government stakeholders regarding vaccine eligibility and availability. Hospitals also reported hesitancy among staff and individuals in the community to be vaccinated based on concerns over vaccine effectiveness and safety. Finally, hospitals reported unique challenges relating to vaccine availability in rural communities and needing to take extra steps to provide vaccines to some senior and low-income populations, including those without internet access or those who experience difficulty navigating online scheduling systems.

Concerning efforts which certain hospitals have made to address vaccination challenges, OIG highlighted efforts to partner with government entities, retired healthcare workers, and others to help establish vaccination sites, as well as to provide local communities with accurate and complete information about vaccines.

[Supplies](#)

Despite improvements in the availability of personal protective equipment (“PPE”) as compared with the outset of the pandemic, hospitals reported lack of supply chain dependability, particularly with respect to surgical gloves and N95 masks. Certain hospitals reported sanitizing and reusing PPE as a stop-gap measure to preserve supplies. Among specific supply chain concerns, hospitals highlighted circumstances in which they had to change vendors to account for lack of supply availability. These changes raised further challenges due to the need to refit staff for certain items, and such changes often raised the likelihood of incorrect deliveries and sometimes poor quality, overly-priced, or even counterfeit items.

[Finances](#)

As a final area of focus, OIG noted specific challenges to providers related to financial stability, highlighting that the pandemic had increased costs and decreased revenue among providers. Higher costs were reported due to increased needs/demands for patient care, staffing, PPE, COVID-19 testing, and vaccinations. Hospitals also reported lower

revenues due to fewer routine and elective procedures and lower reimbursement rates that, according to some hospitals, were not consistent with increasing costs for providing care.

PROPOSED SOLUTIONS

Beyond highlighting the unique areas of concern raised by providers, the Report also outlined proposed solutions, including:

1. Enhancing knowledge and guidance on the prevention and treatment of COVID-19:
 - Updating recommendations for screening, testing, and quarantine procedures to reflect advances in understandings of COVID-19.
 - Providing additional clinical research and education regarding the long-term effects of COVID-19 and related post-acute care.
 - Providing updates to hospitals and the public regarding COVID-19 variants.
2. Providing support to increase care to underserved communities:
 - Addressing health care disparities through funding and continued federal programs.
 - Promoting the use of telehealth for specialty services.
 - Considering making certain public health emergency waivers permanent, including with respect to telehealth.
3. Addressing hospital staffing needs and helping to support current staff:
 - Assisting hospitals to obtain additional staff in emergency situations, including for vaccination efforts.
 - Assisting hospitals with recruitment.
 - Implementing strategies to encourage entry into the health care workforce, especially nurses and key specialists (e.g., respiratory therapists and mental health professionals).
 - Promoting more efficient placement of international travel nurses.
 - Addressing excessive pricing among staffing agencies.
 - Assisting hospitals in obtaining mental/behavioral health services for staff, particularly for addressing burnout/PTSD.
4. Developing education campaigns regarding vaccines and other public health issues:
 - Broadening educational efforts that promote vaccination.
 - Assisting hospitals to communicate with the public regarding the safety of obtaining routine hospital care.
5. Providing ongoing support on financial issues:
 - Allowing hospitals more time to spend federal relief funds on ongoing projects.
 - Providing additional guidance regarding Provider Relief Funds and the Paycheck Protection Program.
 - Continuing to provide financial support for hospitals, especially those serving rural and underserved communities.
 - Ensuring adequate reimbursement for telehealth, including for services experiencing a provider shortage.
6. Leading a coordinated emergency response:
 - Establishing expectations for regional coordination of response efforts.
 - Fostering improved management of inter-hospital transfers.
 - Simplifying COVID-19 data reporting.
 - Overseeing national supply chains for PPE to combat price gouging and substandard products.
 - Focusing on the sufficiency, management, and quality of supplies in the national stockpile.

WHAT THIS MEANS FOR PROVIDERS

Providers are encouraged to review the Report thoroughly and to continue to monitor for updates to ongoing COVID-19 efforts. In particular, providers should continue to monitor for further updates from the OIG, as well as from the U.S. Department of Health, the U.S. Centers for Disease Control, and their state counterparts, as well as the U.S. and respective state legislatures.

If you have any questions or need further information regarding OIG's Report or further developments in COVID-19 responses and policies, please contact a member of Hancock Daniel's [COVID-19 Task Force](#).

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