COVID-19 Workforce Surge Planning Playbook for Patients Requiring Ambulatory Care

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Executive Summary

Discharge of COVID-19 patients from hospitals will lead to an influx of post-acute patients. In addition, there will be a need to clear hospital beds in preparation for a surge of COVID-19 patients needing acute care along with a need to protect vulnerable hospitalized patients from COVID-19 by sending them home whenever possible. All these factors will increase the volume of post-acute patients. Alternate sources of staffing may be needed in outpatient care to meet the potential surge in patients needing close follow-up and to fill gaps left by healthcare workers who have flexed to acute and critical care areas.

The continuation of outpatient chronic disease management remains important; and, with the general public fear of medical offices, a need for outreach in this area is crucial. Care should be taken to ensure the safety and resilience of clinical staff, including a plan for the response and management of COVID-19+ patients and persons under investigation (PUI) in the ambulatory care setting, as well as the integration of telehealth into practice. The importance of team-based care and communication should be emphasized in order to smoothly manage of patients with multiple chronic conditions and acute problems to prevent hospitalizations.

This document focuses on providing resources for healthcare workers who are returning to practice or shifting roles to meet surge needs for ambulatory care. Attention is given to "flexing" the skills of staff already in ambulatory care as well as incorporating new members into the team and telehealth where appropriate.

Surging ambulatory care skill to meet the needs requires:

- Adopting a team-based approach that includes a plan for ensuring staff safety and resilience
- Refresher training for flexing staff including protocols for care of patients with chronic disease

I. **Team-based care approach**: Utilize a team-based care approach that is supported by formal policy/procedure. This approach should ensure safety and resilience by incorporating telehealth into practice and following proactive strategies to prevent staff attrition.

II. **Skills Redistribution**: Identify skills needed to care for patients requiring general inpatient medical care and inventory skills in the current workforce. Identify gaps and provide training to fill those gaps when necessary. Self-study resources on specific skills are included in the narrative of the document.
    - Identify and train experienced health care providers who can serve as team leads for the management of ambulatory patients.
    - Identify and train alternate clinicians who can manage the care of patients with chronic conditions and other outpatient and ambulatory care needs.
    - Identify and train alternative staff who can execute and monitor a plan of care for patients with chronic conditions and other outpatients with ambulatory care needs.
    - Identify and train alternative staff who can execute fundamental patient care skills.
    - Identify and train staff who can execute other essential skills to protect patients and colleagues.

I. Team-Based Care

Utilize a team-based approach for patient management that is supported by formal policies/protocols for alternate workflows including telehealth. Deploying each team member to execute their unique skill sets in a collaborative approach will provide force multiplication and allow for efficient care management teams.

The advantage of utilizing a team-based approach, the maximum skills sets of each team member and virtual care alternatives is that staff can minimize face-to-face encounters, increase the capacity for patient volume, and maintain the safety of patients, families, and staff.

Staff who assist in surge skills are not expected to independently take a full patient load but should arrive ready to share the skills they do offer with team leads.

The team-based approach in ambulatory settings during the COVID-19 pandemic should include/address the following:

1. **A plan for the response and management of exposure to COVID-19 in the ambulatory setting.**
   a. COVID-19 preparation playbook for outpatient and ambulatory care settings is available on the CDC website.
   b. Prepare the clinic following CDC infection prevention and control guidelines.
   c. Review the Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease and develop a strategy to mitigate healthcare personnel staffing shortages.
   d. Utilize additional established resources through the US Department of Health and Human Services Assistant Secretary of Preparedness Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) at https://asprtracie.hhs.gov/.
      i. The COVID-19 Healthcare Workforce Toolkit is a collection of various resources on federal regulatory funding flexibilities, workforce training, state/territorial/local resources, and an information exchange that can be accessed if you register.

2. **A formal care team approach to patient management.**
   a. Utilize the AHRQ Creating Patient-centered Team-based Primary Care to develop the structures, processes, knowledge, and supports that are needed to create and sustain teams.
   b. Synchronize team architecture, goals, responsibilities, and accomplishments.
      i. The American Academy of Family Physicians has a relevant reflection on team architecture in ambulatory medicine that describes team structures, optimal skill usage, and minimal overlapping of tasks.
      ii. Discuss assignments and determine clear delegation of responsibilities from the start.
         - Decide the number of in-patient appointments vs. telemedicine appointments the clinic will have per day, the optimal schedule for such appointments, and the staffing needed for this altered schedule.
         - Decide how teams will take on new patients (i.e., alternating vs. covering a designated half-day, etc.)
         - Develop protocols for handoff of medically complex chronic patients between providers and between settings.
         - American Academy of Ambulatory Care Nursing has handoff guidelines and models for transitioning care.
         - The Joint Commission offers handoff communication guidelines.

iii. Create protocols for standing orders.
- Compile a list of chief complaints that may be managed via standing orders. For example, medication refills, immunizations, screening tests, routine labs, point of care testing, medication intensification, and referrals are potential standing orders.
- Review the Family Practice Management article on Developing Standing Orders to Help your Team Work to the Highest Level.

3. **A virtual infrastructure for patient care.**
   a. When possible, use telehealth to provide virtual visits, follow-ups, and pre-visit assessments. The Centers for Medicare and Medicaid Services (CMS) defines telehealth as an interactive audio and video telecommunications system that permits real-time communication between the distant site practitioner and the patient.
      i. Consider telemedicine visits and remote monitoring when possible.
      ii. Consider telemedicine consultations particularly for community facilities with limited specialist support.
      iii. Keep up to date with rules and regulations around telehealth with frequent check-in with COVID-19 responses from CMS and NC Medicaid.
      iv. Self-Study Resources
      - North Carolina Medical Board: FAQs specifically for North Carolina providers using telemedicine. Answers questions about licensure, prescribing medications via telemedicine, prescribing controlled substances, and interacting as a North Carolina licensed provider with patients across state borders.
      - NC AHEC Program has weekly telehealth webinars, as well as coding and other virtual care resources from the Practice Support Team.
      - The American Academy of Ambulatory Care Nursing has telehealth practice resources, including a free recorded webinar, scope and standards of practice for professional telehealth nursing, a manager's toolkit for starting/improving telehealth services, and an acute special interest group.

4. **Regularly scheduled team meetings** (virtual whenever possible).
   a. Society of General Internal Medicine-AMA Guide on Conducting Team Meetings has tips on leading effective team meetings.
   b. Goals:
      i. Orient new team members to daily workflow
      ii. Synchronize team goals and accomplishments
      iii. Discuss daily assignments with attention to needs that can be addressed via telehealth alternatives or nurse visits
      iv. Assign roles and responsibilities for the day of each team member
      v. Discuss patient care goals
      vi. Provide opportunity to answer questions or concerns
      vii. Address red flags – should be reported immediately to team leads
   c. Daily huddles between each team member and the team lead.

5. **Assurance of team safety.**
   a. Trainings for policies and protocols for the preparation of healthcare workers participating in the care of COVID-19+ patients in ambulatory settings.
   b. Ambulatory care staff should complete COVID-19 orientation materials:
      i. Transmission-Based Precautions | Basics | Infection Control | CDC

ii. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
iii. Special Collection - Coronavirus (COVID-19): infection control and prevention measures
iv. Personal Protective Equipment (PPE):
- Proper PPE Donning and Doffing Technique: Video that shows steps to donning and doffing gown, N95 respirator, face shield gloves. *Time to complete: 3 minutes*
- Proper Donning and Doffing of Procedural and Surgical Masks: Video that shows steps in donning, doffing, wearing, and storage of procedural and surgical masks for re-use. *Time to complete: 3 minutes*
- Strategies to Optimize Personal Protective Equipment: Facemask and Gowns

6. **Promotion of resilience** by following proactive strategies to prevent staff attrition due to illness or fatigue.
   a. Use existing psychiatrists, therapists, and social work staff to help with mental health counseling and support.
      - Utilize Washington State Medical Association guidance for supporting staff.
   b. Conduct a periodic brief burnout assessment to identify at-risk staff.
      i. Burnout self-assessment tools:
         - Burnout self-assessment
         - Well-Being in Academic Medicine: Resources for Faculty
         - Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions
         - Resource: 59 Mental Health Resources for Health Care Providers https://nursinglicensemap.com/resources/mental-health-resources/

   c. Provide family support, such as child care, to all staff members.
   d. Limit work hours and, for appropriate tasks, encourage transition to methods that enable more flexible work hours from home (i.e. virtual care alternatives).
   e. Provide alternatives enabling self-isolation if a team member is exposed to a COVID-19+ patient and does not feel comfortable returning home to family.
      i. Consider working with local hotels to get wings to provide temporary housing.
      ii. Note that frontline workers who are members of the American Nurses Association can reserve up to 7 free consecutive nights at Hilton hotels across the US.
   f. Assess the risk of staff for complications related to COVID-19 and consider allowing at-risk staff alternate job assignments outside direct patient care.

II. Skills Re-Distribution and Training Resources

In the event of a COVID-19+ patient surge, the workforce in ambulatory and outpatient care may also need to surge to meet the overflow demand. Identify the skills needed for the patient population and inventory skills currently in the workforce. Identify gaps and provide training to fill those gaps when indicated. Changes in role and workflow may be needed to capitalize on existing skills and supervise any new team members.

This section identifies potential sources for workforce skills needed to meet the needs of the general inpatient medicine population, along with potential training resources.

All staff can benefit from the following training resources:

- UpToDate has a list of freely available clinical effectiveness resources on COVID-19.

- All staff caring for COVID-19 patients could also benefit from a review of Dynamed's open-source resource on COVID-19, the NIH COVID-19 Treatment Guidelines, and Week in Review COVID-19 Scientific News.
- The American Heart Association, with support of AACN and other organizations, released interim guidelines for basic life support, pediatric advanced life support and advanced cardiovascular life support to treat patients with COVID-19.

1. **Identify and train experienced health care providers who can serve as team leads for the management of ambulatory patients.** This role should be assumed by current staff members with expert knowledge of the facility and patients to organize and lead incoming surge staff members.
   a. Relevant skills include leadership, delegation, and teaming.
   b. Potential sources for staff:
      i. Physicians and advanced practice clinicians (Nurse Practitioners, Physician Assistants) who currently practice in ambulatory care settings and can lead a team of less experienced, flexing clinicians.
      ii. Registered nurses, preferably certified in ambulatory or trained in primary care, can lead a team of nurses and allied health professionals with minimal ambulatory care experience. *Note that it is beyond the scope of practice for an LPN to supervise the nursing activities of an RN.*
      iii. Experienced team members who can lead the incoming surge of ancillary and support team members.
   c. Responsibilities include:
      i. Assign roles to other core team members.
      ii. Coordinate the execution of specific patient care skills such as vital sign monitoring, prescription refills, documentation, wound care, lab collection, and patient education among team members. Follow North Carolina Medical Board (NCMB) and North Carolina Board of Nursing (NCBON) guidelines for delegation.
      iii. Lead team check-ins and hand-offs.
      iv. Review the day's events and recognize any changes to be made before the next clinic day.
      v. Designate a resource monitor and report any gaps in resource availability to coordinating team and facility management.
      vi. Schedule shift debriefings with a focus on regularly assessing team coping skills.
         - An action plan should be established for teams in crisis, i.e. how do team leads and team members elevate concerns and ask for help.
   d. **Training** should include self-study as well as orientation to the clinic's incident command structure.
      i. Self-study Resources
         - Team STEPPS (Video modules): *Review module 4 (leading teams training videos):* Huddle, Brief, Debrief, Team Success. *Total time to complete: ~15 minutes*
         - NC Medical Board Delegating medical tasks to unlicensed personnel
         - NC Board of Nursing Delegation and Assignment of Nursing Activities
         - Two Principles for Leading Your Organization Through the COVID-19 Crisis
         - Video: How to Turn a Group of Strangers into a Team *(13 minutes)*

2. **Identify and train alternate clinicians who can manage the medical plan for care of patients with chronic conditions and other outpatient and ambulatory care needs.**
   a. Relevant skills include ability to:
      i. Create and manage a medical plan of care.
      ii. Prescribe and manage medications.

b. Potential sources for staff (review the COVID-19 Physician Assistant and Nurse Practitioner Guidelines regarding scope of practice and supervisory arrangements for PAs and NPs):
   i. Clinicians who have been out of the workforce for less than 5 years but have prior experience in ambulatory care, chronic disease management, geriatrics, disability, physical medicine and rehabilitation, or occupational medicine.
   ii. Clinicians in specialty areas that are experiencing low volumes, such as same-day surgery clinicians.
   iii. Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.

c. Community pharmacists who can review medications and side effects, identify medication-related problems, and provide patient and health care team education.

d. **Training** should include self-study of pertinent clinical topics in the ambulatory care setting that require both medical and technical intervention and at least one clinic shift with a team lead. Healthcare professionals should discuss their comfort level and skill set with the team lead clinician to determine which patients they are most prepared to manage.
   i. The precepted shifts should include an inventory, validation, and comfort level of each team members' skills.
   ii. Self-Study Resources
      - COVID management resources for the outpatient setting:
        - ACP's COVID-19 Clinician's Guide: Compiled resources and guidelines from CDC, SCCM, etc. Similar to Dynamed but also includes ambulatory specific protocols, including triage and capacity management.
        - Special Collection - Coronavirus (COVID-19): infection control and prevention measures: Cochrane systematic reviews on infection prevention
        - COVID-19: a remote assessment in primary care : BMJ article with a broad overview on conducting a COVID-19 telemedicine visit.
        - Testing and Primary Care Response: COVID 19 diagnosis and testing in the primary care setting. *Time to complete 1 hour, video.*
        - CDC updates and guidelines for outpatient and ambulatory care: clinical information and guidance for practices.
      - Pertinent topics for care in the ambulatory setting:
        - Johns Hopkins Medicine Vital Signs Management: Webpage with a summary of how to obtain basic vital signs. It can be useful to share with the patient to monitor their vital signs from home.
        - Stanford 25 physical exam videos: Consider watching pulmonary videos (2), cardiac videos (7), and any other videos that seem relevant to your patient's symptoms. *Time to complete: 3-10 minutes per video*
        - NC AHEC and UNC School of Medicine Basic Medicine Refresher Courses (Video based Refreshers). *Clinical Resource Topics:* Abdominal Pain, Alcohol Withdrawal, Altered Mental Status, Back Pain, Chest Pain (1 and 2), COPD, Heart Failure (1 and 2), Syncope, Headache, Hypertension, Inpatient Fever, Pancreatitis, DKA, Panic and Anxiety Disorders, Cellulitis, Dermatologic Emergencies and Infections. *Time to Complete: 10-15 minutes per video*
        - Merck Manual for the Medical Professional and Merck Manual for procedures and exams (Reading-Based Refreshers). *Clinical Resource Topics:* Cardiovascular Disorders, Dermatologic Disorders Endocrine and metabolic Disorders, Gastrointestinal Disorders, Genitourinary Disorders, Geriatrics, Hematology and

Oncology, Hepatic and Biliary Disorders, Neurologic Disorders, Psychiatric Disorders, and Pulmonary Disorders
    - How to Conduct a Physical Exam Via Telemedicine Video: Describes how to conduct a physical exam using telemedicine utilizing both visual observation and common vital signs. Focuses on head, neck, and throat, including a respiratory exam. *Time to complete: 5.5 minutes*
    - Healthy Children: The AAP Parenting Website: Tips for prevention, age-based guidance
    - MedlinePlus provides easy to read patient educational materials in English and Spanish to increase health literacy of patients.
    - American Association of Pediatrics framework for care coordination in children. Covers accountable care organizations, medical homes, and implementing care coordination into a practice. *Time to read: 20 minutes*
    - Helping people in special populations during the coronavirus pandemic. The National Association of Social Workers provides guidance and multiple resources on caring for geriatric populations, children, those in recovery, and those who are incarcerated.
    - Mental and Substance Use Disorders and Homelessness Resources. Case management resources from the Substance Abuse and Mental Health Services Administration. Covers housing and shelter, employment, trauma, youth resources, and self-care for providers.
- Clinical decision support apps
    - GoodRx provides coupons and discounts, tool to compare prices for prescriptions.
    - MDCalc medical calculator Free online point of care decision support app including medical calculators, scoring systems, and algorithms. References complete. Available on Android and iOS. To access, download the application from the appropriate application store and make an account or access via web browser
    - pmidCALC Free online decision support app including medical calculators, scoring systems, and algorithms. Also provides direct links to peer reviewed publications on PubMed explaining clinical decision-making tools.
    - Calculate by QxMD Free phone app and web based application that assists with clinical calculations and decision criteria. Read by QxMD provides a streamlined collection of up to date literature in medicine. To access, download the app from the appropriate application store and make an account or access via web browser.
    - ARUP consult Free, laboratory testing decision making tool. Provides evidence-based guidance for choosing appropriate laboratory tests and interpretation of test results based on clinical evidence. To access, use a web browser to navigate to the linked website. No account is necessary.

3. **Identify and train alternative staff who can execute and monitor a plan of care for patients with chronic conditions and other outpatient and ambulatory care needs.**
    a. Relevant skills include case management and care coordination, preventative care, telephone triage, medication reconciliation, connecting with patients about changes in plan of care, complex patient education, and systematic assessment of medical, functional, and psychosocial needs.
        i. Many of these skills can be executed via virtual alternatives.
    b. Potential sources for staff:
        i. Licensed nurses with primary care, general medicine and general surgery experience, geriatric, disability, physical medicine and rehabilitation, occupational health, or experience in the management of chronic illness in the past 3 years.

ii. Licensed nurses from ambulatory, outpatient, urgent care, infusion and specialty settings that are currently low on patients, such as dermatology and same day surgical settings.
iii. Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.
iv. Travel or agency staff.
v. Some allied health professionals can execute these skills, such as systematic functional and psychosocial needs assessments, and care coordination. Consult the relevant professional health care licensure board for training requirements and scope of practice.
vi. With proper training, delegation, and supervision from a Registered Nurse, Licensed Practical Nurses can perform many skills needed in the plan of care for patients with chronic conditions and with other outpatient and ambulatory care needs. See the Licensed Practical Nurse Law.

c. **Training** should include self-study of pertinent clinical topics in the ambulatory care setting that require both medical and technical intervention and at least one clinic shift with a team lead. Healthcare professionals should discuss their comfort level and skill set with the team lead clinician to determine which patients they are most prepared to manage.
   i. The precepted shifts should include an inventory, validation, and comfort level of each team members' skills.
   ii. Training Resources can be shared with clinicians who manage the medical plan of care of patients with chronic and other outpatient and ambulatory care needs.

4. **Identify and train alternative staff who can execute fundamental outpatient and ambulatory patient care skills.**
   a. Relevant skills include vital sign monitoring, dressing changes, rooming, cleaning patient rooms/waiting areas, assuring efficient workflow in the clinic, drawing labs, straightforward patient education, medication administration.
   b. Potential sources for staff who can execute fundamental outpatient and ambulatory patient care skills:
      i. Licensed nurses who have been out of practice for more than 3 years, or who are more comfortable with task-based skills than plan of care execution/monitoring.
      ii. Unlicensed assistive personnel* from ambulatory, outpatient, infusion, or specialty care settings that are currently low on patients, such as dermatology and surgical settings. See the NC Board of Nursing Nurse Aide I tasks and NC Board of Nursing NAII tasks.
      iii. Travel or agency staff.
      iv. Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.
   c. **Training** should include self-study resources focused on fundamental patient care skills and at least one 8-12 hour shift with an ambulatory supervising professional.
      i. The precepted shifts should include an inventory, validation, and comfort level of each team members' skills; introduction to team-based care; and orientation to the clinic setting.
      ii. Self-Study Resources
         - Nurseslabs: Free, brief study guides. Provides review information on nursing fundamentals including patient education, cheat sheets, diagnostic testing and

laboratory testing summaries, procedural outlines, psychiatric nursing, and medical and surgical nursing outlines. *Time to complete*: *5-10 minutes per guide*

- RegisteredNurseRN: Free YouTube channel that has 600+ videos highlighting specific concepts in nursing. *Time to complete: 5-20 minutes per video*
- CDC guidelines. Recommendations for cleaning and disinfecting outpatient community facilities

5. **Identify and train staff who can execute other essential skills to protect patients and colleagues.**
   a. Infection control focal point: Each clinic should have one designated infection prevention and control (IPC) person or be able to delegate and rotate the role among staff.
      i. Responsibilities: Ensure the clinic is complying with all CMS and CDC guidance related to infection control.
      ii. Potential sources for staff include RNs, LPNs, nurse managers, physicians, PAs, NPs, administrators, allied health professionals, retired health professionals.
      iii. Resources:
         - See Team Safety section of this document
         - Basics of Infection Prevention
         - CDC infection control guidelines
         - Isolation Discontinuation
   b. Screeners: Rework the traffic flow in the clinic and assign staff to screen every person as they enter through limited access points.
      i. Responsibilities: Screen every individual entering the clinic, outside healthcare workers, vendors, etc. Screen every patient and caregiver and follow facility guidelines for reporting, isolating, escalating.
      ii. Potential sources for staff include unlicensed assistive personnel, LPNs, RNs, health professions students, allied health professionals, retired health professionals.
      iii. Resources:
         - Refer to updated CDC guidelines for screening
         - The clinic's system of surveillance, including who/when/where to report positive or suspected positive cases, is a vital resource.
         - Criteria for return to work
   c. Updaters: The COVID-19 situation is rapidly changing, as are guidelines, regulations, and trainings. Facilities need to keep up-to-date with the most current evidence-based information.
      i. Responsibilities: Ensure that decision-makers and staff members have the most up-to-date information. Keep open and fluid communication with the local health department.
      ii. Potential sources for staff include unlicensed assistive personnel,* LPNs, RNs, health professions students,+ retired health professionals, allied health professionals, staff in administration, current health care staff who are at high risk for COVID-19 complications (this role can be completed virtually in many cases).
      iii. Resources: Sign up for updates from NC DHHS, CMS, various other professional organizations who offer resources (see resources in previous sections), and the NC AHEC Program.
   d. Communicators: Staff must make concerted efforts to keep patients informed and connected to their plan of care and, when relevant, to the telehealth workflow process.
      i. Responsibilities: Assure that patients who meet the criteria for telehealth are properly set up for virtual care. May require virtual assistance with technical support, such as iPads, iPhones, computers, etc. Reach out to patients prior to virtual and face-to-face appointments to screen to troubleshoot any connectivity problems, to proactively screen for needs, and to

address any insurance/co-payment issues. Assure that patients are updated if telehealth or in-person visits are delayed. Assure that high-risk patients are proactively contacted to make – and keep – necessary telehealth or in-person visits.

ii. Potential sources for staff include allied health professionals, chaplains, LPNs, RNs, health professions students,+ retired health professionals, chaplains, unlicensed assistive personnel,* staff in administration, current health care staff who are at high risk for COVID-19 complications (this role is completed virtually). *As much as possible, high-risk patients should have a consistent communicator.*

iii. Resources:

- Virtual/Digital/Telehealth Patient and Family Engagement Overview
- Vital Talk COVID Ready Communication Playbook
- Required resources for setting up rural telehealth
- Providers can apply for funding to set up telehealth
- Full module on family communication from AHRQ (30min to complete)
- Strategies for engaging families in patient care (2 min video)
- Strategies to communicate care plans with patients and families (4 min video)
- Assessing Fall Risk and Reducing Falls includes information on intrinsic and extrinsic risk factors as well as prevention strategies. An assessment can be done with a video tour of the home.

e. Advanced care and resource planning: The clinic should prioritize assessing social determinants of health, screening for behavioral health issues, and establishing advanced care plans with all patients. For patients who are sick, advanced care plans should be established before they become critically ill. Consider completion of the Medical Orders for Scope of Treatment (MOST) form for all patients.

i. Responsibilities: Assess social determinants of health and screen for behavioral health issues for all patients with priority on high-risk patients. Assure that each patient has a plan for potential emergencies.

ii. Potential sources for staff include allied health professionals, RNs, LPNs, health professions students,+ retired health professionals, and current health care staff who are at high risk for COVID-19 complications (this role can be completed virtually in many cases). Evaluation of social determinants of health can also be done by unlicensed assistive personnel.*
Note that any staff member can initiate Advance Care Planning conversations, but the MOST form must be signed by a physician, PA, or NP.

iii. Resources:

- Advanced Care Planning During Crisis
- Best Practices for End-Of-Life Care Discussions
- Medical Orders for Scope of Treatment (MOST) Form
- Medical Orders for Scope of Treatment (MOST) Form administration training
- Social determinants of health screening tool and instructions for use: 2-page questionnaire developed by the EveryOne Project and the American Academy of Family Physicians can be used to assess the social needs of each patient. The instructions for use (8 pages) provide guidance for how to administer and interpret the questionnaire.
- Free training and other screening tools on social determinants of health is offered by the American Medical Association.
- Connect with local food banks, housing authority, behavioral health professionals/resources, domestic abuse, transportation resources
  - Resource search tool by need and location.

f. Note that many local resources can be identified using the 211call system and, in many regions, NC Care 360. PPE monitors: Safety officers who can monitor current inventory of PPE, ensure appropriate PPE usage, and source additional supply.
   i. Responsibilities: Assure adequate supply and usage of PPE.
   ii. Potential sources for staff include unlicensed assistive personnel,* allied health professionals, RNs, LPNs, health professions students,⁺ retired health professionals, or other identified individuals who are trained in PPE utilization.
   iii. Resources:
      - PPE resources
      - Trained Donning and Doffing Observers: It is important to remember the highest risk of contamination occurs during doffing.

*Licensed staff maintains accountability and responsibility for the delivery of safe and competent care and must verify competency of any delegated tasks. Refer to the NC Board of Nursing Decision Tree for Delegation to UAP.

⁺Local universities, colleges, and technical schools can implement a COVID-19 Student Service Corps as a means to connect students with the needs of healthcare workers and systems. UNC-Chapel Hill's Office of Interprofessional Education and Practice has an active NC based student service task force, the Carolina COVID-19 Student Services Coalition.

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