

CORONAVIRUS DISEASE 2019 (COVID-19)

Overview: COVID-19 Department Usage for Labor Costs



Audience: Management Teams

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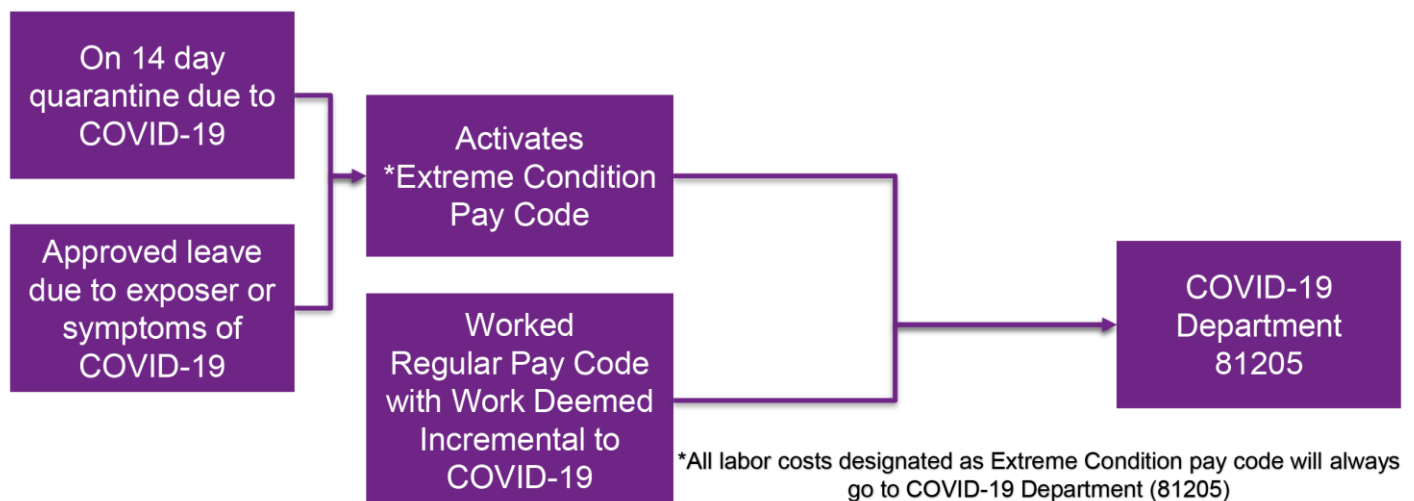
Version: Version #1

We appreciate your support as we work Together to ensure the safety of our patients, and community at large

COVID-19 Department (81205): Related to Labor Costs

During this unprecedented health care pandemic, expenditures will be incurred that are above and beyond normal and historical operating expenses. Business operations will likely experience interruption that will require staff to be deployed to other areas or tasks outside their normal day-to-day activities. In order to appropriately track and monitor these unusual and incremental labor costs associated with activities supporting the COVID-19 pandemic, leaders are to use COVID-19 Department (81205).

How Labor Costs Transition to the COVID-19 Department



When Labor Costs Can be Charged to the COVID-19 Department (81205): An Overview

There are two ways that labor costs can be assigned to the Covid-19 department:

1. Via the special Extreme Condition pay code set up for specific purpose(s). See **A** below for details
2. Via a direct charge in the respective time-keeping system (Kronos, API, etc.). See **B** below for details.

A: For up to the first 14 calendar days related to a colleague's need to be quarantined – with or without symptoms at time of quarantine – paid leave will be provided to colleagues. Colleagues will not need to use hours from PTO or Sick banks during that period, for up to 14 days. Approved administrative leave is required to use this pay code.

For example, if a colleague is placed on approved administrative leave due to exposure or symptoms of COVID-19 – as a result of prolonged close contact with a person who is confirmed or suspected to have COVID-19, and the colleague is not able to work from home while on this leave – the colleague will receive his/her base rate of pay. The rate is based on the applicable FTE status, for up to 14 calendar days, from his/her most recent exposure.

B: Non-exempt colleagues who are reassigned to work on COVID-19 activities – such as screening patients in the emergency department, etc. – should transfer hours worked on COVID-19 activities to the COVID-19 Department within the timekeeping systems.

However, the time for exempt colleagues—who work on COVID-19 activities—will continue to be charged to the home departments. For example, an exempt accountant or other administrative staff – even if they volunteer and are not specifically re-assigned to assist with COVID-19 activities – the cost of their hours worked remain in the home department. Note: exempt colleagues are not eligible for overtime.

What Worked Labor Costs Should be Charged to COVID-19 Department (81205)?

Only **incremental hours incurred to support COVID-19 activities** that are **NOT** a part of typical direct patient care and/or day-to-day activities are to be charged to 81205.

Examples of regular worked pay codes to charge to COVID-19 department include:

- Non-exempt colleagues reassigned from day-to-day activities and assigned to COVID-19 activities such as screening locations, testing areas, organizers of COVID-19 activities, etc.
- Any additional and/or incremental support colleagues needed to address increased COVID-19 standard patient demand such as security, environmental services or other personnel.
- Non-exempt colleagues who volunteer for shifts – such as screening patients in the emergency department (ED) – will transfer time in timekeeping to the COVID-19 department.
- The Wellness Center shuts down and non-exempt Wellness colleagues come in to assist in a COVID-19 related activity assigned by Incident Command; these hours are to be charged to 81205.

NOTE: Clinicians who perform their regular jobs in multiple departments should continue to charge their worked hours to the respective assigned departments. Example: a contingent RN is assigned to 3N, works on 3N, and charges worked hours to 3N. If the RN's assignment is changed to the ED, then the worked hours are charged to the ED.