

COVID 19

Advanced Practice Provider Redeployment Tool Kit

Guide to Rapid Assessment & Implementation

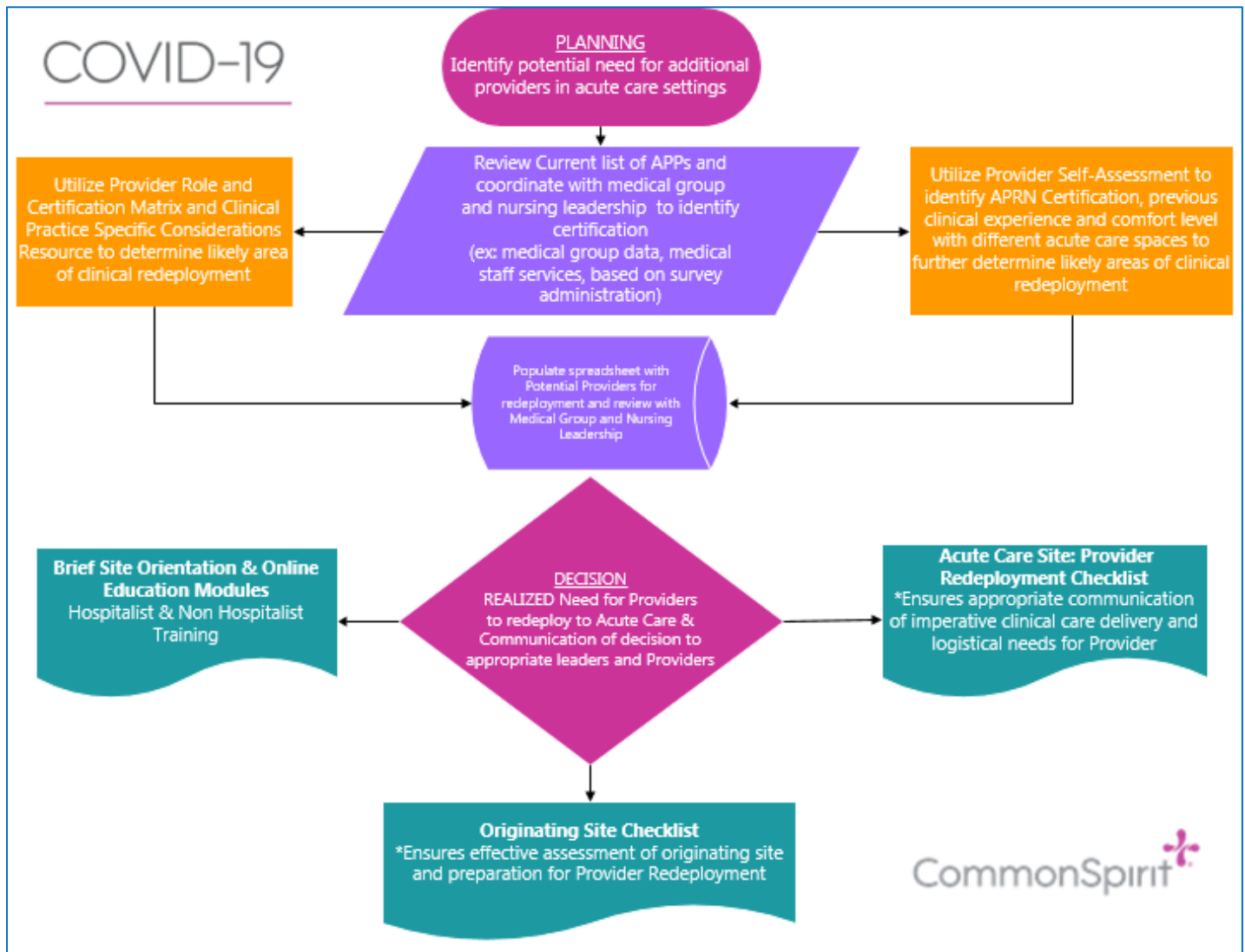


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Advanced Practice Provider Redeployment Tool Kit “How-To” Guide



APP Redeployment Role and Certification Matrix

	Hospitalist <i>Virtual or Face to Face</i>	Emergency Room <i>Virtual or Face to Face</i>	Intensive Care Unit <i>Virtual or Face to Face</i>	Skilled Nursing Facility <i>Virtual or Face to Face</i>	Primary care sick visits <i>Virtual</i>	Routine Primary Care Follow UP <i>Virtual</i>	Call Center Triage	Virtual Clinic Chat Room	Notes
FNP / ANP <i>(Primary Care NP)</i>	X*	X*		X*	X	X	X	X	*Dependent on patient acuity and prior role experiences
ENP <i>(Emergency NP)</i>	X	X	X*	X			X	X	Dependent on specialty area and prior role experiences
ACNP <i>(Acute Care NPs)</i>	X	X	X	X			X	X	Dependent on specialty area and prior role experiences
CNS							X	X	
CRNA		X	X						
PA	X	X	X	X	X	X	X	X	Dependent on specialty, and prior role experiences
CNMs							X	X	
							These items may not be utilizing an APP to the fullest extent of licensure, but may be appropriate during crisis situations		

APP Clinical Practice Specific Considerations

Current APP Role	Area for potential redeployment
<i>Outpatient Clinic</i> Surgical or Medical Specialty APP	May be best suited for Virtual clinic with outpatient triage and structured algorithm based treatment protocols
<i>Inpatient Rounds</i> Surgical or Medical Specialty APP	May be best suited for cross training to ED, inpatient hospitalist or ICU care depending on usual patient population. Virtual or Face to Face visits dependent on demand
Internal Medicine Practice Outpatient Clinic	May be best suited for ambulatory Virtual Clinic Staffing OR cross training to Inpatient Hospitalist Virtual or Face to Face visits
Family Medicine Practice Outpatient Clinic	May be best suited for ambulatory virtual clinic staffing
CRNAs	May be best utilized in ICU/floors – vent management or line placements
CNMs	May be able to provide first assist support
Palliative Care APP	Ethics and end of life decision making

Physician and APP Assessment for Skills, Certification and Experience

This self-assessment is meant to provide information to medical, nursing and administrative leaders in the event that reassignment of providers or development of labor pools is needed in preparation for surge planning or prolonged crisis management.

The assessment is currently available in the following formats:

- Survey Monkey format (it can be transferred to your account if you would rather manage the survey),
- Google Forms or
- Word document:

[APP_Self-AssessmentExperienceSkills](#)

Please reach out to barbaramartin2@catholichealth.net with any questions about the assessment or assistance with the tools.

Self-Assessment Overview

For the purposes of this document the term Advanced Practice Provider refers to the following professional roles:

Physician Assistants (PAs)

Advanced Practice Registered Nurses (APRNs) – This title includes four different nursing roles, each with a distinctive educational preparation and scope of practice:

- Nurse Practitioner (NP)
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)

The questions asked in the self-assessment cover the following topics:

1. Demographic information
2. Provider education and certification
3. Current and previous practice setting as a provider
 - a. Primary population served
 - b. Years of experience
4. Previous experience in other health care professional roles (RN, EMT, respiratory therapist)
5. For those with prior nursing experience: Experience and comfort with acute medical surgical, ICU, ED and labor and delivery
6. For all providers: Experience and comfort working in an acute care setting, triaging respiratory and non-respiratory illness, and providing virtual care in new practice settings
7. Self-assessment of skills (intubation, ventilator management etc.)
8. Comments/other useful experience during pandemic
9. Interest in redeployment to new market if that is an option/enterprise need

Brief Site Orientation & Online Education Hospitalist and Non-Hospitalist Training

ON-SITE ORIENTATION	<u>Completed</u>
Brief site tour, if needed.	<input type="checkbox"/>
Clarify work schedule (days and times) at local site including call days as applicable	<input type="checkbox"/>
Orientation to AM (shift beginning), PM (end of shift), and weekly (end of work week) sign-outs	<input type="checkbox"/>
Overview of admission policy at local site <ul style="list-style-type: none"> ○ Overview of site specific consultation availability and policy ○ Overview of site specific availability of procedures/diagnostics ○ ICU admission policy 	<input type="checkbox"/>
Share and review standard note templates using EHR templated phrases. <ul style="list-style-type: none"> ○ History and physical ---- Consultation ----Progress note--- ○ Discharge summary----- Death summary--- ○ Brief/Pick up note [a truncated progress note for same day visits as needed]- 	<input type="checkbox"/>
Orientation to order sets/power plans and protocol tools available for specific medical conditions/medications- <ul style="list-style-type: none"> ○ Create order set/power plan favorites in EHR General medical admission, general discharge, critical care admission, CHF, COPD exacerbation, Pneumonia, CVA, rapid rule out, sepsis protocol, subcutaneous insulin, blood product administration, Inpatient transfusion free medicine program, insulin infusion, electrolyte replacement- med-tele/critical care, transfer from critical care, comfort care, ventilator bundle, etc	<input type="checkbox"/>
Charge capturing/problem listing in EHR	<input type="checkbox"/>
APP cosigning process, if applicable and physician expectations	<input type="checkbox"/>
Orientation for patient transfers/acceptances	<input type="checkbox"/>
Accepting patients from ED during admitting/evening shifts, and appropriate maintenance of holdover list <ul style="list-style-type: none"> ○ Write transition orders after accepting patients 	<input type="checkbox"/>
Orientation to pharmacy services at local site (e.g. Coumadin protocol, pain management, antibiotic & heparin dosing, etc)	<input type="checkbox"/>
Medication reconciliation at admission, discharge, downgrades	<input type="checkbox"/>
Discharge and readmit process for inter hospital transfers	<input type="checkbox"/>
Timely death summary in EMR using Death note template	<input type="checkbox"/>
Orientation to rapid response and code blue procedures	<input type="checkbox"/>
Orientation to home health and SNF discharge (additional paperwork needs)	<input type="checkbox"/>
Use of Safety first, IRIS and patient grievances processes to improve patient care.	<input type="checkbox"/>
Utilization management resource in general	<input type="checkbox"/>
Disruptive patient policy, and AMA policy	<input type="checkbox"/>
48 hour rule for Inpatient vs. Observation status	<input type="checkbox"/>
General orientation to virtual coverage, where applicable	<input type="checkbox"/>
Hospital CDI queries	<input type="checkbox"/>
Quality and Productivity dashboards	<input type="checkbox"/>
Signing up extra shifts	<input type="checkbox"/>
Confirm if policies and procedures or location have been shared by Admin director	<input type="checkbox"/>

EDUCATIONAL RESOURCES

Society of Critical Care Medicine - <https://covid19.sccm.org/nonicu.htm>

CLINICAL RESOURCES	Completed
Recognition and Assessment of the Seriously Ill Patient	<input type="checkbox"/>
Airway Management	<input type="checkbox"/>
Airway Assessment and Management	<input type="checkbox"/>
Critical Care for Older Adults	<input type="checkbox"/>
Diagnosis and Management of Acute Respiratory Failure	<input type="checkbox"/>
Mechanical Ventilation I	<input type="checkbox"/>
Mechanical Ventilation II	<input type="checkbox"/>
Diagnosis and Management of Shock	<input type="checkbox"/>
DISASTER PREPAREDNESS	
ICU Microcosm Within Disaster Medical Response	<input type="checkbox"/>
Augmenting Critical Care Capacity During a Disaster	<input type="checkbox"/>
Disaster Triage and Allocation of Scarce Resources	<input type="checkbox"/>
Sustained Mechanical Ventilation Outside Traditional Intensive Care Units	<input type="checkbox"/>
Biohazard Disasters: Natural and Intentional Outbreaks	<input type="checkbox"/>

Society of Hospital Medicine Modules - Create a free SHM account for educational modules

SHM COVID 19 (click for link to SHM resources)

	Completed
SHM CONSULTS CORE CURRICULUM ** LARGE FOCUS ON PERIOP HOSPITALIST CONTENT**	<input type="checkbox"/>
VTE Prevention in the Hospitalized Medical Patient	<input type="checkbox"/>
Managing Diabetes and Hyperglycemia in the hospital: Focus on Non-Critically Ill patient	<input type="checkbox"/>
Managing Diabetes and Hyperglycemia in the hospital: Critically Ill and Surgical Patient	<input type="checkbox"/>
Diagnosis and Management of Acute Mental Status Changes: Delirium	<input type="checkbox"/>
Fluid Resuscitation in the Critically Ill	<input type="checkbox"/>
Managing Complications of Liver Cirrhosis	<input type="checkbox"/>

Elsevier - <https://covid-19.elsevier.health/#toolkits> (click link for Provider Elsevier resources)

			Completed
CC_032	Critical Care	Mechanical Ventilation Volume and Pressure Modules	<input type="checkbox"/>
GN_08_2	General Nursing	Isolation Precautions: PPE	<input type="checkbox"/>

CommonSpirit Health COVID Publications

	Completed
<u>C5 Algorithms</u> <ul style="list-style-type: none"> ○ Clinical Management Guidelines ○ Proning for COVID 	<input type="checkbox"/>
Blood Utilization Protocols	<input type="checkbox"/>
Scarce Resource Utilization Guidelines	<input type="checkbox"/>
PPE Donning & Doffing & competency assessment	<input type="checkbox"/>
PAPR & CAPR	<input type="checkbox"/>

Acute Care Site: Provider Redeployment Checklist

The goal of this document is to assist healthcare systems effectively repurpose Advanced Practice Providers in to an acute care facility, outside their usual practice area, in a manner consistent with high quality care delivery, in order to meet rapidly demanding rise in healthcare needs.

Topic	Detail	Complete
Assess Need for APPs in Acute Care areas and availability for redeployment	Review current list of employed APPs (Lawson-CHI ; Cactus – DH)	<input type="checkbox"/>
	Prioritize areas of need/ gaps in patient care: hospitalist, intensivist, ED, ICU, Med Surg	<input type="checkbox"/>
	Discuss ability for virtual vs. face to face provider needs	
	Prioritize providers likely appropriate for redeployment based on criteria matrix * (skill set, current patient volume, certification, etc)	<input type="checkbox"/>
	Create list of identified providers likely needed to be redeployed	<input type="checkbox"/>
Communication	Discuss plan for redeployment for with APPs direct supervisor and/or collaborating physician	<input type="checkbox"/>
	Discuss transition plans with APPs and leadership to ensure clear scope and role clarity	<input type="checkbox"/>
	Discuss reassessment time frames for redeployment strategies (q 1 month, 2 months, 3 months?)	<input type="checkbox"/>
	Temporary reporting structure changes	<input type="checkbox"/>
	Liability Coverage	<input type="checkbox"/>
Logistics	Computer/ Microphone/ Video Camera	<input type="checkbox"/>
	Electronic Documentation Station	<input type="checkbox"/>
	VPN/Duo	<input type="checkbox"/>
	Prescriptions/ Diagnostic Imaging	<input type="checkbox"/>
	State Licensure requirements	<input type="checkbox"/>
	- NP full, reduced, restricted authority	<input type="checkbox"/>
	- PA: state boundaries	<input type="checkbox"/>
	- Collaborative Practice Agreement requirements and with which physicians	<input type="checkbox"/>
Telemedicine Expectations (if applicable)	Ramp up time period defined	<input type="checkbox"/>
	Volume Expectations	<input type="checkbox"/>
	Clinic/ work space agreed upon	<input type="checkbox"/>

	Hours and coverage requirements/ "on call"	<input type="checkbox"/>
	Clinical Protocols – defined and endorsed	<input type="checkbox"/>
Competency Training and Assessment	Online training for Clinical and Telemedicine clinical delivery	<input type="checkbox"/>
	Competency Assessment and Documentation for redeployed provider	<input type="checkbox"/>
	EHR training	<input type="checkbox"/>
Financial	Time Tracking (pay rate or hours change?)	<input type="checkbox"/>
	Compensation Methodology Assessment, as appropriate	<input type="checkbox"/>
	Cost Center Creation as needed	<input type="checkbox"/>
Liability Coverage		<input type="checkbox"/>
Clinical Care Delivery		
Huddles	How, what forum, participants	<input type="checkbox"/>
Clinical Protocols	Facility Based and clinically based protocols	<input type="checkbox"/>
	Standard Work: Value, Reliability, Error Prevention	<input type="checkbox"/>
Care Model Redeployment Role	<ul style="list-style-type: none"> - Ensure Role Clarity and for Provider and for team members working with redeployed provider 	<input type="checkbox"/>
Physician Collaboration Expectations	<ul style="list-style-type: none"> - Collaboration for Certain Diagnostic Ordering or Specialty consultations - Regular Communication/ Coordination - Symptom/Situation Activated Collaboration 	<input type="checkbox"/>
Resource Identification	<ul style="list-style-type: none"> - Diagnostic Imaging referrals - Consultation patterns - Pharmacy Contacts - Care Coordination Contacts 	<input type="checkbox"/>
Patient Tracking	Follow Up plan and coordination	<input type="checkbox"/>
Issues with electronics	Who to Call	<input type="checkbox"/>
Satisfaction issues with patients	Who to Call	<input type="checkbox"/>
Audits	Review of medical records for documentation and following protocols	<input type="checkbox"/>
Measurements of Success		
Volumes		<input type="checkbox"/>
Clinical Quality Metrics		<input type="checkbox"/>




Ambulatory Care/ Originating Site Checklist

This goal of this document is to help direct medical, nursing and administrative leaders to potential health care provider redeployment opportunities through a systematic assessment process of the home or originating primary care or specialty care capacity and workforce potential.

Topic	Detail	Complete
Protocols in place for primary care and specialty care to manage patient visits and plan for elective versus urgent procedures during and after COVID-19 Pandemic	Protocol in place for procedures: Elective procedures are rescheduled to future anticipated recovery and return to standard operating procedures	<input type="checkbox"/>
	Protocol and decision support in place for urgent procedures	<input type="checkbox"/>
	Protocols in place for office visits (scheduling routine visits for end of calendar year or telehealth, decision support who still needs to be seen, how to handle new consults, annual wellness, preventive visits, chronic disease management)	<input type="checkbox"/>
	Telehealth capacity maximized	<input type="checkbox"/>
	Plan in place for future scheduling/registry tracking patients post COVID-19	<input type="checkbox"/>
Plan in place for managing work flows related to task box/inbox, patient calls, prescription refills, non-visit related work	Plan with assignments are in place to cover all aspects of work for FTE that will be reassigned	<input type="checkbox"/>
	Current team capacity assessment complete	<input type="checkbox"/>
	Team discussion potential for redeployment	<input type="checkbox"/>
Primary care/specialty care assessment current capacity/decreased patient volume	Processes in place for need to call back providers/staff	<input type="checkbox"/>
	Recommendation to administration for potential to redeploy provider/APPs for defined increments of time	<input type="checkbox"/>
Assessment of available health care provider workforce for potential short-term deployment	Complete provider/APP Self-Assessment of experience, skills and comfort survey	<input type="checkbox"/>
	Evaluate APP provider potential areas for redeployment using the Skills and Specialty Matrix	<input type="checkbox"/>
	Complete Provider redeployment tracker	<input type="checkbox"/>
	Work with Medical, nursing and administrative leadership on redeployment plan	<input type="checkbox"/>

Communication	Communication plan in place for ambulatory setting to ensure core team up-to-date on deployment plan	<input type="checkbox"/>
	Communication channels ensure that core teams continues to maintain clinic operations in a standard expected way that maintains value and reliability and prevents errors and any deviation is tracked and reported	<input type="checkbox"/>
	The deployed provider is up-to-date on communication	<input type="checkbox"/>
Financial/HR	Time Tracking (pay rate or hours change?)	<input type="checkbox"/>
	Lost productivity if reassignment not counted towards rVU base	<input type="checkbox"/>
	Cost Center Change/Creation as needed	<input type="checkbox"/>
Leadership/Administration Alignment	Clinic/Market/Divisional Needs	<input type="checkbox"/>
	Timeline for reassessment: planning for over the curve	<input type="checkbox"/>
	Metrics for Monitoring	<input type="checkbox"/>

CommonSpirit Health™
Department of Advanced Practice Care
National Leadership Team

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