

## ASPR TRACIE Technical Assistance Request

**Requestor:**

**Requestor Phone:**

**Requestor Email:**

**Request Receipt Date (by ASPR TRACIE):** 11/4/2015

**Request Completed:** Initial response provided on 11/6/2015; Updated/ Final response provided 11/23/2015

**Type of TA Request:** Standard

**Request:**

██████████ is looking for examples of Ebola staff compensation plans from healthcare facilities around the United States in order to inform [their] HR department about how other medical facilities are reimbursing their staff while they are caring for an Ebola patient. ██████████ noted that their hospital is one of the regional Ebola treatment centers and their HR department is specifically asking her for this information and specifically want sample plans/policies. They have already reached out to hospitals in Colorado, Nebraska, and Emory, but would like more examples as their HR department would like to review several plans/policies before making any decisions. They are specifically looking at increased level of compensation while staff is providing care to an Ebola patient. Information on hazard pay and incentives could be helpful as well. And they would likely be receptive to plans/policies on other high hazard compensation plans, like other highly infectious diseases or other CBRN situations, as examples.

**Response:**

There is anecdotal and news media references to incentive pay for Ebola patient management, but there are no plans or policies from healthcare facilities easily searchable, on-line. There is information on African workers and hazard pay, and there are legal resources related to refusal to work. There are some Human Resource (HR) resources, but many are from private law firms. There are also resources available that discuss Worker's Compensation and eligibility with regard to contracting Ebola.

From the information received in ASPR Staff, from subject matter experts, and a few relevant articles/resources, we found the following:

- Emory may have offered hazard pay for the care of a high-risk Ebola patient. We reviewed their publicly available protocols for this policy, but it was not included. Patient treatment was restricted to those members of their Special Containment Disease Unit, so members of that team may have separate compensation rules. Need written policy, if it exists.
- Washington Hospital Center offers Registered Nurses (RNs) \$30/hour above their hourly base pay for care of a patient with Ebola. Need written policy.

- Charleston, SC based Medical University Hospital issued a press release stating hospital staff who volunteer to care for Ebola patients will receive extra pay. Dr. Danielle Scheurer, Chief Quality Officer, is quoted in the article. No plan or policy available online.
- The Minnesota Department of Health Science Advisory Team recommended volunteer recruitment only, with 'perks' like meals and potential housing as the only additional expected compensation aside from 'usual' on-call pay or other minor benefits. Offering up front to pay additional money was regarded as a potential for indirect coercion if the provider needed extra money for other life needs. However, this would not preclude the institution from paying a 'bonus' after care was completed as long as this was not an expectation going in.
- The University of Michigan signed a MOU with the Michigan Nurses Association that addresses a number of rights and responsibilities including protecting pay and benefits should nurses become infected or be ordered into quarantine, but there is no mention of increased pay.
- The American Bar Association issued an article that states, “In an effort to avoid – or at least mitigate significantly the risks associated with – refusal to treat scenarios, many healthcare providers have implemented a “volunteer Ebola response team” program that allows workers to volunteer for additional training (and often extra “hazard” pay) as front-line defenders and responders to infected patients.” There are no relevant citations in the article to back up this statement, however. There is a vague reference to this article ([Henderson Hospital Holds Ebola SWAT Team Drill](#)), but that article does not mention incentive pay. The hospital is Pardee Hospital in Henderson, South Carolina.
- As per Feintzeig (2014), at the time the article was written, “Mount Sinai and several other hospitals said they [didn’t] plan to give extra pay to those caring for Ebola patients.” An employment lawyer quoted in the article also advised against hazard pay, but noted that giving bonuses afterward could be acceptable, though this can cause morale issues, and other workers potentially seeking bonuses for other challenging, hazardous situations.
- Governor Cuomo – New York – discussed a military style benefits package for medical professionals going to Africa, where their regular jobs would not be affected if they volunteered to go. He also mentioned arranging pay for workers in quarantine on return, but no mention of packages for treating domestic patients.

### Update on 23 November 2015

Based on the findings listed above, ASPR NHPP reached out to the National Ebola Training and Education Center (NETEC) to request any documents they have and requested plans and policies directly from the following entities:

- Emory University Hospital
  - Information was sent from Emory directly to [REDACTED].
- Nebraska
  - Information was sent from Emory directly to [REDACTED].

- Washington Hospital Center
  - “At this time our RN/ED Techs do not receive a pay differential or any other subsidy but that practice is under review by administration and Nurses United. No other member of our BCU providing patient care receives a subsidy at this time either. Our contract with RN staff does address what would happen if a nurse was exposed while at work and needed to be off of work. We also have addressed this issue for other non-nursing members of the BCU Team.
  - No written policy to share
- Medical University of South Carolina Hospital
  - “All volunteer members of the Specialized Medical Unit Team for High Risk Infectious Disease receive a \$10.00/hr increase above their base pay and shift differentials during activation and deployment”
  - No written policy to share
- University of Michigan
  - No additional policy beyond the MOU provided in our initial response.
- Pardee Hospital (Henderson, SC)
  - No response to our inquiries.
- New York State Department of Health for any State-based plans
  - No plans were developed at the State level.

## Research Findings:

Bebinger, M. (2014). [6 Mass. Hospitals Collaborate On Ebola Response Plan](#). WBUR’s Common Health Reform and Reality.

This article discusses how hospitals in Massachusetts planned to care for Ebola patients (each would be prepared to care for one patient). The article notes that “there is no uniform policy for staff who treat Ebola patients in Massachusetts hospitals,” and that staff would come and go for their shifts as they normally would, taking their temperatures twice per day.

Breggerman, W. (2014). [Cuomo Plans Army Style Benefits Package for Ebola Doctors](#). Observer News.

This article discusses Governor Andrew Cuomo’s plan to incentivize New York based healthcare professionals to travel to West Africa to provide care. The article discusses a military style benefits package for medical professionals going to Africa, where their regular jobs would not be affected if they volunteered to go. The Governor also mentioned arranging pay for workers in quarantine on return, but no mention of packages for treating domestic patients.

Feintzeig, R. (2014). [When Ebola Is a Workplace Issue](#). The Wall Street Journal.

This article summarizes concerns expressed by healthcare workers from across the country regarding having to care for Ebola patients, as well as some of the human resource approaches hospitals are taking. Hospitals cited in the article were not offering hazard pay at the time they were interviewed, and were generally replying on “volunteers” to care for Ebola patients. Legal issues related to forcing healthcare workers to work after refusing to do so, as well as providing hazard pay or bonuses afterwards, are also noted.

Hanfling, D. E-mail Communication. November 4, 2015.

Dr. Hanfling noted that Emory emphasized recruitment of an all-volunteer force, with "hazard pay" offered for the care of a high risk patient. He also shared that Washington Hospital Center offers RNs \$30/hour above their hourly base pay for care of a patient [with Ebola]. Participation and training is voluntary, and this is written into their nursing contract.

Harnett, C. (2014). [Learning From Ebola](#). Human Resource Executive Online.

This article reviews human resource policies and procedures employers should consider evaluating and modifying in consideration of infectious disease outbreaks such as Ebola. Issues such as travel bans; compensation for employees if quarantined; and payment for experimental treatments outside of standard health insurance plans, are discussed.

Hick, J. E-mail Communication. November 4, 2015.

Dr. Hick shared that the Minnesota Department of Health Science Advisory Team recommended volunteer recruitment only, with 'perks' like meals and potential housing as the only additional expected compensation aside from 'usual' on-call pay or other minor benefits. Offering up front to pay additional was regarded as a potential for indirect coercion if the provider needed extra money for other life needs. However, this would not preclude the institution from paying a 'bonus' after care was completed as long as this was not an expectation going in. (Need to rely on intrinsic vs. extrinsic motivators to agree to provide care).

Hodge, J. (2014). [Emergency Legal Preparedness Concerning Ebola: A Primer](#). The Network for Public Health Law.

This presentation reviews the Ebola outbreak of 2014, as well as legal issues for consideration by emergency planners here in the U.S. Issues related to healthcare worker refusal to work and worker's compensation for healthcare workers that contract Ebola are discussed, but there is no discussion of hazard pay for healthcare workers.

National Nurses United. (2014). [Ebola-Related Bargaining Demands](#).

This resource lists the National Nurses United Bargaining Demands for negotiating with healthcare facilities on ebola-related issues. Issues addressed include Standards, Training and Equipment, Infectious Disease Task Force, Medical Services for Employees, and RN PTO/Sick Time. While this document does not explicitly address pay, it does demand supplemental insurance coverage for ebola and certain additional considerations that may be helpful to the requestor in crafting their hospital policy.

Peters, M, et al. (2014). [Ebola in the Workplace: Balancing the Rights and Responsibilities of Healthcare Workers](#). American Bar Association Health ESource.

This article addresses several legal aspects of policy development for ebola patient management including EMTALA, Licensure, and Discipline and OSHA requirements. There is a reference to incentive pay, but no relevant citations to further investigate.

Punke, H. (2014). [In Light of the Ebola Outbreak: 3 Considerations for Hospitals Dealing with Infectious Disease](#). Becker's Infection Control and Clinical Quality.

This article focuses on three key business aspects of treating patients with highly infectious diseases: communication; human resources and staffing; and HIPAA concerns.

Sausser, L. (2014). [MUSC volunteers will be paid more to treat Ebola](#). The Post and Carrier.

This article discusses the Medical University of South Carolina's plan to pay staff incentive pay to care for Ebola patients.

University of Michigan. (2014). [Memorandum of Understanding: Ebola Preparedness from October 2014 through December 31, 2015](#).

This resource is the Memorandum of Understanding signed by the University of Michigan and the Michigan Nurses Association addressing the care of ebola patients and the facility preparation. Key issues include training, planning, personal protective equipment, and pay and benefits.

University of Minnesota, Center for Infectious Disease Research and Policy. (2009). [Doing Business during an Influenza Pandemic: A Toolkit for Organizations of All Sizes](#).

This toolkit is intended to provide business leaders that are new to pandemic planning with information regarding high-priority Human Resources (HR) issues related to business operations during influenza pandemic. While some of the links in the presentation are outdated, the presentation provides a valuable overview of issues and tasks.