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# Redeployment of Potentially Furloughed Staff During a Pandemic Improves ED Operations

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## Study Objectives

The COVID-19 pandemic resulted in a change in demand for health care employees. While workload increased for many front-line providers, other health care workers were furloughed. Here, we describe the redeployment of occupational therapy (OT) to the ED and the subsequent impact on operations.

## Study Design/Methods

This project falls under an IRB human subjects research waiver as QI. During the COVID-19 pandemic, OT employees of a regional health care network were reassigned to the ED from inpatient care rather than be furloughed. The ED serves as the regional Level 1 trauma center and comprehensive stroke center and hosts a PGY 1-4 EM residency. Daily average volumes pre-COVID were 265 patients per day. The task assigned to redeployed OT principally involved patient transport. CT turnaround time (TAT) is defined as time from provider order entry to initiation of CT. Data is presented descriptively, with times as means.

## Results/Findings

CT TAT was tracked from November 2020 through February 2021. OT focus on CT transport began 1/1/21. FTE redeployment averaged 2 staff for 7-3 (day) and 3-11 (evening) shifts. No changes were made to night shift (11-7). Day shift saw CT TAT decrease from 91.4 minutes to 73.0 (20.1%). The impact was greater during evening shift peak demand, with CT TAT falling from 99.8 to 71.4 minutes (28.5%). Figure 1 demonstrates after the first two weeks (1/1 to 1/13/21) of this workflow, CT TAT was down to 60.0 minutes (39.9%) for 1/13/21 onward. Variation also decreased as shown by the control limits. Night shift saw a decrease from 98.0 to 91.7 minutes (6.4%) despite no additional FTE. CT scanner availability, laboratory TAT, and the number of CT scan orders placed were monitored during the time period and did not appear to impact CT TAT.

## Conclusion

This single site experience describes a positive impact on ED operations, specifically CT TAT, by engaging health care workers who would have otherwise been furloughed due to the pandemic. These findings suggest an increase in patient transport staff will improve CT TAT when pandemic redeployment ends.

