Hello, everyone. Welcome to today's webinar, Human Resources Office Hour: HR Leaders Responding to COVID-19. My name is Emily DeMent, Program Associate in the Training and Technical Assistance Department here at NACHC. I'm pleased to bring you this webinar along with my colleague, Gerard Jolly, Director of Career Advancement Strategies who you'll hear from in a few moments. Without any further delay, let's get started. I'll turn things over to Gerard.

Thank you very much, Emily. Hello, everyone. Again, we want to welcome you to today's Human Resources Office Hour. This is part of our continuing series on Leading During a Crisis, which today we'll focus on HR leaders responding to COVID-19. Our featured speaker today is Paul Kopack, who is the Director of Human Resources with Johnson Health Center in Lynchburg, Virginia, who we'll introduce more fully in just a moment.

My name as Emily mentioned, Gerard Jolly. I'm the Director of Career Advancement Strategies here at NACHC. As you know, NACHC for nearly 50 years now has been America's voice for community health centers and we're excited to host this webinar for you today. I was just looking at an article that was posted by the Society for Human Resources Management or SHRM, entitled HR Managers Rethink Their Role During the Coronavirus Pandemic.

This article posted near the end of April this year noted that the coronavirus pandemic has disrupted organizations and caused human resources managers to think differently about their role as they adjust to social distancing practices and a new work environment. Perhaps you can relate to some of these changes that have been made. To prevent the spread of the coronavirus, companies have switched to remote work model at a rate and state they've never experienced and as face to face collaboration is replaced with email and video conferencing, HR managers have to do difficult work under difficult circumstances.

Not only are you being asked to be concerned about the employee's health and wellbeing which you have always done, but you're now having to do it during the midst of a pandemic, while also being under the strain of processing the related paperwork, keeping up with the numerous new laws that have been passed, and providing solace to millions of workers who have been laid off or furloughed, and certainly the health centers have experienced that as well.

For those employees who remain on the job, you're trying to keep and to help them to remain productive, motivated, engaged and connected while we determine what the new normal is for community health centers, undoubtedly, you have quite a task ahead of you, and have been working under it for the past several months. So today's session is designed to help provide some insight for you, to allow you to be able to look into how one of your colleagues at a community health center in Virginia is responding to COVID-19, as well as to answer your questions related from an HR perspective to responding to COVID-19.
Gerard Jolly (00:03:46):
I'm happy to introduce to you Paul Kopack, who is as noted the Director of Human Resources with the Johnson Health Center in Lynchburg, Virginia. He's worked in six states for both large small property insurers, in corporate offices, field offices and call center settings. He's a lifelong learner as evidenced by his ability to actively maintain HR certification, his SHRM senior certified professional and HRCP Senior Professional in Human Resources. Paul also believes is important to give back to this profession. He does so as the President of the Lynchburg Regional Society for Human Resource Management chapter in addition to offering consulting services through his principal HR consulting firm. We're excited to have Paul Kopack with us today. So without further ado, I turn this over to Paul. Paul, you may be muted.

Paul Kopack (00:04:51):
I think I'm not. Can you hear me?

Gerard Jolly (00:04:54):
I can hear you just fine, yes.

Paul Kopack (00:04:58):
Great. Okay. Good morning to those on the west coast. Good afternoon to the rest of you. I'm excited to be here. I'm looking forward to sharing some of the facets of this pandemic that we've been living through and also learning from you at the same time. So with that, I'll advance us here to the next slide. No, I'm going to the wrong direction. Wait a minute. There we go.

Paul Kopack (00:05:24):
Okay, so I am with, as Gerard stated, I'm with Johnson Health Center. It was created in 1998, and we became an independent FQHC in 2004. So we've been around for a while. We serve over 25,000 patients in the greater Lynchburg, Virginia area. For those of you who are unfamiliar with Lynchburg, we're right smack dab in the middle of the state. We have 216 employees. When COVID first came on the scene for us in mid March, as we went through March, we were down practically 50% our patient volume with the advent of this disease.

Paul Kopack (00:06:01):
Okay, so the agenda is pretty much set up this way. I'm going to give you a little bit of background on my health center in Virginia. Then we're going to switch into the impact of COVID from an HR perspective. Then we're going to talk about things we need to plan and anticipate in HR, then moving onto our resources that are available to us and our role during the COVID-19 crisis. Then where we're at now, we're beginning that re entry back into our offices and clinics.

Paul Kopack (00:06:01):
COVID's impact for HR, one of the first things we needed to look at was whether some of our positions could work from home. It was easier to do this with our positions that were in the administrative end of things. My whole small team in HR, we all went to work from home in the middle of March. We'll talk more about policy around that and how we kept track of that. But we had to look and see which positions lend themselves to that. So that's what we've done. We're just now this week starting to come back in a small way back into the offices. What happened with the work from home was we had to put,
all of us had to put a conscious effort into making some extra efforts around communicating with those, particularly those that were at home.

Paul Kopack (00:07:46):
Those of you that have experienced it know how isolated it is. We really needed to stay in touch with those people and be very deliberate about it. During this time, we also, and a many of you probably have as well, we introduced telehealth to our patients. Now, telehealth, for the most part, you need either a smartphone or a computer to do that. But somebody recently from another health center outside of Virginia asked me, is it possible to be able to do it just with a straight phone, not like a landline phone or something like that?

Paul Kopack (00:08:20):
It's possible. But depending on the situation, if it's a pediatric situation or a dental situation, some of those are really not able to be done well without the video component to it. We in HR, as you all know how to stay abreast of the FFCRA. That was evolving and we had to keep up with that and make sure that our employees were aware of that and how it impacted them. We realized quickly that all employees in some way were affected by the crisis. Some had spouses and significant others who lost their jobs or their hours were cut back. So there was a lot of change going on during this time, and we had to really be mindful of it.

Paul Kopack (00:09:15):
So now we have a poll question. So I get a little bit of a pulse of how you folks are doing. What's been your biggest HR challenge during this crisis? If you could pick one of these five answers, that would be great. If you say, "Well, really two of them are tied for my biggest challenge," then you could pick two, but we'd be curious to know how you would answer that. So why don't we take about 30 seconds and answer that poll question?

Emily DeMent (00:09:55):
Hey, Paul, just want to give you an update. I see some great responses coming in.

Paul Kopack (00:09:57):
Good.

Emily DeMent (00:10:02):
About 30% of folks who haven't answered yet, but about 70% have.

Paul Kopack (00:10:08):
Good.

Paul Kopack (00:10:32):
(Silence).

Paul Kopack (00:10:44):
Emily, will you be able to show us the results?
Emily DeMent (00:10:47):
Yeah, let me know when you want me to stop collecting. I can ...

Paul Kopack (00:10:51):
What percentage do you have in now?

Emily DeMent (00:10:54):
It looks like we have about 75% completed, looks like closer to 78 now.

Paul Kopack (00:11:02):
78. Okay, that's good. This gives us an idea. Can you show us the results, please?

Emily DeMent (00:11:07):
Yeah, let me close the poll. Give me one moment. All righty, so it says sharing with attendees now. So can you all see it?

Paul Kopack (00:11:37):
Yes, I can. Wow. So nearly half said keeping up with the new COVID legislation. Yeah, I can relate to that. Then we've got three in the 20s. The next one was figuring out reentry back to the offices. Next was dealing with employees COVID questions, and then employee engagement, and then recruiting just came in at 10%, trying to recruit in the new normal. So I guess with all the other things we have going on, recruiting went down the to-do list a little bit during this time. So thank you very much for that. It was helpful to see that.

Paul Kopack (00:12:25):
Okay, HR planning and anticipating. This is just a small sampling of the things we were working on when this happened, developing a protocol for patient visits. So how are we going to handle patients when they ... Those who felt safe enough to come forward and want to be seen in-person rather than through telehealth? We had to get screeners, and we had to ask questions, take temperatures. I was just on a call today where a CEO in one of the other centers said she's a little bit different than others. She didn't take temperatures and still to this day doesn't take it. But after they answered the questions, depending on how they answer the questions, then they might have to have their temperature taken. So not everybody did that right out of the gate. But I'm sure we all had to develop our own protocol for that, as well as protocol for testing our staff.

Paul Kopack (00:13:23):
We received a question yesterday for this webinar about that. I consulted with our chief medical officer who fortunately is an infectious disease specialist. She said, really each center, each FQHC needs to develop their own protocol because it might differ a little bit. So obviously, we use her. We use a nurse case manager as well with our cases. Knock on wood. We've only had one positive case with our employee population. But we do have a protocol for testing of staff as well. During this pandemic, of course, we had to look at options, with applying for all the grants, and loans, and other assistance that's available to health centers at this time. What happens if this pandemic continues to go on or it reasserts itself in the fall? How are we going to be payroll and benefits? So we had to look at reduced hours. So we did reduce.
Paul Kopack (00:14:26):
We had a couple of our centers work till 7:00 in the evening, we reduce that to five. Two of our centers had Saturday hours, we took away the Saturday hours. We looked at the possibility should it ever happen, how would we handle furloughs? Then many people back at this particular point in time, how would we handle layoffs where they don't come back, they're terminated? We also had to consider voluntary terminations and retirement eligible employees and said, "Okay, what might we look to do with those folks, if we have to come up with some creative ways to lessen the workforce?" We created a severance policy.

Paul Kopack (00:15:11):
Also, with the folks that are working from home, we had to quickly come up with a temporary telecommuting policy. I'll talk to you a little bit about where I went to get my information for these things. We also had a short-term work from home agreement that we had everyone sign, so we knew when they were starting to work from home, what equipment they had of their own, which equipment did they need to take from their desk at the health center, and that sort of information. So we had to keep on top of all of that.

Paul Kopack (00:15:45):
Also, we had something as simple as a plan for patients and staff who refuse to wear a mask. So with patients who refuse to wear a mask, there's the option of telehealth. So there was a pretty easy option for them. Whereas with staff, you had to be careful with that, if they couldn't breathe. You had to ask yourself as an HR person, are there any ADA implications here, Americans with Disabilities Act when a staff member said they couldn't wear a mask? Was there an opportunity to reassign those staff members to a different type of position where they wouldn't come in contact with anyone else and they might be able to not wear a mask. So we had to ask ourselves those types of questions and have a plan to address them during this.

Paul Kopack (00:16:39):
Resources. We are navigating unchartered waters here with with this pandemic. One of the things that I took advantage of is I've tried to take practically every available webinar. As you know, there are a lot out there. That's been a really big help to educating myself about this. I've also utilized our benefits broker, our general counsel, SHRM, the Society for Human Resource Management, our local Chamber of Commerce. I'm going to spend a little bit of time now on SHRM.org. It is an invaluable resource. If you're asking me, where did I get my temporary telecommuting policy? Where did I get my severance policy? Well, one of the first places that I researched was SHRM.org.

Paul Kopack (00:17:29):
You have to be a member to get this information. But it is an investment that's really well worth it. They have all kinds of policies, and templates, and articles, and COVID information. With the policies in that, you can use it because all of them contain reuse permissions. So you can take it and customize it for your FQHC which is what I've done. Something else that you might want to consider is networking with your fellow FQHC HR people. Well, you're doing that right now right on the webinar with us?

Paul Kopack (00:18:07):
But that is something that we were doing in our state before the pandemic, we used to meet three times in person a year. Now, we're doing it virtually. We're communicating a lot on a Trello board. It's
www.Trello.com. We post questions there. There are 30 FQHC's in Virginia, and then HR folks will answer the questions. Once they've been answered, we archive them. So they're there for future reference. But it's a great tool rather than emailing people back and forth to just set up one of those for our group, and we look forward to getting back in touch with each other in person in the fall.

Paul Kopack (00:18:57):
Encourage your C-suite to network with peers. We have a phenomenal CEO at our FQHC who has taken it upon himself to start a weekly. In fact, I was just on it right before this call. He has a weekly webinar with the other CEOs in the state. They in turn invite their CFOs, CMOs, HR people, a variety of people. They do a great job of supporting each other as they're dealing with all of this stuff, anything from PPE to budgets to what's your policy on scrubs for your nursing staff, today that we're talking about. So there's a wide variety of topics that are covered. They share with each other their successes and their challenges. So I would encourage you to consider that as well.

Paul Kopack (00:19:54):
Something else we do is we actively promote our employee assistance program. Ours happens to be aligned with our medical insurance, where it is available to not only those who take the medical insurance, but for anyone in their immediate household, whether they take our medical insurance or not, the first three visits are free of charge. It's a great resource, particularly now that people are going through so much. So we actively remind them about that resource and provide articles to them and other supporting materials. The other thing we've done is some people going through so much, we decided to advance some PTO during the pandemic. We still have a separate sick and vacation bank.

Paul Kopack (00:20:41):
So we have advanced 20 hours of vacation during this pandemic to particularly our folks who are new to the organization who have not accrued much paid time off or people who are in entry level positions who just naturally don't accrue a lot of PTO. So they have to sign a form and that they agree that should they leave the organization, they will pay that back so that's something we thought would be helpful. It's been very well-received.

Paul Kopack (00:21:17):
Okay. HR's Role During COVID, Guiding Employees Through Change. Getting back to what I said particularly with those who are working from home, regular check-ins with them. You might have folks that are working from home who you think, "Wow, they do their jobs really well." But they still are looking for some instruction and direction because this is very different for them working from home. So we have to be mindful of that. The next bullet talks about leading with empathy and compassion. With all the articles that I've read and webinars that I've attended, two of the three words I hear the most are empathy and compassion. I was thinking back to what's a quick example of where that's been used?

Paul Kopack (00:22:08):
I will have a supervisor come to me and say, "Oh, Johnny's not performing well on the job, I've talked to him. He's struggling in the position, I think I need to move them into disciplinary action." So what I will ask at this point, particularly now, I've always done it, but I do it even more so now is to ask the supervisor, "Have a talk with John and find out what's really going on with him. He may have some difficulties in his life at this point, before we just go into disciplinary action." So take a pause and find out
some more. That's a small way to demonstrate some empathy and compassion. Give your employees community by investing in their training now.

Paul Kopack (00:22:53):
When this happened, we all had to stop our in person training. So we stepped back and said, "Okay, we need to continue to do some training." I know here in Virginia, our legislature has come up with some new laws that that affect employment that I've got to get in front of my people. So we're going to have a 30 minute Lunch and Learn webinar from 12 to 12:30 while people are trying to grab a bite to eat for lunch. I'm going to condense the material and have been in an easy, digestible form for them to be able to understand and still understand what those changes are in the laws that we have coming about here.

Paul Kopack (00:23:35):
It's going to start July 1st. I'm doing it in another week and a half, I'm having the webinar. So we're looking at other ways we have a learning management system where itself, you learn yourself, you're going to go take your training on sexual harassment, awareness or avoidance, blood borne pathogen training. So instead of having all of that done by the employee themselves on their computer, we are taking some of those and some of the policies that they need to be reading and reviewing and acknowledging throughout the year, and we're putting them in small little half hour Lunch and Learn webinars.

Paul Kopack (00:24:15):
So we're going to mix up the delivery of the training that's going on. Communicating with your employees. We said, that's the third word that I've heard the most. Communication. You can't communicate enough, whether they're in the clinic or whether they're at home or whether they're starting to come back. You just can't do enough of it. Fostering resilience and leadership. I've also heard of ... I don't know if this is a sentence or a phrase. I've heard it and it's called clear is kind. I looked into that, and I thought clear is kind, what does that mean?

Paul Kopack (00:24:51):
Particularly during this time, we need to be clear with our employees. So when we're having conversations, and this goes to leadership, this goes to HR. We need to be clear and not put a spin on things. Even some difficult things that we have to talk to people about, doing it in such a way that we are kind and compassionate and empathetic. But still getting the message across is really important. Then leading with honesty, we need to address rumors head on. We need to be transparent as possible with our employees. As I said earlier, we need to avoid putting a spin on things, especially bad news.

Paul Kopack (00:25:50):
Continuing with our role during the COVID-19, providing clarity of purpose. Again, folks need to know about the direction the organization is going in. One other thing we do is we have weekly town halls with all our employees, our CEO insists on them. He's done a great job of bringing everyone up to date with where we are from anywhere from PPE to finances to anything and everything. It's a webinar and it gives employees, it's lunchtime, the opportunity for them to ask questions and have them answered. That doesn't have to be just answered by the CEO. It could be answered by anybody that's on the call. They have been very popular and very, very well-attended. making it easy for employees to get answers.

Paul Kopack (00:26:41):
Right away, I thought of HR with Apple here. I thought, we're getting a lot of questions now about COVID. anything from I know someone who might have tested positive to how does that affect me, and do I self quarantine? I mean, we're just getting a lot of those kinds of questions and we need to get back to them quickly. If we don't know the answer, research it, and get back in a timely fashion. Committing to employee health and safety probably. Nothing's more important than that right now. That's really uppermost in our minds.

Paul Kopack (00:27:16):
Building your internal community, we need to as we mentioned before about communication, this is the time to over communicate with your managers, with your teams, and with each other. Celebrating the future of work. This is an interesting, interesting concept. I shared some of the things that we're doing here. One of the things is we need to look at flexible workplaces. We are challenged, let's say in our administration area, we are in terms of space. So now that we've had a bunch of people working from home for three months, we are asking ourselves, "Can any of those people or any of those positions does it lend themselves to working at home permanently?" Then when they have to come in for a meeting or to check in with other people, maybe you have a hotelling station or something that they could sit at.

Paul Kopack (00:28:17):
So we have to look at things a little bit differently. Also look at a broader talent pool. We are still using door screeners. As we are putting people back to work and opening up three of our clinics that have been closed for the past couple of months, we're running out of people, so we're having to find door screeners which has been very difficult. So two members of our leadership team said, What about CNAs? We don't hire them. Maybe that's an opportunity to start to work with those types of positions and start out with them being door screeners.

Paul Kopack (00:28:54):
So we're looking at doing something totally different. We talked about training the remote workforce, utilizing webinars focusing on employee wellbeing, which we've already mentioned. The other thing that we're doing is we're piloting training of a small class of medical assistants. We are piloting and partnering with a local community college. We're bringing in a group of six that we're going to be involved with, even in the interviewing process. Our director of nursing and one of our lead nurses is going to actually on at our health center, conduct a good share of the training of those individuals. Then when they finish, they could have their externship with us. Then when they finish that, we have the first dibs on interviewing those six. As you you probably are experiencing like us, it's so difficult to get medical assistance. That is something that's unique and really speaks to accelerating the future of work. Now, we have another poll question. What's your biggest concern with employees returning to the office? Pick one of those five. If you can't pick just one, maybe no more than two. We'll give you time to complete that.

Paul Kopack (00:30:46):
(Silence).

Gerard Jolly (00:30:46):
Emily, if you can open the poll question for us. I don't know if we're able to see it just yet.
Emily DeMent (00:30:53):
Hey, Gerard. Yeah, I've opened it. Folks are already in the progress of-

Gerard Jolly (00:30:58):
Great.

Emily DeMent (00:30:58):
Answering it. Yeah.

Gerard Jolly (00:30:59):
Thank you.

Emily DeMent (00:31:00):
If you can't see the poll, it should automatically pop up for everyone. But if you can't see it, there should be three little dots and you should be able to open up the polling panel. So let me know if that works for you or ... It should automatically pop up for you though. Right now, I see we have about 75% of folks who have finished the poll. I'll go ahead and click the close poll. That'll just give folks about 20 seconds to finish up their poll, submitting their responses. All righty, I'm sharing.

Paul Kopack (00:32:02):
Okay, thank you. So it looks like social distancing came in at 36%. So a little more than a third of that, then we're a little bit ... The rest are more like 16, 19, 9%. So the 19% was employee engagement, so it dropped quite a bit. Tied for that was wearing their masks. Yes, that's a challenge. Employee productivity was not far behind. It's 16%. Then other, and I saw a couple of things coming in, scheduling. Let me see in the chat there, there are a couple of things that were mentioned. Scheduling and dealing with employee fears. Employee's afraid to come back. What are the laws surrounding making employees report back to work? I'm concerned about inter office transmission? Wow, these are good points. Well, we have time to to handle the Q&A, we could discuss those.

Paul Kopack (00:33:06):
So thank you for that. Reentry back to the office. I don't know how you folks are doing, we're trying to abide by the governor's directives here in our state. We're in a phase two pattern in our state here. So things are starting to open up. Our admin folks, for the most part, who most if not all, were working from home, this week, they're starting back. There may have been a couple that started the week before, but my team is starting back this week, starting one to two days a week. Then they're building up from there.

Paul Kopack (00:33:45):
So I have two folks that their chairs are less than six feet apart. So we've got the staggering the days that come in, so they're not there on the same day, at least just start. We'll see how we do with that. Continuing to wear a mask, wash your hands, practice social distancing. So we're still wearing masks. I'd even moved to one of our clinics, I moved my office down there, which is the furthest away from our administration. They're 30 miles away, we thought the idea of ... It'd be helpful to have someone in administration down there, and it has been helpful. So I've been starting out. In the last several weeks, I've been going one day a week. I'll work my way up from there. But the hardest thing is to remember
when you leave your workstation, or I'm fortunate enough to be in a private office, I have to put the mask on no matter where I go.

Paul Kopack (00:34:41):
So most people are complying with it, but every now and then, somebody forgets. Continue to utilize phone, instant message, email, webinars, minimize face to face, particularly when you have other options, like webinars, emails and instant messaging. Some physicians may work from home permanently, we're looking at that, particularly where you have space limitations. All we'll continue to work at communication. That's probably the most important word that we're getting from this is we have to continue to communicate and be very deliberate about it. Now we're ready for some questions.

Gerard Jolly (00:35:29):
Thank you very much, Paul. We want to open up now for the opportunity for any questions that we may have. I noticed that we have a few in the chat. But why don't we start with one, Paul, that you touched on just a little bit for us. That is are we are we required to notify all staff when a patient has tested positive? Even if staff involved in testing the patient was wearing appropriate PPE.

Paul Kopack (00:36:00):
Okay. Gerard, correct me if I'm wrong. That's the question we received yesterday. Is that correct?

Gerard Jolly (00:36:08):
That is correct.

Paul Kopack (00:36:09):
Yeah, that's the one I did have the opportunity to chat with our CMO about because I wanted to get her opinion on that. She was the one that said that they need to follow their protocol. Each center's protocol is going to be a little bit different. As I heard today, on the call that I was on, to do a temperature screen of our patients. But an FQHC an hour away from us in our state does not do that. She said we follow a different protocol.

Paul Kopack (00:36:41):
So sorry, that's not a good answer. But we don't have an answer. We don't have a one size fits all answer, because everybody's going to be a little bit different. We ask the questions, and we do take the temperature at ours, but not everybody's doing that. So you need to you need to develop your own protocol. I would see what some of your fellow FQHCs are doing and see you know if what they're doing makes sense for you, and also look at what your state's guidelines are from governor which is we have to look at that often.

Gerard Jolly (00:37:17):
Thank you, Paul. Another question was around are resources that you recommend for staff recognition and engagement?

Paul Kopack (00:37:30):
Boy, that's a great question. Staff recognition and engagement. We recognize when we had quarterly all staff meetings, we've switched them now to virtual through webinars. We did recognize, we had two
quick forms of recognition. We have cards, little index cards that all of our clinics, and pharmacy, and everywhere else, where they're called Wow Our Patients. It gives the patient an opportunity to identify who they saw that day for their visit who wowed them. Then we give them on the back examples of how they might have wowed the patient or they could fill in, "I saw this physician assistant and she was fantastic. Her care for me was incredible," blah, blah, blah. So then we tally those up. Those who get the most recognition get recognized. They also get a gift and a plaque and a prize. That's one quick way we do it.

Paul Kopack (00:38:42):
The other one is we have an internal brag wall on our company intranet. You say what's a brag wall? That's an opportunity for employees to go on the internet and to show, give an example of where someone or more than one person has demonstrated our core values, we have five core values. They typically do that. They thank them for something that they've done where they've gone above and beyond. So we tally those up, all the names of those people since the last time we've had an all staff meeting. That person gets a certificate and a gift and recognition in front of everybody. The hard part now is how do we do it with a webinar? So we're trying to figure that out. Our next all staff meeting is coming up on July 1st. So those are two quick ways. I'm sure our attendees have some great suggestions to share as well.

Gerard Jolly (00:39:46):
Thank you, Paul. I want to encourage our attendees, if you have questions for Paul to continue to post those in the chat box and in the Q&A. We'll try to get to as many as we can throughout discussion today. We'll be posting a Q&A and checklist on the NAHC website shortly as well. If you have ideas, as Paul noted for staff recognition and engagement resources, feel free to share those in the chat as well. The next question I note here, Paul, it notes that you mentioned door screeners. Are they located outside your clinic? If so, are you doing anything to help keep them comfortable during the summer months or during inclement weather?

Paul Kopack (00:40:37):
Yeah, right. Great question from David Murkwhite. Well, anyhow, thank you for that question, David. Yes, they are outside we have purchased a tent that they sit under, I should say an awning that they sit under. So they are shaded. They're well-hydrated. We provide plenty of water for them. We do give them a chance to take a restroom break or something like that. I think we're going to have to think ... Now, we're in great weather. Having a canopy over them, they're in the shade, and it's been fun. We're going to have to consider how we're going to move if we still need to be doing this in the fall, how do we move that indoors? So we're not there now. They're outside right now. Thank you for that question.

Gerard Jolly (00:41:34):
Thank you. We have a comment from Kara Manas "We're concerned about employee productivity and morale. Many do not wish to return to work, but do not have jobs that can be completed from home. What thoughts might you have about those situations?"

Paul Kopack (00:41:51):
Yeah. Kara, thank you for that. That's a great question. When we first started in the middle of March of the work from home, we've talked to our employees about the fact that you have to be in a position which lends itself to work from home. If you work at the front desk at a clinic, unfortunately, that
doesn't lend itself to working from home. So we did that upfront with them. I mean, there might have been a couple ... I think back, there's probably a couple of questions about it. But for them, I say about for 99%, it really was okay. I get it. It makes sense.

Paul Kopack (00:42:31):
You mentioned here, "We're concerned many do not wish to return to work, but do not have jobs that can be completed from home." I don't know what to tell you. If their position is ... Again, it gets back to the safety in the workplace. If you can assure them that they're coming back to a safe place. Like I said, we're still wearing masks. So when they come back, our administration people are the ones who more of them worked from home, although we had others. We had nurse care managers working from home and others are working from home as well. As they're starting to come back, they're seeing that the people that are there are still wearing masks. They are separating themselves six feet apart. They are washing their hands frequently. So I think to the extent that you could show them that it's safe to come back, impress that upon them and ensure that it is safe for them to come back, hopefully it will allay their fears.

Gerard Jolly (00:43:31):
Thank you. Carol Vincent asks, "Do you have a policy for when a staff member returns to work after an out of state vacation?"

Paul Kopack (00:43:42):
Yeah, well, not so much out of state, but out of country. If they came back from ... Right when this thing broke, I came back, my wife and I came back from a cruise on March 11th. The first call I got, that was a Wednesday, on that Friday was, "Hey, I know you're coming back on Monday." It was my CEO, who said to me, "I want you to self-quarantine for 14 days." So I did it. So I was one of the first to work from home. So we do it for out of the country, out of state. We haven't quarantined if you go ... Like we're in Virginia, if you go to West Virginia or Maryland, we don't have you self quarantine. So I guess it depends on your center and your state and how they look at that. That's a great question, though, Carol, thank you.

Gerard Jolly (00:44:32):
Thank you, Paul. Another question, "We're concerned about employee productivity." No, that's a different question we already asked. So let's try this one. "We are considering providing staff with a document that covers both our recommendations and requirements for safe social distancing during their shift, this covers during patient care and other times when they might working alone. If we have them sign off to acknowledge receipt, will we be creating any legal concerns?"

Paul Kopack (00:45:09):
Yeah, that's from Jenny. Thank you, Jenny, for that question. One of the first thoughts I had when Gerard read that question is that do you have a policy in your FQHC to fall back on which would somehow reference this, even at a broad level. I think that would put you on firmer footing if you did, because you could always refer to that. In the absence of that, as long as, "Okay, the document covers our recommendations and requirements," okay. They're recommendations and requirements were saved social distancing during your ship, this covers during patient care and others times when they might be working alone, we have them sign off.
Paul Kopack (00:46:03):
As long as you provide that to everyone and don't single any person out or any positions out, you're putting yourself in on firmer footing. I'm not an attorney. But the first thing I think back to is, do I have a policy which would help me back up why I'm doing this? In the absence of that or if you don't, you say, "Well, maybe I should have a policy, you could always create one." But if you don't want to have one, I think I would socialize this first and say, "This is something we're doing, and you're going to be getting this, and you're all going to be getting it, and we ask you all to sign it. Because our goal is to create a safe workplace as we can for you. That's why we're doing it." So you're doing it out of concern for their safety and health.

Gerard Jolly (00:47:08):
Thank you. Thank you, Paul.

Paul Kopack (00:47:09):
You're welcome.

Gerard Jolly (00:47:09):
Another question. This question is from Hoa Du, "Does your clinic provide financial assistance to employees who had to stay home due to COVID? Who exhausted all paid time off, sick leave, but still are unable to return to work?"

Paul Kopack (00:47:30):
Okay, Hoa, thank you for that question, financial assistance to this. Well first of all, you have to see if they qualify. Do they meet one of the six qualifications under the FFCRA? If they do, the first three are about your own, having the COVID virus, and if they are, there is the emergency sickly which is up to 80 hours. Then after that, if they're still ... See if they qualify under the Emergency Family Leave Act. Both of those are component pieces of the FFCRA. If you're caring for someone who has the virus or you yourself have it, you may be covered under that, and then you're covered, you will receive your salary during that.

Paul Kopack (00:48:36):
Now the numbers four, five and six of the qualifications pertain more to an employee who has children and their daycare has dried up due to this virus. They don't have anybody. There's no family, there's no friends, their daycare closed, and that sort of thing. So if they have to stay home, they can get relief also under the FFCRA and the emergency family leave for 10 weeks, but that's a two-thirds of their salary. They can supplement any accrued paid time off they have to bring it to 100%. But that's only two-thirds of their salary. So those are options I would explore. There are six qualifications to see if your particular employee may meet those qualifications.

Gerard Jolly (00:49:33):
Thank you again, Paul. We have a question from Huette Wikong, "When reduction hours, staff was allowed to take pay time off or leave without pay to keep their full time pay. It takes PTO, if they take the PTO, status and benefits. Now, returning to work, do staff request PTO or leave without pay to work their side jobs since they're not as busy? Can they say no?"
All right, let me re-read that one. Reduction in hours, staff was allowed to take PTO or leave without pay to keep their full-time pay, takes PTO so then ... Now returning to work, few staff request PTO or leave without pay to work their side jobs since we're not as busy. Can we say no?

Well, the first thing I think about, Huette, thank you for that question. Is their job with you is their primary, you're their primary employers. So when this comes up even outside of the pandemic, where employees say, "Well, I can't. I got to leave earlier today because I have my part time job," We remind them that their job with our FQHC is their primary position. We are not going to make accommodations in this shift that they have agreed to work so that they could leave early and go to their second job. So I would say that that would carry forward now during the pandemic as well. So if you need them there, Huette, and you don't want to be letting them go to go to their second job, then yes, you can say no.

Okay, Tanisha, I'm trying to ... So when you say supplemental income, healthcare employees. Oh, she's talking about the health care exemption. FQHCs, healthcare positions, the organization has to make a determination whether they're going to enable the employees to be qualified under it. We made that decision at our FQHC. Some hospitals and FQHCs may not do that. They might say no. Those certain positions, I need my surgeons, I need my nurses, I need my ... So that they're not qualified under the FFCRA. So that's a decision that your organization needs to make. If your organization makes the decision that they are, that they're not exempting any healthcare positions, then if they meet one of the six qualifications, then they qualify, and they're going to get the money that goes with it. If your organization says no, let me just make something up. I can't let any provider, my providers are exempt.

Well, if the organization says that and a provider comes down with COVID, has to take care of somebody with it or their child care evaporates, then that provider is in a position which his or her organization has said, "You're exempt from it. So it doesn't it doesn't apply to you." So that's decided FQHC by FQHC.

That's a great question. That's a great question. Business was down, as I said, when the crisis, when the pandemic first started, our patient volume was down 50%. Looking at it just from that pure economic standpoint, if that's the case, and a person met one of the qualifications, and you said, "Hey, there's not enough work for me right now. We're just getting telehealth going." You'd really be hard pressed to be able to say to that person, no, I can't let you. You're not going to be able to take advantage of this because they need you. During that brief period of time, you really didn't need them. So I'm not sure if
that answers your question. But that was a decision that our FQHC had made at the time. Just decided that they weren't going to exempt, so that's where we'll end it.

Gerard Jolly (00:54:48):
Thank you very much for your presentation today, Paul, as well as for answering the wealth of questions that have come in. We still have questions coming in, and we appreciate that. Time will not allow us to answer all of your questions today. But we will be posting those questions to our FAQs, so that we can have those answered on our website. So please continue to add your questions through the chat as we go through the remainder of our time here today. Paul, I'm going to ask you to give me the ball if you would, and then we will consider some resources that may be available for folks who are looking for resources. Thank you very much.

Paul Kopack (00:55:41):
You're welcome.

Gerard Jolly (00:55:50):
So I want to encourage you to mark your calendars for next Wednesday, May 17th. We will be hosting a Leadership Office Hour, addressing reflections on alternative scenarios for the pandemic recovery. So some of your colleagues in the health center field have shared insights and perspectives on what are some of the most likely, the worst and the best case scenarios for recovery from the pandemic? We'll be examining with Eric Mead, who is an award winning author, futurist and Principal of Whole Mind Strategy Group who conducted those interviews. Just what are the results of that and just how ... What would happen to just even the past we can have with the various protests, the various economic unpredictability? Just how those things may affect what the various scenarios would be for the future. Examining those scenarios of recovery can help to better prepare you as health centers to be agile and adaptive to any of the new realities that you may face. So I encourage you to join us for that webinar next Wednesday.

Gerard Jolly (00:57:16):
If you're looking for COVID-19 resources, NACHC has been curating those on our website at NACHC.org/Coronavirus. So we encourage you to check out those resources. If you don't have the slides for this session, the slides will be made available to you after this session. So you'll have this information available to you. We also encourage you to connect with your colleagues and share your resources, ask your questions about COVID-19 in the community health center, or COVID-19 networking group via Noddlepod. If you're interested in accessing that networking group, please email Susan Hansen at SHansen@NACHC.org.

Gerard Jolly (00:58:04):
She'll get you invited to that networking group where you can see a broad range of information on COVID-19 resources from a number of our partners as well as you'll be able to again, share information and get your questions answered. You can also find resources on everything Health Center at www.HealthCenterInfo.org, which is the Health Center Resource Clearinghouse. There you'll find resources from the 20 National Training and Technical Assistance Partners that support health centers in their work. So we encourage you to visit HealthCenterInfo.org for resources on everything from work 40 to finances to clinical support and care delivery.
Lastly, we want to Just say thank you again to Paul Kopack for leading our discussion today. We want to thank you all for joining us. We want to thank our partners with HRSA and the Bureau of Primary Health Care for their support for this work. They do want us to know that this project is supported by HRSA and is part of an award to NACHC with zero percent of that finance with non governmental sources. Though the contents of this session are both of the authors and do not necessarily represent the official views of nor an endorsement by HRSA, HHS or the US government, if you want more information, please visit HRSA.gov. So again, we thank you all for joining us. We ask that you continue to be safe and well. We hope to see you with us again next Wednesday. Thank you, everybody.

Gerard Jolly (00:59:56): (Silence).

Paul Kopack (01:00:02): Thank you, Gerard.

Emily DeMent (01:00:03): Thanks, everyone.

Paul Kopack (01:00:15): Thanks, Emily.