



VCU

SESSION 3

Cohorting and Critical Infection Prevention Strategies Conversations to Prepare for Improvement

VCU Nursing Home ECHO COVID-19 Action Network

Virginia Center on Aging

VCU Department of Gerontology

VCU Division of Geriatric Medicine



Agency for Healthcare
Research and Quality



Attendance

- If using computer, write in chat:
 - Name
 - Facility
 - Are you using phone for audio?
- If on phone line only
 - Please introduce yourself and state facility

Program Reminders

- Weekly presentation/case-based discussion of best practices re. Covid-19
 - 1st 60 minutes required
 - Additional 30 minutes optional for discussion & questions
- Linkage to your QI and QAPI efforts
- Access to content and QI experts
- Posting of PPTs and resources to VCU NH ECHO CAN webpage
 - <https://www.vcuhealth.org/NursingHomeEcho>
- CME/CEU credits/certificates of completion
- \$6000 reimbursement from University of New Mexico for program completers:
 - Must be a CMS certified NH
 - 2 facility champions attend 13 of 16 sessions for 60+ minutes
 - Additional participants/facility as desired
- Attend!
- Participate! (Zoom review next slides)
 - Questions, share ideas, best practices
 - Cases (de-identified, HIPAA-compliant)
- Complete surveys & questionnaires
 - Your replies are confidential
 - Help us evaluate & refine program

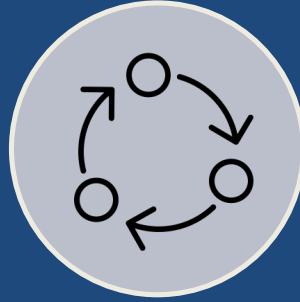
Announcements

- Contracts – More details will be coming in the next 1-2 weeks on how to finalize your contracts with Project ECHO
- Case Submissions
- Time Off for Holidays

ECHO is All Teach, All Learn



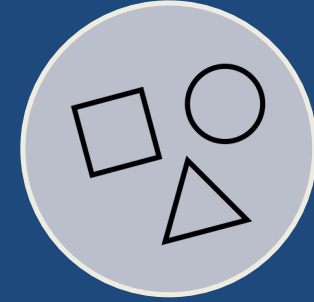
Interactive



Co-
Management
of Challenges



Peer-to-Peer
Learning



Collaborative
Problem
Solving



Hub Team Introductions

Educators



- Christian Bergman, MD, CMD



- Daniel Bluestein, MD, CMD-R



- Joanne Coleman, FNP, MSN



- Laura Finch, GNP



- Tara Rouse, MA, CPHQ, CPXP, BCPA



- Sharon Sheets,

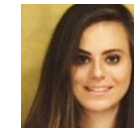
Administrative support



Kim Ivey, MS



Jenni Mathews, BS



Ann Rhodes, MS



Bert Waters, PhD

Funding and Faculty Disclosures

- Pending
 - CE/CME and certificate information will be forthcoming
- Disclosures
 - We (sponsoring organizations, speakers, and planners) have no relevant financial interests to disclose with any manufacturer of commercial products or services discussed in this activity

Today's Agenda

| Content/Discussion(s) | Presenter(s) |
|---|--------------------------------|
| Welcome and Review of last week | ECHO Hub Team |
| Topic Presentation: Cohorting, Practical Approaches | ECHO Subject Matter Experts |
| Case Discussion | ECHO Hub Team and Participants |
| Quality Assurance-Performance Improvement: Conversations to Prepare for Improvement | ECHO Hub Team |
| Breakout review, Wrap-Up | ECHO Hub Team |
| Extended Question and Answer Session | ECHO Hub Team and Participants |

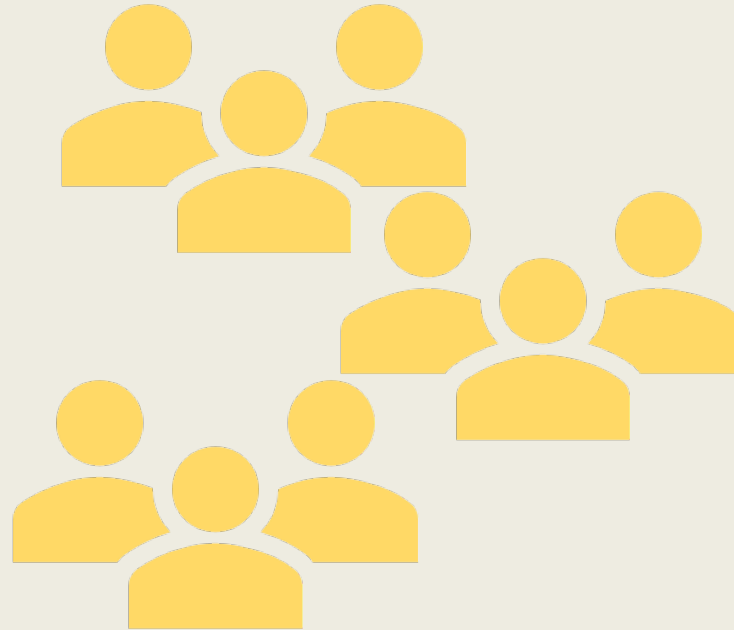
Week 3 Learning Objectives

1. Understand the goals of cohorting
2. Discuss challenges when creating resident cohorts
3. Describe dedicated COVID-19 care units
4. Considerations for cohorting residents with potential exposures
5. Describe monitoring new admissions/re-admissions and creating an observation unit

Goal of resident cohorting: Minimize risk of exposure and prevent additional spread



**COVID-19
“negative”
(unknown)**



COVID-19 exposed

- Known exposure
- Close contact
- Possible exposure

**COVID-19
suspected
(symptomatic)**



**COVID-19
confirmed**



Context

- For Frontline Staff:
 - Determining need for cohorting
 - Determining feasibility of cohorting
 - Determine safety of cohorting
- For Leadership:
 - Resources for Admissions Staff
 - A cross check for your policies & procedures
 - Identify QAPI opportunities

All Teach All Learn Opportunity

- We have adequate space available to cohort
- We can safely transport residents without risk to staff or residents
- Family or residents do not want to move rooms
- We have adequate staffing for each level of cohorted residents
- We have an action plan for our cohorting workflow and every staff member is aware of their role

Setting the Scene

- Mrs. Davis, a resident on unit 4 South recently tested positive for SARS-CoV-2 and was moved to the dedicated COVID-19 care unit
- She spent most of her time in her room but did walk up and down the hall with assistance at least once each day
- She had a history of COPD and could not tolerate wearing a cloth face covering
- She had 2 roommates and 18 additional residents residing on the unit

Questions: How should we approach the rest of the residents on unit 4 South?

Should we have cohorted? Why or why not? How?



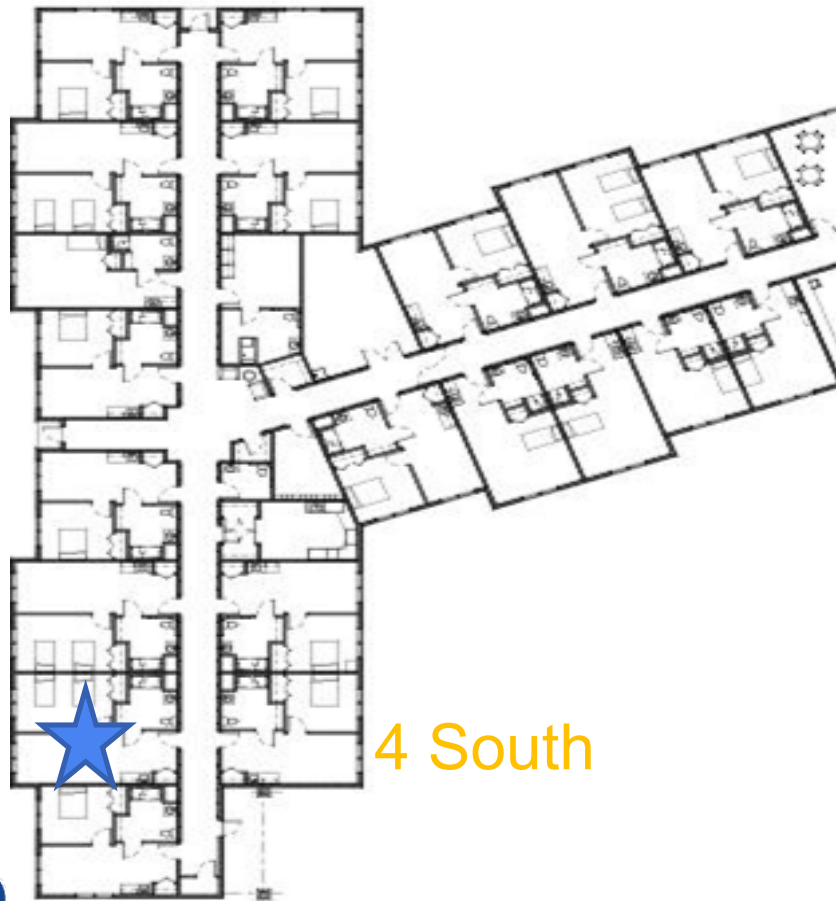
Using Facility Layout for Cohorting-Practical Limits

Asymptomatic, COVID
negative (presumed)

Common Areas
Closed

Observation

COVID
positive



4 South



Suspect or confirmed COVID-19

Goals of Cohorting

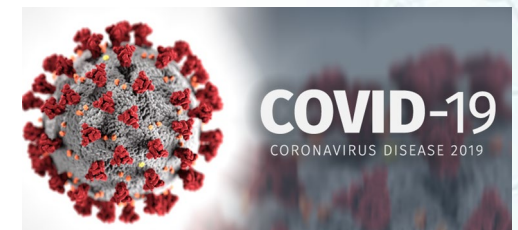
- Minimize exposures and prevent additional spread of SARS-CoV-2
- Prioritize a space for residents with confirmed COVID-19
- Minimize risk to the individual resident with unknown status (PUI, new admission, HD patient)
- Optimize staff resources

Challenges with Cohorting

- **Exposure Risk:** Level of exposure and risk of developing infection vary significantly among different residents and scenarios.
- **Symptoms:** Symptoms alone may not be reliable to detect COVID-19 in early disease or asymptomatic individuals.
- **Resources:** There are staff, equipment, and physical space considerations for cohorting.
- **Timing:** When a new NH-onset case is identified, there are often others, responding quickly in an organized effort is paramount.

Cohorting Summary

- Update policies & systems in keeping with evolving regulations
- Monitoring & anticipating cohorting requirements
- Ongoing training and competency
- Review performance to identify gaps and areas for improvement using QAPI approach
- Create culture of safety & support

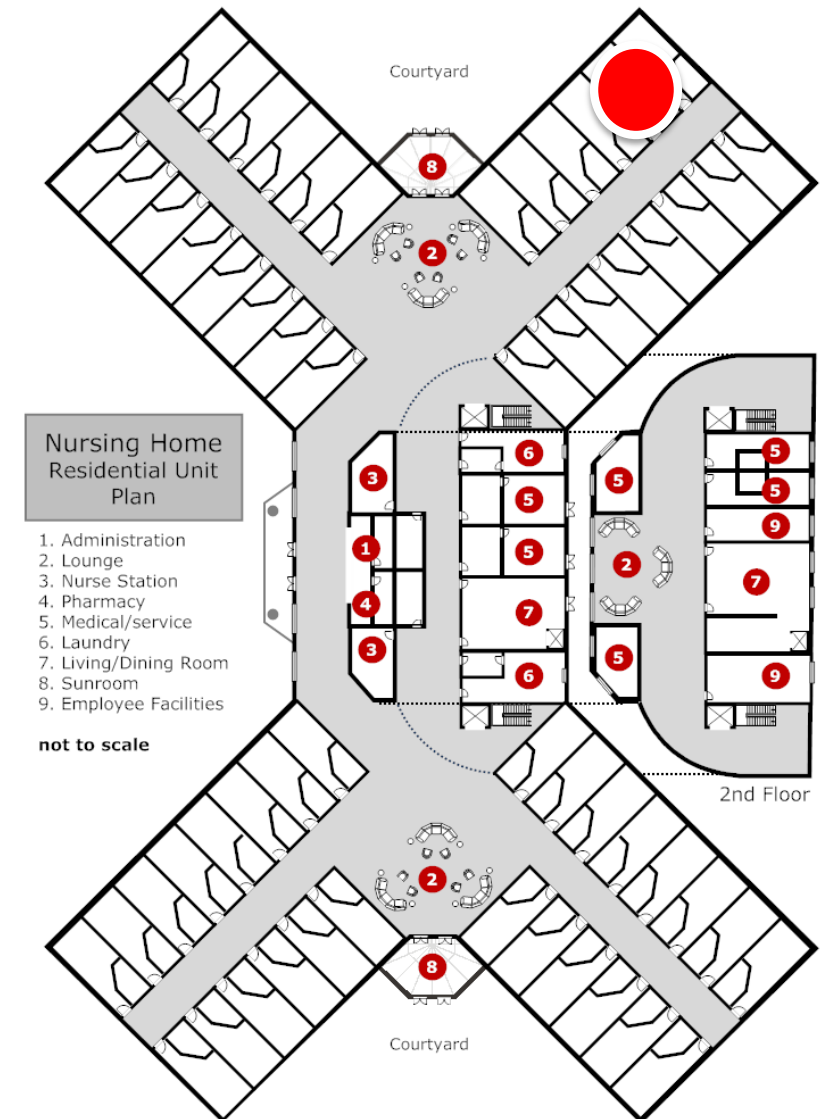


Break slide

Next up – Case Discussion

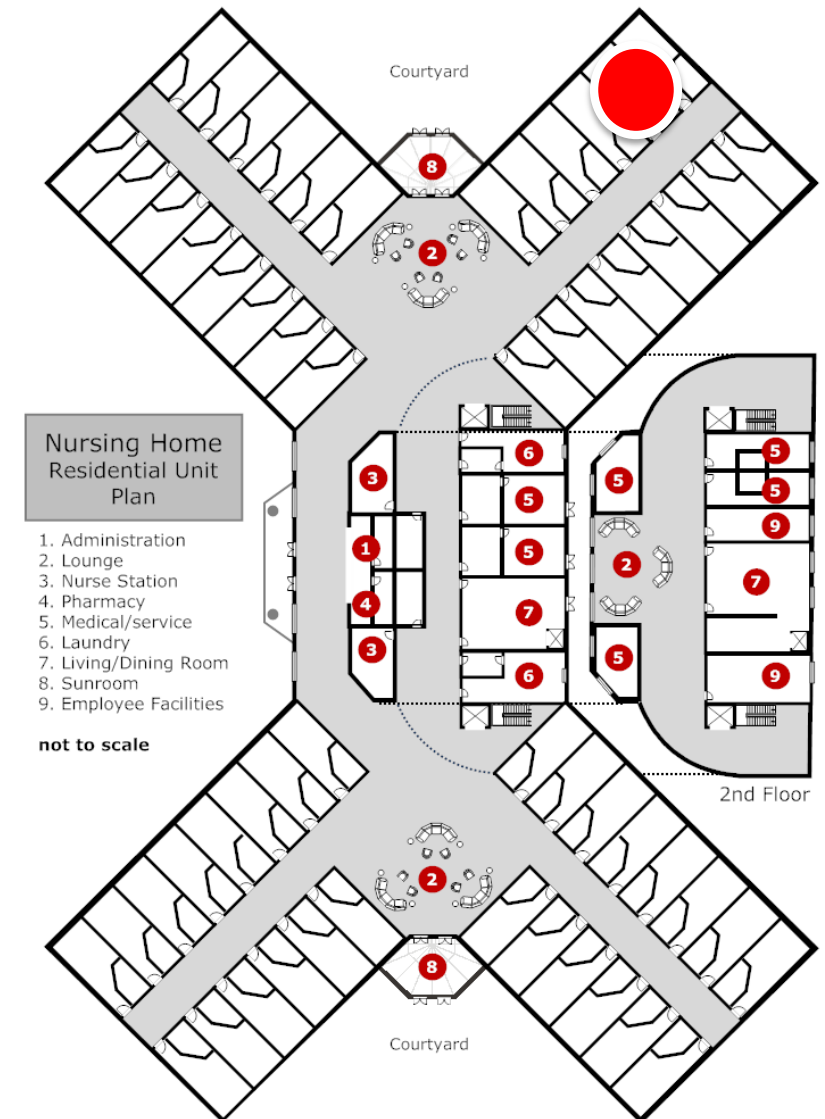
Case Study 1

- Do I isolate this resident?
 - On rounding, you are alerted to a resident who displays atypical symptoms of COVID-19 (low grade fever, fatigue, some GI symptoms).
 - Where in pandemic? Early
 - PPE availability: low
 - Testing (TAT, Ag/PCR): PCR only, >7 days TAT
 - Staff shortages: none
 - Outbreak status: none
- Do you isolate?
 - Yes, No, Depends?



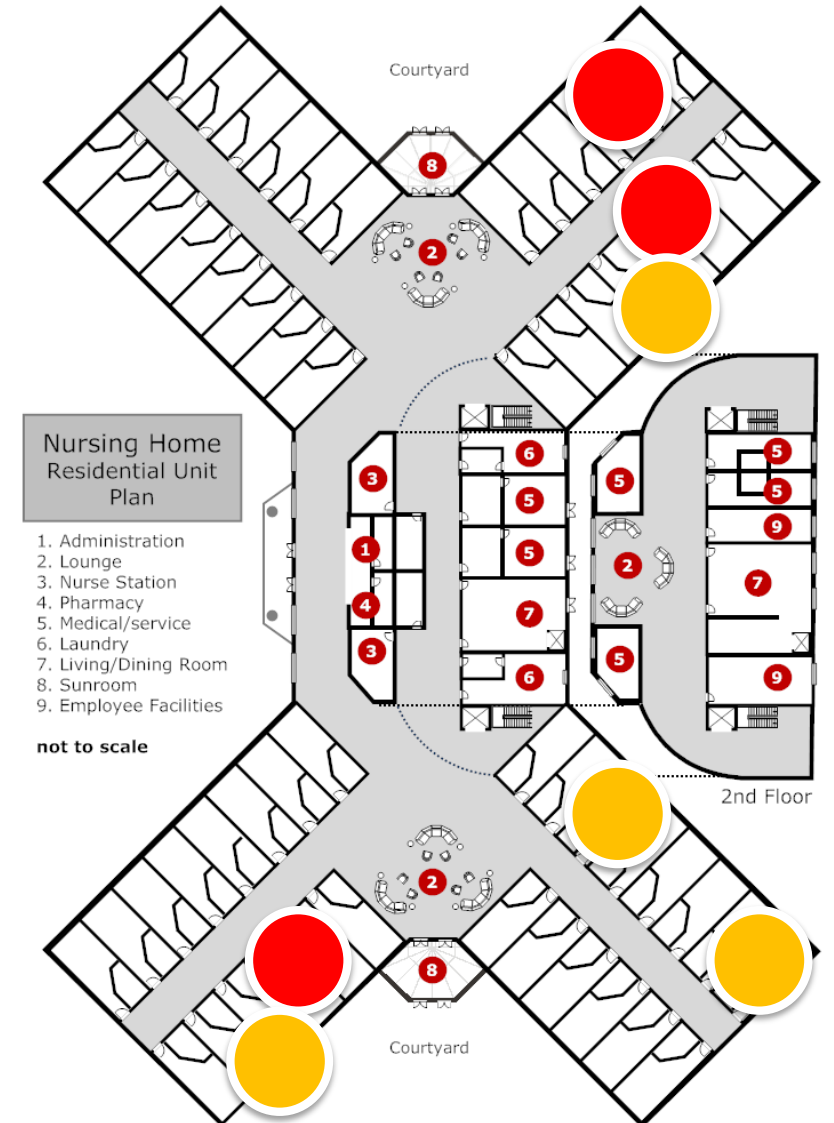
Case Study 1b

- Do I isolate this resident?
 - On rounding, you are alerted to a resident who displays atypical symptoms of COVID-19 (low grade fever, fatigue, some GI symptoms).
 - Where in pandemic? **Middle**
 - PPE availability: **High**
 - Testing (TAT, Ag/PCR): **PCR only, 48 hours**
 - Staff shortages: none
 - Outbreak status: none
- Do you isolate now? Did your clinical decisions change based on resources?



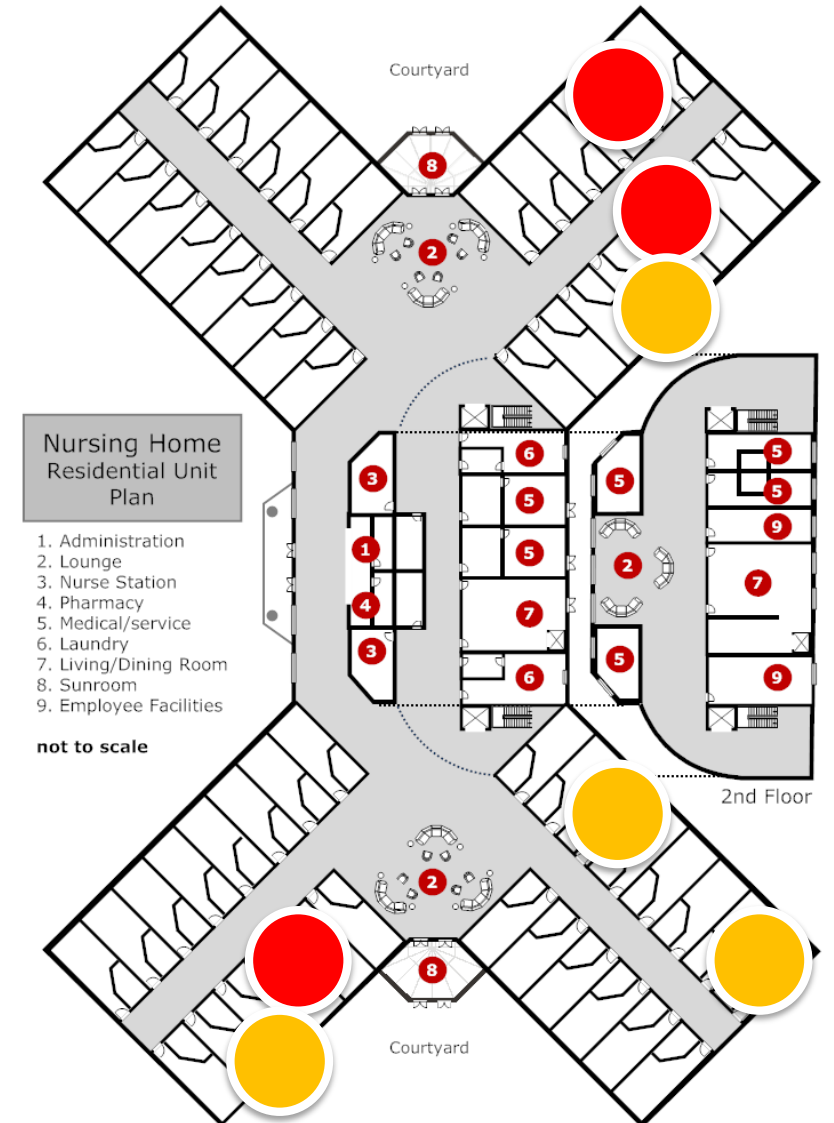
Case Study 2

- Outbreak Management
 - You now have 3 residents with confirmed COVID-19 and another 4 residents on different units that are PUIs. What do you do?
 - Where in pandemic? Early
 - PPE availability: low
 - Testing (TAT, Ag/PCR): PCR only, >7 days TAT
 - Staff shortages: none
 - Outbreak status: none
- Outbreak management
 - Cohorting? Known positive with PUI/negative?
 - Disclosure of outbreak status?
 - Closing the facility?



Case Study 2b

- Outbreak Management
 - You now have 3 residents with confirmed COVID-19 and another 4 residents on different units that are PUIs. What do you do?
 - Where in pandemic? **Late**
 - PPE availability: **high**
 - Testing (TAT, Ag/PCR): **PCR and Antigen testing, <48 TAT**
 - Staff shortages: **yes**
 - Outbreak status: **yes, 2nd outbreak**
- Outbreak management
 - Cohorting? Known positive with PUI/negative?
 - Disclosure of outbreak status?
 - Closing the facility?



Conversations to Prepare for Improvement

Next up – Quality Assurance / Performance
Improvement: Conversations to Prepare for
Improvement

Conversations to Prepare for Improvement

**AHRQ ECHO National Nursing
Home COVID-19 Action Network**

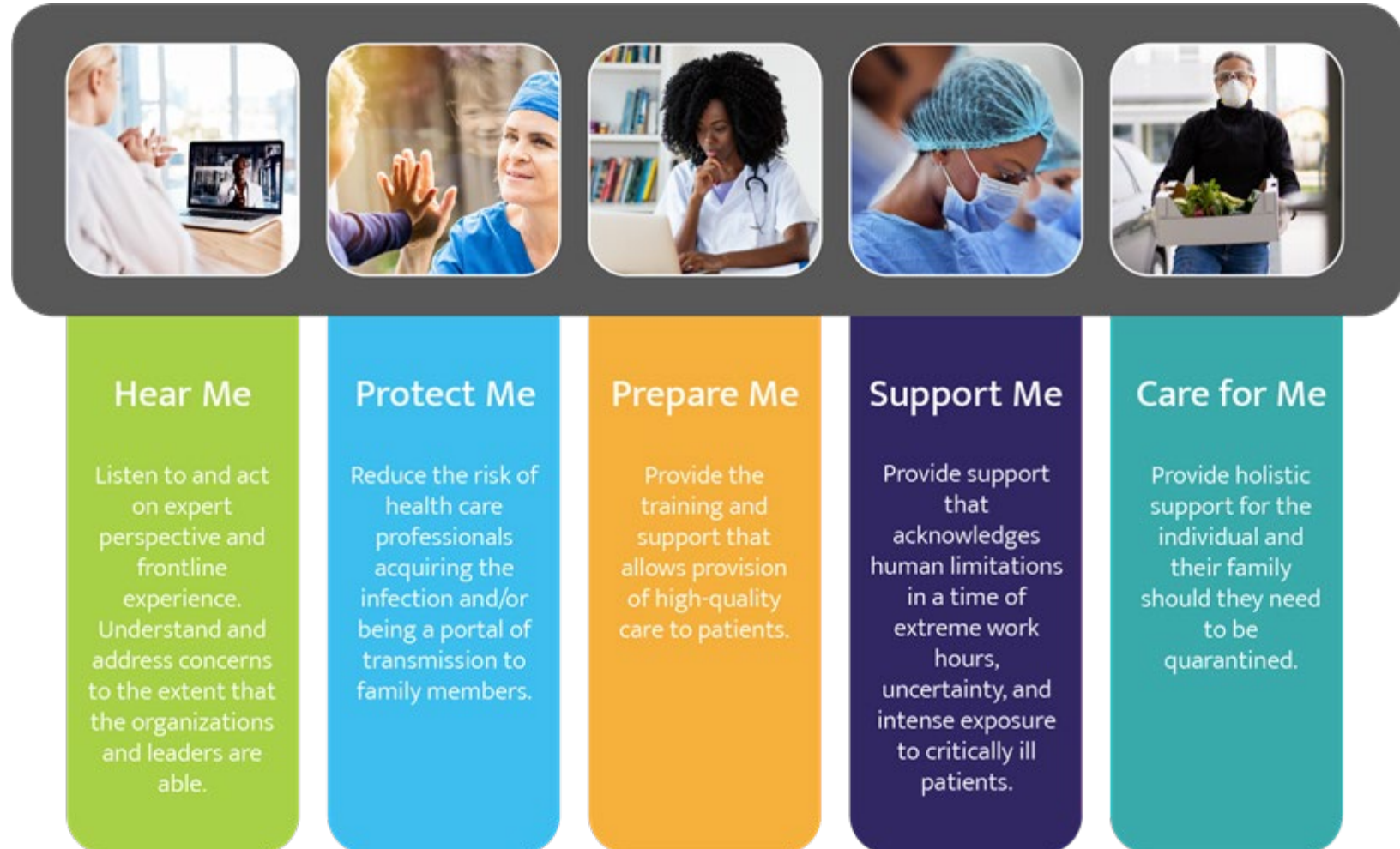


Why Conversation?

- Information to assist in problem solving
- Support Staff wellbeing
- Tap into creativity of staff
- Promote joy in work and healthy relationships
- Build a more robust system



Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic



Shanafelt T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. *JAMA*. 2020;323(21):2133–2134. doi:10.1001/jama.2020.5893

Infographic created by the American Medical Association.

Hear Me



Hear Me

Listen and act on lived experience to understand and address concerns to the extent organizations and leaders are able

Short huddles, in small groups or 1:1 where you can ask:

- What concerns do you have for residents, yourself, or the team?
- Are there steps we can take right now as a team?
- What good thing happened today?

Where can you fit this into the work you're already doing?

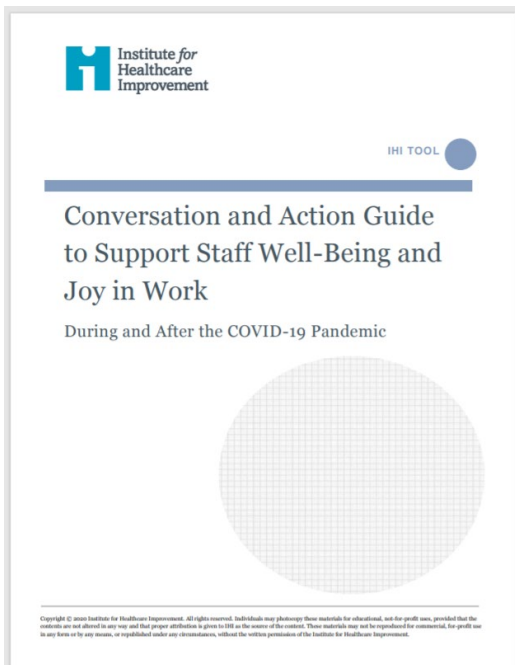
Practice Active Listening and Problem Solving

“Here’s what I hear you saying – do I have that right?”

“What do we still need to learn?”

“How can we do this together?”

What active listening or problem solving phrases do you like to use?

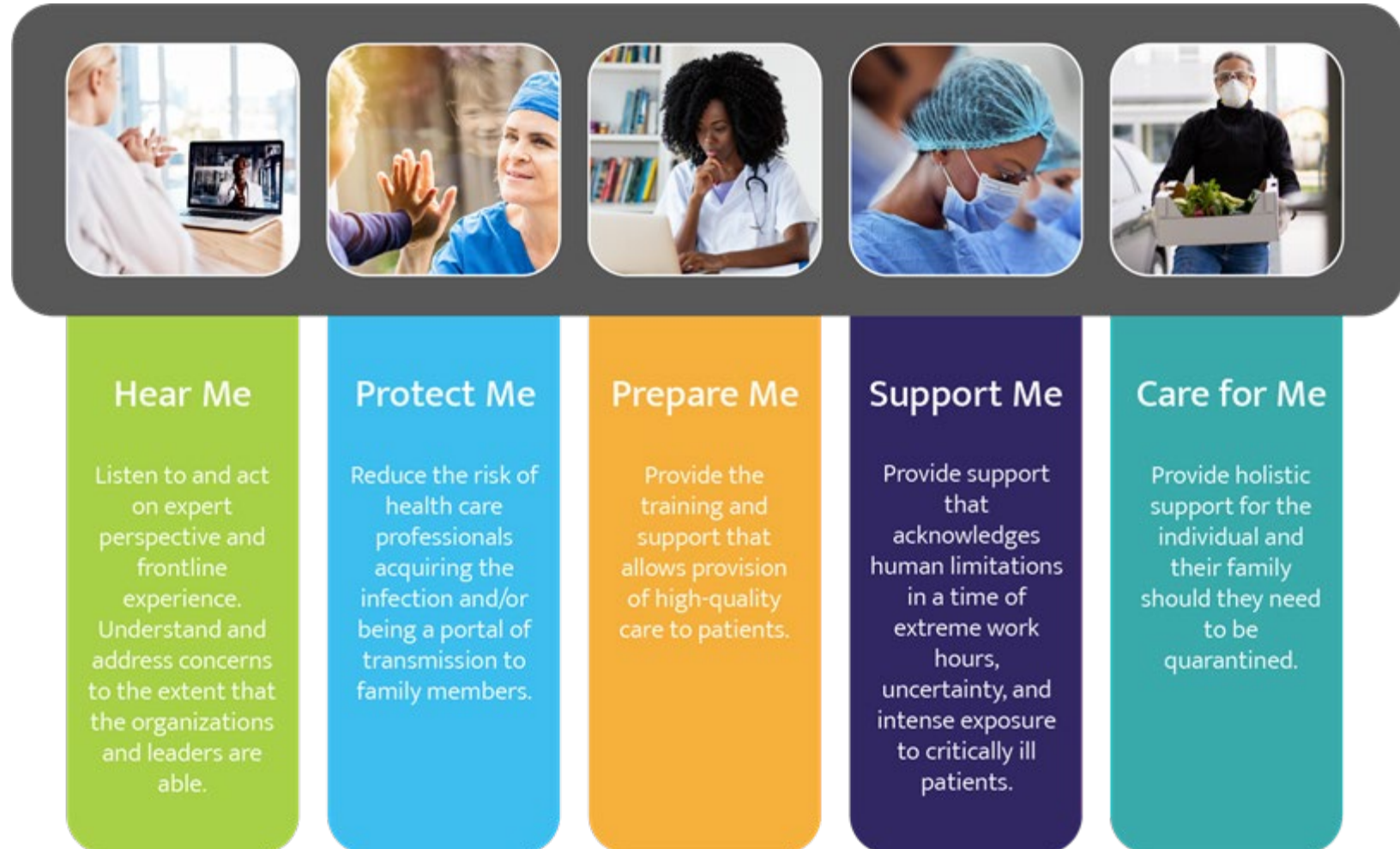


Leave in Action

- Speak to 5 staff members and ask them some version of the questions below:
What concerns do you have for residents, yourself, or the team?
Are there steps we can take right now as a team?
What good thing happened today?
- Share next week what came up that was surprising or what new ideas emerged from problem solving

<http://www.ihi.org/resources/Pages/Tools/Conversation-Guide-to-Support-Staff-Wellbeing-Joy-in-Work-COVID-19.aspx>

Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic



Shanafelt T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. *JAMA*. 2020;323(21):2133–2134. doi:10.1001/jama.2020.5893

Infographic created by the American Medical Association.

Honoring the Work

Examples From the Field

**AHRQ ECHO National Nursing
Home COVID-19 Action Network**





COVID-19

Get the latest information from the CDC about COVID-19.

[LEARN MORE](#)

[Learn about vaccine progress from the CDC](#)

<https://youtu.be/5Lkc1FKXT0A>

COVID-19-proof hug booth set up at care facility

3,633 views • Oct 2, 2020

👍 65 💬 39 ➦ SHARE ⚙️ SAVE ⋮

What Is Going Well? Some Examples...

- Finding KN95s and N 95s in unique places
- Sense of family among the team
- Community support – businesses, faith-based organizations, etc.
- Infection Control Rounds and Infection Prevention Champions – catching people doing the right things, as well as coaching for correct procedures
- Buddy systems and checklists for donning and doffing
- Creating COVID sections/wings
- Identifying symptoms, testing and cohorting quickly
- Using plexiglass barriers in common areas and outdoors for visiting
- Acknowledging staff through incentives and recognition
- Creating safe hugging spaces
- Supporting quarantined dementia patients through the use of clear barriers and engaging toys/activities
- Outdoor visiting and parades

Share Your Videos and Images!

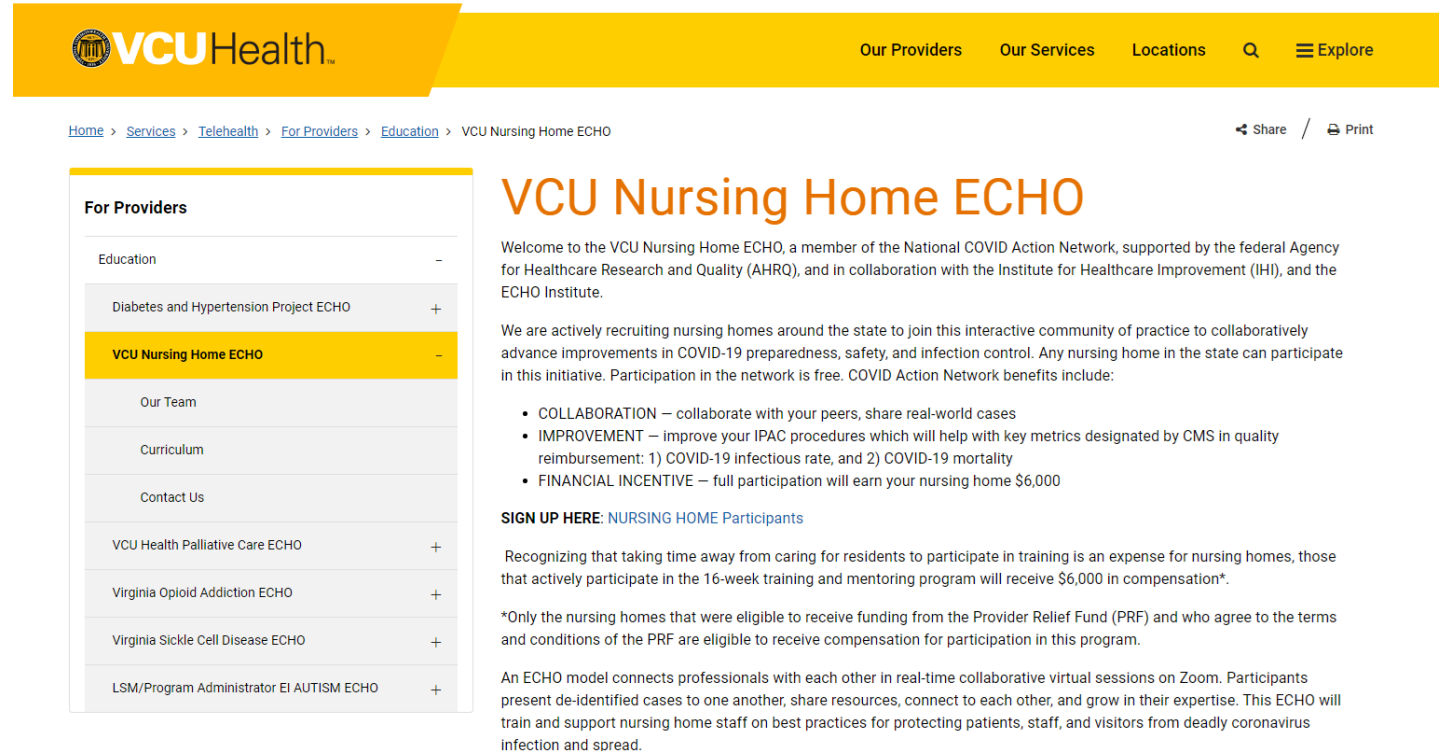


Break slide

NEXT UP – WRAP UP & NEXT STEPS

VCU Nursing Home ECHO Website

- Team members
- Curriculum content
- Handouts-Don't forget your 1-Pager!
- Contact information



The screenshot shows the VCU Health website's "For Providers" page for the VCU Nursing Home ECHO program. The page has a yellow header with the VCU Health logo and navigation links: "Our Providers", "Our Services", "Locations", a search icon, and "Explore". Below the header is a breadcrumb trail: "Home > Services > Telehealth > For Providers > Education > VCU Nursing Home ECHO". On the right side of the breadcrumb trail are "Share" and "Print" icons. The main content area is titled "VCU Nursing Home ECHO" in orange. Below the title is a welcome message and a list of benefits. A table on the left lists various ECHO programs, with "VCU Nursing Home ECHO" highlighted in yellow. The table has columns for the program name and a plus/minus icon. The "VCU Nursing Home ECHO" row is highlighted in yellow. The table lists the following programs: Education, Diabetes and Hypertension Project ECHO, VCU Nursing Home ECHO, Our Team, Curriculum, Contact Us, VCU Health Palliative Care ECHO, Virginia Opioid Addiction ECHO, Virginia Sickle Cell Disease ECHO, and LSM/Program Administrator EI AUTISM ECHO. The "VCU Nursing Home ECHO" row is highlighted in yellow. The table also lists the following programs: Education, Diabetes and Hypertension Project ECHO, VCU Nursing Home ECHO, Our Team, Curriculum, Contact Us, VCU Health Palliative Care ECHO, Virginia Opioid Addiction ECHO, Virginia Sickle Cell Disease ECHO, and LSM/Program Administrator EI AUTISM ECHO. The "VCU Nursing Home ECHO" row is highlighted in yellow.

VCU Nursing Home ECHO

Welcome to the VCU Nursing Home ECHO, a member of the National COVID Action Network, supported by the federal Agency for Healthcare Research and Quality (AHRQ), and in collaboration with the Institute for Healthcare Improvement (IHI), and the ECHO Institute.

We are actively recruiting nursing homes around the state to join this interactive community of practice to collaboratively advance improvements in COVID-19 preparedness, safety, and infection control. Any nursing home in the state can participate in this initiative. Participation in the network is free. COVID Action Network benefits include:

- COLLABORATION – collaborate with your peers, share real-world cases
- IMPROVEMENT – improve your IPAC procedures which will help with key metrics designated by CMS in quality reimbursement: 1) COVID-19 infectious rate, and 2) COVID-19 mortality
- FINANCIAL INCENTIVE – full participation will earn your nursing home \$6,000

SIGN UP HERE: [NURSING HOME Participants](#)

Recognizing that taking time away from caring for residents to participate in training is an expense for nursing homes, those that actively participate in the 16-week training and mentoring program will receive \$6,000 in compensation*.

*Only the nursing homes that were eligible to receive funding from the Provider Relief Fund (PRF) and who agree to the terms and conditions of the PRF are eligible to receive compensation for participation in this program.

An ECHO model connects professionals with each other in real-time collaborative virtual sessions on Zoom. Participants present de-identified cases to one another, share resources, connect to each other, and grow in their expertise. This ECHO will train and support nursing home staff on best practices for protecting patients, staff, and visitors from deadly coronavirus infection and spread.

<https://www.vcuhealth.org/NursingHomeEcho>

Curriculum Content

1. Preventing and Limiting the Spread of COVID-19 in Nursing Homes
2. Guidance and Practical Approaches for use of Personal Protective Equipment (PPE) During COVID-19
3. Approaches to Cohorting during COVID-19
4. **Promoting Solutions for Making the Built Environment Safe During COVID-19**
5. Guidance for Cleaning and Disinfecting During COVID-19
6. COVID-19 Testing for Nursing Homes
7. COVID-19 Community Transmission and Nursing Home Screening Strategies
8. Staff Returning to Work Safely During COVID-19

Break slide

NEXT UP – RESOURCES

RESOURCES



References and Resources

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>

https://www.jhsph.edu/covid-19/_documents/protecting-individuals-residing-in-long-term-care-facilities_final.pdf

<https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Cohorting.pdf>

<https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/Management-of-hemodialysis-patients-reside-in-long-term-care-facilities.pdf>

References and Resources

- Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019(COVID-19) Pandemic. July 15, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Centers for Medicare & Medicaid Services. COVID-19 Long-Term Care Facility Guidance. April 2, 2020: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>
- Centers for Medicare & Medicaid Services. Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool. QSO-20-38-NH. August 26, 2020: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- United States Environmental Protection Agency. List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19): <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>