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From: Healthforce Center at UC San Francisco

This is a Healthforce Center at UCSF rapid response resource and is a living document last updated March 25, 2020. The views expressed in this document do not necessarily reflect the opinions of the University of California system or UCSF.

This memo was written by faculty affiliated with Healthforce Center at UCSF with workforce expertise and offers quick turnaround recommendations that support rapid scale-up of the health workforce to address the COVID-19 crisis in California. The opinions reflected here do not necessarily reflect the opinions of the University of California system or UC San Francisco. Multiple policies and programs can be quickly established under the Governor's authority in this state of emergency. The recommendations are thematically organized into the following categories and are listed based on likely rapidity with which they can be implemented:

- Expansion of scope of practice for active health professionals
- Expedited licensing for eligible health professionals
- Deploying students to rapidly expand health workforce
- Activating National Guard and military personnel with health professions experience

Expand scope of practice for health professionals

Health professionals practice under "scope of practice" regulations that control where they practice and what services they may provide. Temporary relaxation of some of these regulations would rapidly expand workforce capacity to meet care needs. State licensing and regulatory agencies have authority to make temporary changes under the state of emergency. Specific recommendations include:

Certified nursing assistants (CNAs):

- Allow CNAs to administer low-risk medications in nursing homes and home health settings
- Explore waiver for limited work for CNAs awaiting certification testing; obtain attestation from certified training program where they have completed training

Licensed vocational nurses (LVNs):

- Allow LVNs to provide preliminary assessments of patients in hospital settings
- Allow LVNs to administer selected medications via an intravenous line ("IV push")

Nurse midwives (NMs):

- Allow NMs to practice without physician supervision
- Allow hospitals to give NMs admitting privileges

Nurse practitioners (NPs):

- Allow NPs to practice without formal physician oversight or standardized procedures
- Allow hospitals to give NPs admitting privileges

Clinical nurse specialists (CNSs):

- Allow CNSs to prescribe medications when they have completed a course in pharmacology related to the medications to be prescribed

Clinical laboratory (i.e., phlebotomists, medical laboratory technicians, and clinical laboratory scientists)

- Allow all limited license CLSs to perform testing in lab sections outside their license limits
- Allow CLSs to practice at the level of their completed education
- Eliminate limitations on MLT doing high complexity tests
- Eliminate CA requirement for licensing for individuals licensed in other states unless the individual took certifying exam on or before 2004

Paramedics:

- Allow paramedics, emergency medical technicians (EMTs), and advanced EMTs to practice in all settings (i.e., waive the provisions of HSC §§ 1797.52 and 1797.218 that limit the settings where paramedics can provide services and the destinations to which they can transport patients.)¹

Expedited licensing for eligible health professionals

There are two pathways for expedited licensing under an emergency measure: 1) accept valid licenses from another state and 2) expedite licensing approvals. To enable the recommendations described below, licensing boards will require funding and staff to expedite approvals. These same recommendations can be applied to telemedicine and telehealth to allow health professionals licensed in other states to provide services for California patients and will require funding to support investment and expansion of telehealth technology in rural and critical access areas.

- Licensing boards should establish an “emergency license” category for use during the current state of emergency
- Licensing boards should issue emergency licenses to all health professionals with valid out-of-state licenses
- Licensing boards should be granted the ability to relax restrictions on emergency license approvals of internationally-educated health professionals
- Licensing boards should rapidly issue permanent licenses for California residents who are now awaiting licensure, have successfully passed licensure examinations, and have completed a background check. This includes individuals who were deemed by the Board of Registered Nursing to have a course deficiency despite being a licensed RN in another state or jurisdiction

Deploying students to rapidly expand health workforce:

Deploying health professions students (behavioral health, dentistry, nursing, medicine, and pharmacy) to practice at the level of their completed education will allow rapid expand behavioral health, nursing and other health

¹ The executive order that the Governor issued on March 12, 2020, gives the Director of the Emergency Medical Services Agency authority to “implement additions to local optional scopes of practice without first consulting with a committee of local EMS medical directors named by the EMS Medical Directors Association of California.”

workforce while ensuring quality of training. Any practice experiences should count toward clinical hours under their current program of study as long as they are in a supervised setting.

- Provide financial support for behavioral health students (e.g., psychiatric/mental health NP, clinical psychology, clinical social work) to provide crisis management and triage services.
- Provide funds for telehealth programs led by behavioral health students to support quarantined individuals
- Medical students (estimated at 7,800 in California) continue to provide the patient care services they typically provide during training, under the supervision of medical residents and attending physicians.
- Resident physicians are allowed to practice independently if they have completed internship year
- RN students (estimated at 28,000 in California) employed as CNAs or LVNs after receiving a signed waiver from their School of Nursing that they have completed the necessary coursework for that role.

Activating the National Guard and leveraging military expertise

There is an experienced health workforce in the military that can be rapidly enlisted into action to meet emergent shortages. The following strategies can be used to deploy this workforce:

- Activate health professionals in the National Guard
- Request assistance from military facilities in California to rapidly train health professionals in intensive and emergency care (e.g., ventilator management)
- Request assistance from the military medical corps to provide direct patient care for California residents

Ensuring safe provision of care

The recommendations for rapidly increasing the health workforce in a state of emergency raise important questions about which entities are best positioned to ensure that the expanded workforce is providing safe, quality care. Our recommendation is to rely on local and regional entities (e.g., hospital committees or departments that deal with credentialing and hospital privileges committees) to monitor the workforce recognizing that these entities are well-positioned to understand and implement local policies, procedures, and monitor quality. It can also be beneficial to activate a resource center (i.e., hotline) to answer questions and provide resources about scope of practice, licensure, training, and monitoring options. The California Hospital Association or similar organization may be well-positioned to host a resource center.

Other considerations

Access to medical interpretation services is of great importance to help patients with limited English proficiency navigate a complex and rapidly-changing health care situation. As workforce strategies are implemented, there is likely to be need to ensure coverage for interpreter services, access to remote interpreters, expedited training and certification requirements for health care interpreters. Medi-Cal enrollees with disabilities living at home and in the community often rely on In-Home Support Services (IHSS) workers for assistance with activities of daily living. IHSS workers often have multiple jobs, which may increase risk of exposure to COVID-19 for their clients. This risk be mitigated by explicit guidance during shelter in place and lock down orders as well as temporary increase in wages. Public health students can be leveraged to support state and local response to and tracking of COVID-19.

Guidelines should be provided to local departments of public health to put out calls for students in schools and programs of public health (27 across California) to assist with data tracking, outreach, communications, organization of screening efforts, and other functions.

Assessment of ReadyCNA online training

Healthforce faculty, Susan Chapman, RN, PhD and Laura Wagner, RN, PhD assessed available information for online training of CNAs. Both are faculty at UCSF in School of Nursing and affiliated with Healthforce Center and have knowledge of CNA workforce, and online education for a range of health care workers.

“ReadyCNA was built to train CNAs from start-to-finish. We built ReadyCNA to comply with the rules of 50 states. With more than 60 hours of cinematic, interactive content, ReadyCNA has already changed lives in healthcare, leaving employees better trained and more motivated. Featuring professors from Stanford, NYU, Harvard, Columbia and the University of British Columbia as well as a staff of doctors, lawyers, nurses, CNAs and experts, ReadyCNA was chosen by the American Red Cross to be their CNA training course. The Red Cross is the largest trainer of CNAs in the United States. We spent 4 years building it and it has a 97% pass rate. Here's a sample: <https://vimeo.com/178524080>” The available information was reviewed for the following:

Q: Could this be a solution for rapid workforce expansion?

It's hard to know if this is the best solution to getting more CNAs into the health care system to deal with COVID-19 crisis. We can't tell much about the proposed course from the video attached, which has a promotional emphasis and does not include much information about the content of the training. The current California code of regulations has detailed requirements for CNA training, which is 150 hours including didactic and clinical content. The minimum federal standard for skilled nursing facilities for CNA training is 75 hours. Few states have that few hours but it does meet federal requirements. We can't tell how many hours are in this training program (“more than 60 hours of cinematic, interactive content”) or how clinical skills of trainees are assessed. A better, higher quality option (based on the fact that students get assessed along the training spectrum) would be to allow LPNs and RNs in training to act as CNA is they have completed some aspects of their training. And, there are currently 28,000 nursing students in California who are largely have their education disrupted and might be able to be deployed as CNAs.

Q: It is possible to assess quality of this training?

We don't have any information right now to assess the quality of the training. One could follow up on this company's experience with and relationship to the Red Cross training which they cite. It would be a current requirement to meet the federal minimum standards if we mean CNAs who can work in nursing home. Reimbursement to nursing homes would be another impact and regulation to assess if this program were adopted.

Q: How might we assess abilities of those trained through this platform?

We are unable to answer this with current information. One of the critical pieces seems to be having someone sign

off on the demonstrated clinical skills. We don't know how that works in this program. In the CA regulations, the instructor for CNA program had to be an RN (we believe that is still the case).



The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

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