Nursing Home ECHO

COVID-19 Action Network

Virginia Nursing Homes * VCU Department of Gerontology
VCU Division of Geriatric Medicine * Virginia Center on Aging

For educational and quality improvement purposes, we will be recording this video-session. By participating in this ECHO session you are consenting to be recorded. If you have questions or concerns, please email, nursinghome-echo@vcu.edu.

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Agency for Healthcare Research and Quality

Institute for Healthcare Improvement

Session 8

Infection Prevention and Management:

Staff Returning to Work Safely during COVID-19

Quality Assurance-Performance Improvement:

Moving to Action

CE/CME Disclosures and Statements

Disclosure of Financial Relationships:

The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:

Christian Bergman, MD – none; Dan Bluestein, MD – none; Joanne Coleman, FNP-none; Laura Finch, GNP - none; Tara Rouse, MA, CPHQ, CPXP, BCPA – none; Sharon Sheets-none;

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Announcements

CE Activity Code

Within 7 days of this meeting, **text the activity code to (804)625-4041.** Please email any problems to ceinfo@vcuhealth.org.

Attendance

Because attendance rewards and CE credit are dependent upon your ECHO attendance, contact us at nursinghome-echo@vcu.edu if you have a conflict.

Session Agenda

- Acknowledgements & Announcements
- Best Practices Briefing
- Case Presentation
  - Hub Team response and recommendations
  - Spoke Sites response and recommendations
  - Facilitator summarizes recommendations
- Quality Assurance and Performance Improvement Booster
- Community Forum - Sharing Successes, Challenges and Solutions

ECHO is All Teach, All Learn

Breakout IceBreaker

Break out Topic: What is the best idea one of your work colleagues has had about COVID or care in the past three months and why?

On Return: One member please share from your breakout session.

Session 8 Learning Objectives

Best Practices Briefing:

By the end of the session, participants will identify:

1. A potential checklist to use when evaluating readiness of affected staff member's return to work.
2. One method to improve staff disclosure of COVID-19 exposure & symptoms.
3. At least one way to reduce potential of staff shortages.

Quality Assurance-Performance Improvement:

By the end of the session, participants will:

1. Identify one or more ideas to try in moving to action
2. Understand diffusion of innovation related to vaccines.

Staff returning safely to work during COVID-19

Slides courtesy of:
AHRQ ECHO National Nursing Home COVID-19 Action Network
Jennifer Kim, DNP, GNP-BC, GS-C, FNAP, Vanderbilt University School of Nursing
Abby Luck Parish, DNP, AGPCNP-BC, GNP-BC, FNAP, Vanderbilt University School of Nursing

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1. Return To Work After Infection

Isolation:
Confirmed case stays home
(symptomatic OR asymptomatic)

Return to work after mild-moderate symptomatic infection

- Checklist for staff with mild to moderate illness on day 10 of symptoms:
  - ✓ 24 hours since last fever without the use of fever-reducing medications
  - ✓ Symptoms improved
- If yes to both on day 10, CDC says ok to return to work.
- Wear face mask (instead of cloth face covering) until symptoms resolve.

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Return to work after severe infection

- Checklist for staff with severe to critical illness OR staff who are immunocompromised on day 10 - 20 of symptoms:
  - ✓ 24 hours since last fever without the use of fever-reducing medications
  - ✓ Symptoms improved
- CDC suggests consulting with infection control for these cases when in doubt.

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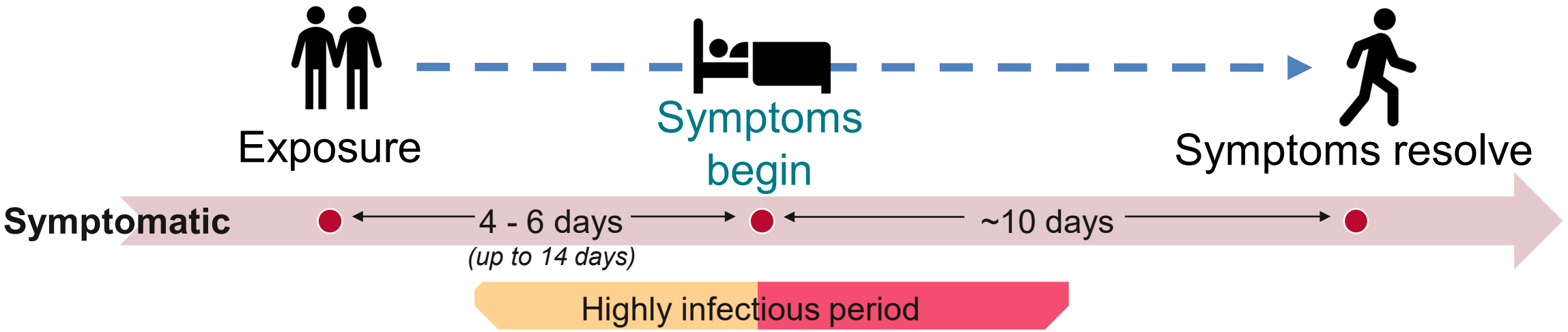
Re-testing people with symptoms?



Positive test – May persist for days (or even weeks) after symptoms resolve.
- Due to presence of replication incompetent virus

Https://cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

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Return to work after asymptomatic infection

- At least 10 days have passed since the date of their first positive viral diagnostic test.

  OR

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).

2. Return To Work After Exposure

Quarantine:
Healthy person with
exposure stays home

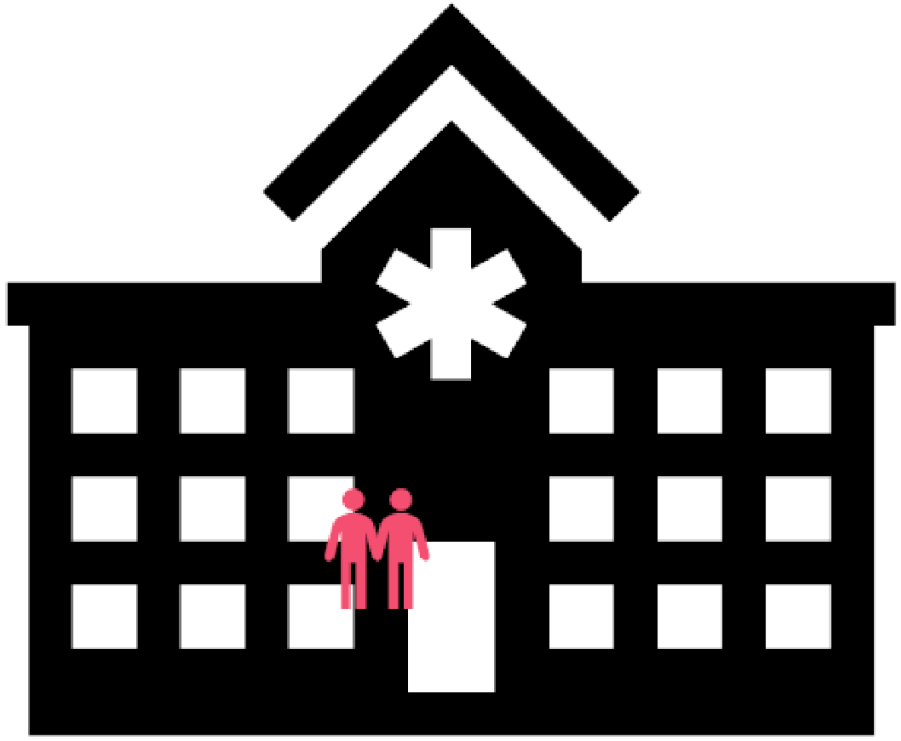
Decision Points

- facility vs home/community
- availability of PPE
  - Appropriateness of use
- Meet CDC definition: “exposure”= close contact <6’ for 15 + minutes (minutes do not need to be consecutive).
  - Exposure to confirmed case

Exposure in Facility

- No/inappropriate use of PPE => quarantine

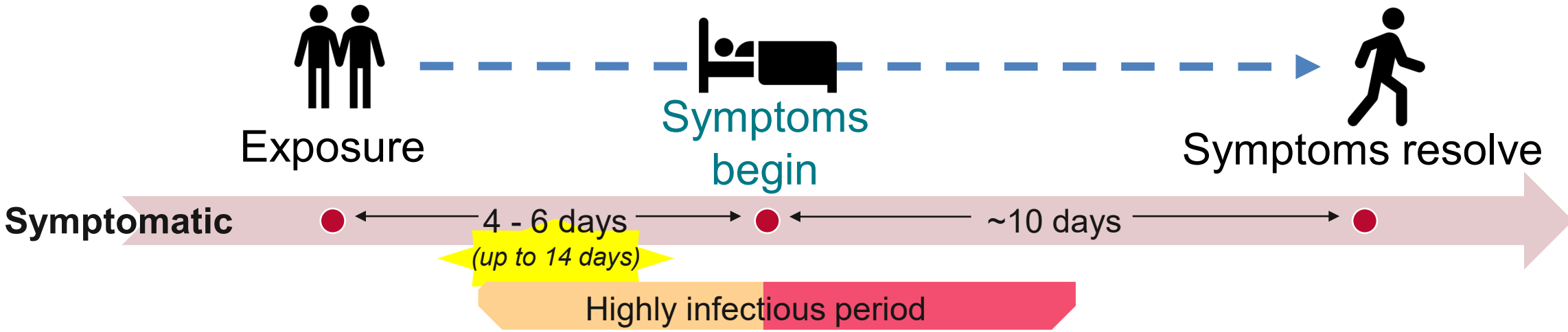
- Correct PPE use:
  - Remain at work
  - Routine symptom monitoring & testing



Home/Community

- Quarantine
- If symptoms arise, transition to return-to-work guidelines for symptomatic cases.

Testing post-exposure



Positive test – may persist for days (or even weeks) after symptoms resolve

3. Staff Management Considerations

Policies

- Communicated early & often
  - When need to isolate or quarantine
  - Contingency plans if staff sent home
- Non-punitive
- Do not incentivize “presentism”

“Anyone with COVID-type symptoms will be doing the best thing for themselves, their coworkers, and their patients by staying home.”

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Employee attitudes & Beliefs

- Concerns:
  - Fear of loss of pay
  - Perception of “taking advantage”
  - Not “dump” on others
- Address “contagion guilt”
  - Best predictor of spread community prevalence
  - Some exposures may be unavoidable

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Reducing staffing shortages

From CDC: Adaptations to return-to-work policies in response to escalating staffing crises may be undertaken after other measures have failed, and patients and families should be notified of these policy adjustments as they are made:

- Staff with exposure may work until test results return, as long as they are asymptomatic & use PPE
- Staff with suspected or confirmed cases may work doing tasks that do not interact with other staff or patients (e.g., telehealth).
- Staff with confirmed and asymptomatic infection may care for cohorted patients who are also infected. (who determines work-emp. Or facility)
- Absolute Last resort: Staff with confirmed infections who are asymptomatic may care for patients who are uninfected

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Case for Session 8

Situation: a staff member with COVID-19 diagnosis wants to return to work

Background: Pamela, a CNA contracted a moderate to severe case of COVID-19 and was hospitalized for three days. Upon returning home, she remained weak and short of breath for a few more weeks. She gradually returned to her previous level of function, walking 1-2 miles a day. She also slowly regained her appetite and her energy level.

Assessment: Pamela has been sick and is anxious to return to work but there is some confusion about whether she yet can.

Case continued

Recommendations: Her supervisor recommends she come back to work. What do you recommend?

- Under what conditions may Pamela return to work (does she need to have two documented negative COVID-19 test results, or may she return to work based on resolution of all symptoms and 14 or 20 days of isolation)? • May Pamela work with any/all residents, or must she work with COVID-19 positive residents (work on the COVID unit)? If so, for how long? • Does Pamela need to wear full PPE based on her previous (recent) COVID-19 positive status, or does her use of PPE depend on the status of the residents in her care, using the same protocols as other staff members?

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Let’s Poll It Up!

Chat in…

- Are you experiencing vaccine hesitancy within your staff?
- What have you done to try to address this hesitancy?
- Has it worked?

Diffusion of Innovation

YouTube

Diffusion of Innovation Theory: The Adoption Curve

https://youtu.be/9QnfWhtujPA

Diffusion of Innovation and COVID Vaccines

Adopter Group	Strategies for Engagement
Innovators	These are folks who know they want the vaccine and are passionate about it. Identify them through huddles and ask them to be peer ambassadors – educating fellow team members about the vaccine and answering questions.
Early Adopters	You will find many opinion leaders in this group. Ask them to share (through huddles and other opportunities) why they have decided to receive a vaccine. Invite them to assist in developing marketing campaigns.
Early Majority	Individuals in this group will be influenced by the experiences of their peers. Use public marketing campaigns to let this group know about the vaccine, how many of their teammates have received their vaccines and what their experiences were like.
Late Majority	In general, this group will consist of folks who are skeptical regarding the vaccine. Provide them with regular updates regarding vaccine status in your facility, as well as emerging data and testimonials from across the country.
Laggards	Folks in this group won't likely receive a vaccine until there is no alternative. Appeal to these individuals through policies and protocols.

Key Phrases for Understanding and Promoting Change

- “Tell me what you know about the vaccine.”
- “What concerns do you have about the vaccine?”
- “What would be the best thing that could happen if you got the vaccine?”
- “On the one hand, you have fears about the vaccine. On the other hand, you want to keep yourself and your love ones from getting COVID.”

Remember to Promote Psychological Safety…

- Be accessible
- Demonstrate vulnerability
- Invite participation
- Learn from failures
- Listen
- Use empathetic language
- Hold self and others accountable

https://www.mgma.com/resources/human-resources/cultivating-psychological-safety-activating-human

Acknowledge the Hard Stuff

https://twitter.com/gradydoctor/status/1339962986002264066

Thread

Kimberly D. Manning, MD @gradydoctor · Dec 18

1/
You: "They crazy as hell if they think I'm doing that shit."

We stared at the wall-mounted TV showing the news. Health care workers gleefully rolled up sleeves and smiled for cameras as they received the first batches of the #COVIDVaccine.

You shook your head hard.

39 387 1.5K

Kimberly D. Manning, MD @gradydoctor · Dec 18

2/
I'd swung by to check on you after missing you on rounds earlier that morning. Even though the television was muted, what was happening was clear.

Me: "What makes you say that?"

You cocked your head and raised your eyebrows at me.

Then threw back your head and laughed.

1 1 104

Kimberly D. Manning, MD @gradydoctor · Dec 18

3/
Me: "I'm serious!"
You: "Shiiit, I am, too!"

laughter

Me: "But real talk, though. What makes you say that?"
You: "Say what? Say I ain't taking that half-cooked shot they peddling?"

Perspectives

The art of medicine

More than medical mistrust

I turned off the ignition and sat still. Up until that moment, I'd been excited about this day. But now that it was here, I felt this strange mixture of angst and ambivalence. A sudden urge welled up in me to grab my phone, call the centre, and cancel. I told myself, "You don't have to do this." I reassured myself, "I know."

I stepped out of the parking garage and made my way towards the building. Once I reached the ramp leading to the entrance, I froze. My feet felt glued to the asphalt and a few tears slid down my cheeks. Why was I crying? I pressed the heels of my palms into my eyes and took a big drag of air. It was exactly 2 minutes past the start time of my appointment. I told myself, "You really don't have to do this." I reassured myself, "I know."

My phone buzzed and startled me. It was the vaccine trial coordinator reaching out to see if I would still be coming. I paused before answering. "Yes. I'm walking in now." They were pleasant when I stepped inside. Even behind the mask, I could see from the twinkle in their eyes that they were smiling. They took my temperature, asked a few questions about my health status, and then escorted me to an elevator that, for safety reasons, I'd ride up alone. My inner voice began speaking again. "You can still leave, you know." And I told myself, "I know."

My hands were wringing in my lap. The coordinator sat directly across from me with a clipboard and began the process of informed consent. I felt my pulse quickening. Each breath I took behind my mask pushed plumes of condensation onto my glasses. I removed them, wiped them off, and pinched the nose on my face cover before placing them back on my face. The coordinator asked, "Is everything okay?" "Yes", I replied. "I just need to be able to see." They nodded and continued the process. With every statement on that long list, I listened intently. I asked them to repeat or reword the parts that weren't clear to me or that I perceived as unnecessarily complex. My responses were slow and measured. Then, after the final question, they handed me a stack of papers with stickies on the areas for me to sign, telling me to ask if I had more questions.

That's when it happened. Without warning, a cacophony of sounds clattered inside of my head. Throaty voices cried out in protest. There was the tinkling of metal instruments punctuated by shrieks of pain and conciliatory murmurs. Then came scuffling sounds along with the clink of handcuffs. Someone wept in rhythmic ticks and then, just for a few moments, there was silence. Next, there was the sound of a brass band playing. Then came the laughter. Soft at first, but quickly becoming louder, blended with applause and sounds of celebration. I closed my eyes and took in a deep breath, hoping I could drown it all out. I could not.

The coordinator spoke my name and shook me from my inner thoughts. They offered a smile and asked how I was. I said, "Um, sorry, yes, I'm fine." The coordinator checked again, "Do you have any questions?"

I sifted through my brain for more, hoping to cover not only my own queries but all of those important things that those before me had not been afforded the chance to explore. I asked and asked and asked until I ran out of questions and breath. I wish it felt like enough. It did not.

I am a 50-year-old Black American woman physician who is a descendant of slaves. My parents are from Alabama and, in the 1940s, my maternal grandparents were students at the Tuskegee Institute, now Tuskegee University. All four of their children, including my mother, were born and raised in Macon County, AL, in the very hospital that conducted the now infamous Tuskegee Study of Untreated Syphilis in the Negro Male. And on this day, I initiated my participation in a phase 3 clinical trial for a vaccine against severe acute respiratory syndrome coronavirus 2.

The narrative of Tuskegee being synonymous with that horrific study came as a surprise to me. As a fourth-generation graduate of Tuskegee University, I'd always associated the word Tuskegee with Black excellence, uplift, and family connection. Just hearing those three syllables would bring to mind the sprawling campus with dormitories named for slavery abolitionists like Frederick Douglass and filled with majestic brick buildings built by students post Reconstruction. Although I'd heard about the syphilis study from my parents growing up, it wasn't until I entered residency at a predominantly white

The grounds and buildings of Tuskegee University

www.thelancet.com Vol 396 November 7, 2020 1481

https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932286-8

Leave in Action: Engage Innovators

Over the coming week:

- Identify or create an opportunity to hear from your community regarding vaccines
- Identify at least one potential innovator
- Invite the innovator(s) to help lead the charge re: vaccinations

Honoring the Work

Examples From the Field

AHRQ ECHO National Nursing Home COVID-19 Action Network

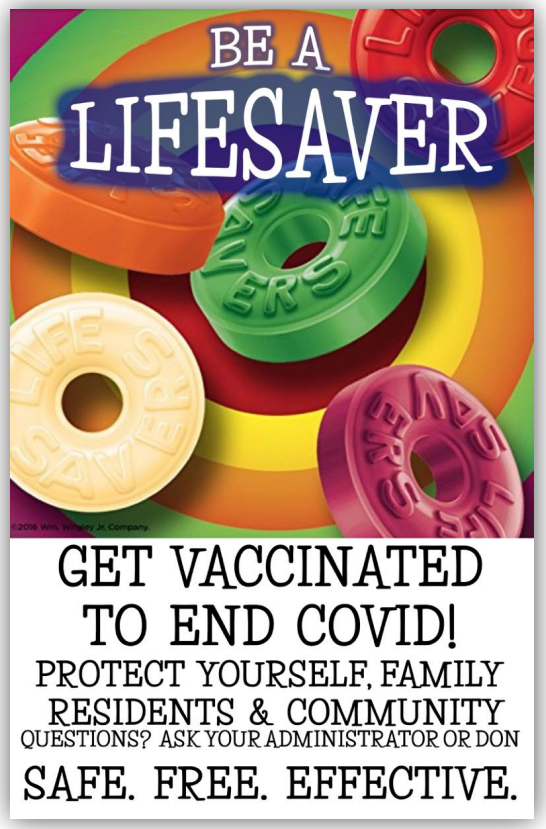
HEALTH SCIENCES

Project ECHO

AHRQ Agency for Healthcare Research and Quality

Institute for Healthcare Improvement

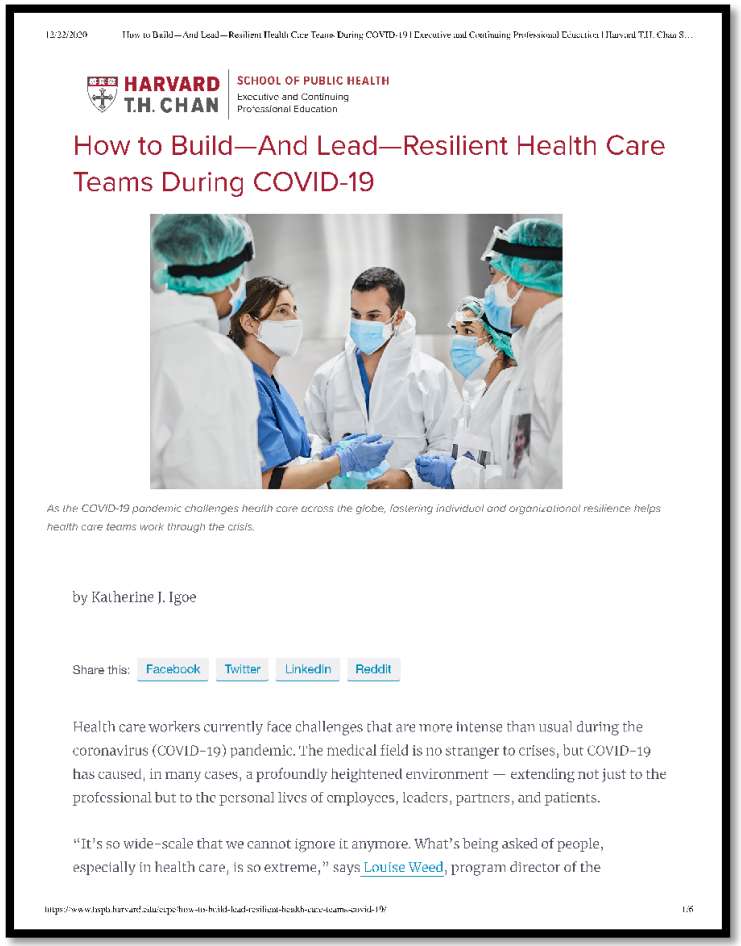
Pine Forest Nursing and Rehabilitation, Vanguard Healthcare, Mississippi



Resiliency for Leaders

"The temptation is just to run on fumes, but we make worse decisions and build worse systems when we do that. Now that we know this is for the long haul, the fumes aren't going to last us. Where are the pauses people can take and ask for help, just so they can come back to the problem and be strong leaders?"

-Louise Weed
Director, Leadership Strategies for Evolving Health Executives Program



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Executive and Continuing Professional Education

How to Build—And Lead—Resilient Health Care Teams During COVID-19

As the COVID-19 pandemic challenges health care across the globe, fostering individual and organizational resilience helps health care teams work through the crisis.

by Katherine J. Igoe

Share this: Facebook Twitter LinkedIn Reddit

Health care workers currently face challenges that are more intense than usual during the coronavirus (COVID-19) pandemic. The medical field is no stranger to crises, but COVID-19 has caused, in many cases, a profoundly heightened environment — extending not just to the professional but to the personal lives of employees, leaders, partners, and patients.

"It's so wide-scale that we cannot ignore it anymore. What's being asked of people, especially in health care, is so extreme," says Louise Weed, program director of the

https://www.hsph.harvard.edu/ecpe/how-to-build-lead-resilient-health-care-teams-covid-19/

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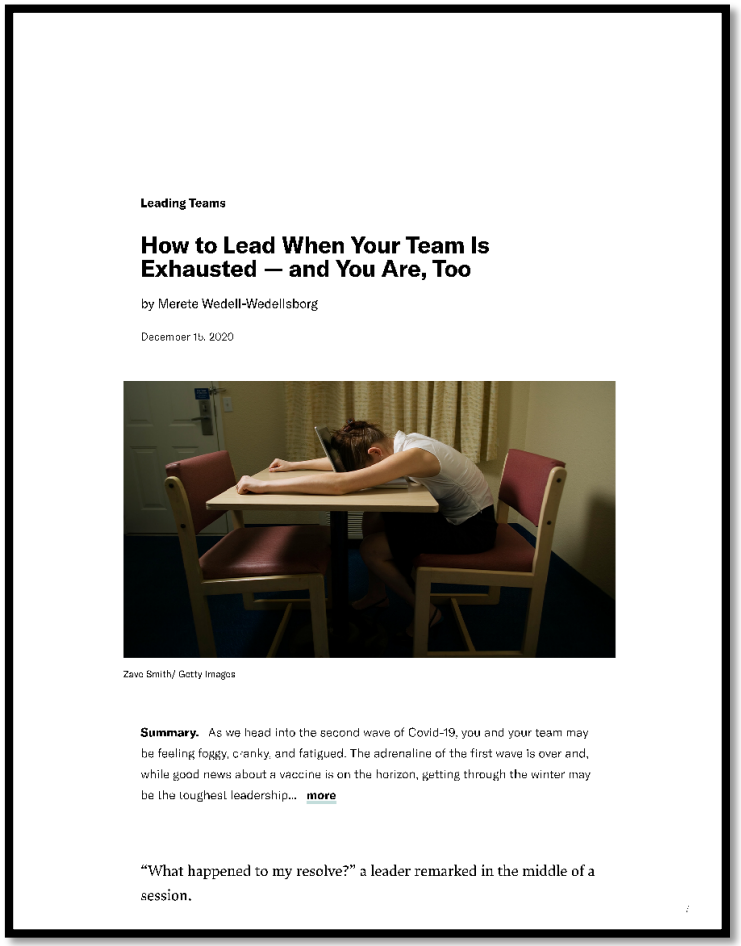

Leading Teams

How to Lead When Your Team Is Exhausted — and You Are, Too

by Merete Wedell-Wedellsborg

December 1b, 2020

Zave Smith/ Getty Images

Summary. As we head into the second wave of Covid-19, you and your team may be feeling foggy, cranky, and fatigued. The adrenaline of the first wave is over and, while good news about a vaccine is on the horizon, getting through the winter may be the toughest leadership... **more**

"What happened to my resolve?" a leader remarked in the middle of a session.

https://hbr.org/2020/12/how-to-lead-when-your-team-is-exhausted-and-you-are-too

Let’s Poll It Up Again!

Break slide

NEXT UP – WRAP UP & NEXT STEPS

Announcements

Next week

Interprofessional Team Management of Mild COVID-19 Cases
QAPI - Moving to Action

CE Activity Code

Within 7 days of this meeting, **text the activity code to (804)625-4041.**

Questions? email ceinfo@vcuhealth.org

Break slide

RESOURCES

Resources

https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/VDH-Interim-Recommendations-for-Quarantine-Duration-of-HCP_12.15.2020_Final.pdf

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CDC Interim Guidance updated 12/20

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed COVID-19[3]	• HCP not wearing a respirator or facemask[4] • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure[1]	• Exclude from work for 14 days after last exposure[5,6] • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19[7] • Any HCP who develop fever or symptoms consistent with COVID-19[7] should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	• N/A	• No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19[7] and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19[7] at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19[7] should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

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Resources shared by other facilities participating in the ECHO in Virginia

Videos to help educate about the vaccines:

Doctors explaining vaccine to EMT/firefighters about 25 minutes

https://www.youtube.com/watch?v=vbb_dyeYnEQ&feature=youtu.be

Nursing home medical director's town hall vaccine education video about 38 minutes

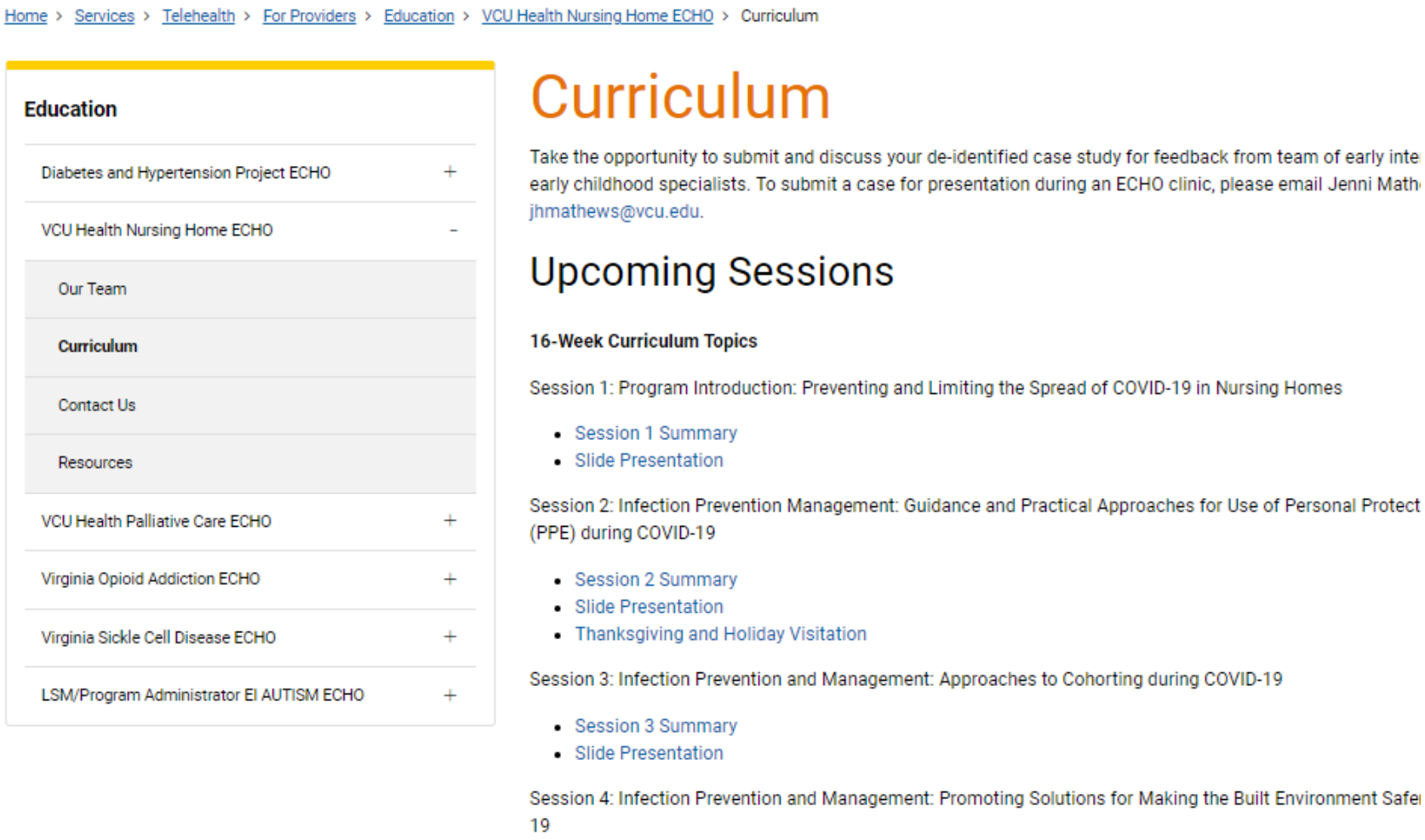
https://www.youtube.com/watch?v=fje2FAAWLCs

COVID-18 Virginia Emergency Response Team- recording of a public meeting Dec. 15 Black/ African American Community Conversation in total 1 ½ hours

https://www.youtube.com/watch?v=5U-qkZ0grSY&feature=youtu.be

Resources

https://www.vcuhealth.org/NursingHomeEcho Jan. 2021



Home › Services › Telehealth › For Providers › Education › VCU Health Nursing Home ECHO › Curriculum

Education

- Diabetes and Hypertension Project ECHO +
- VCU Health Nursing Home ECHO –
  - Our Team
  - **Curriculum**
  - Contact Us
  - Resources
- VCU Health Palliative Care ECHO +
- Virginia Opioid Addiction ECHO +
- Virginia Sickle Cell Disease ECHO +
- LSM/Program Administrator EI AUTISM ECHO +

Curriculum

Take the opportunity to submit and discuss your de-identified case study for feedback from team of early inte
early childhood specialists. To submit a case for presentation during an ECHO clinic, please email Jenni Math
jhmathews@vcu.edu.

Upcoming Sessions

16-Week Curriculum Topics

Session 1: Program Introduction: Preventing and Limiting the Spread of COVID-19 in Nursing Homes

- Session 1 Summary
- Slide Presentation

Session 2: Infection Prevention Management: Guidance and Practical Approaches for Use of Personal Protect
(PPE) during COVID-19

- Session 2 Summary
- Slide Presentation
- Thanksgiving and Holiday Visitation

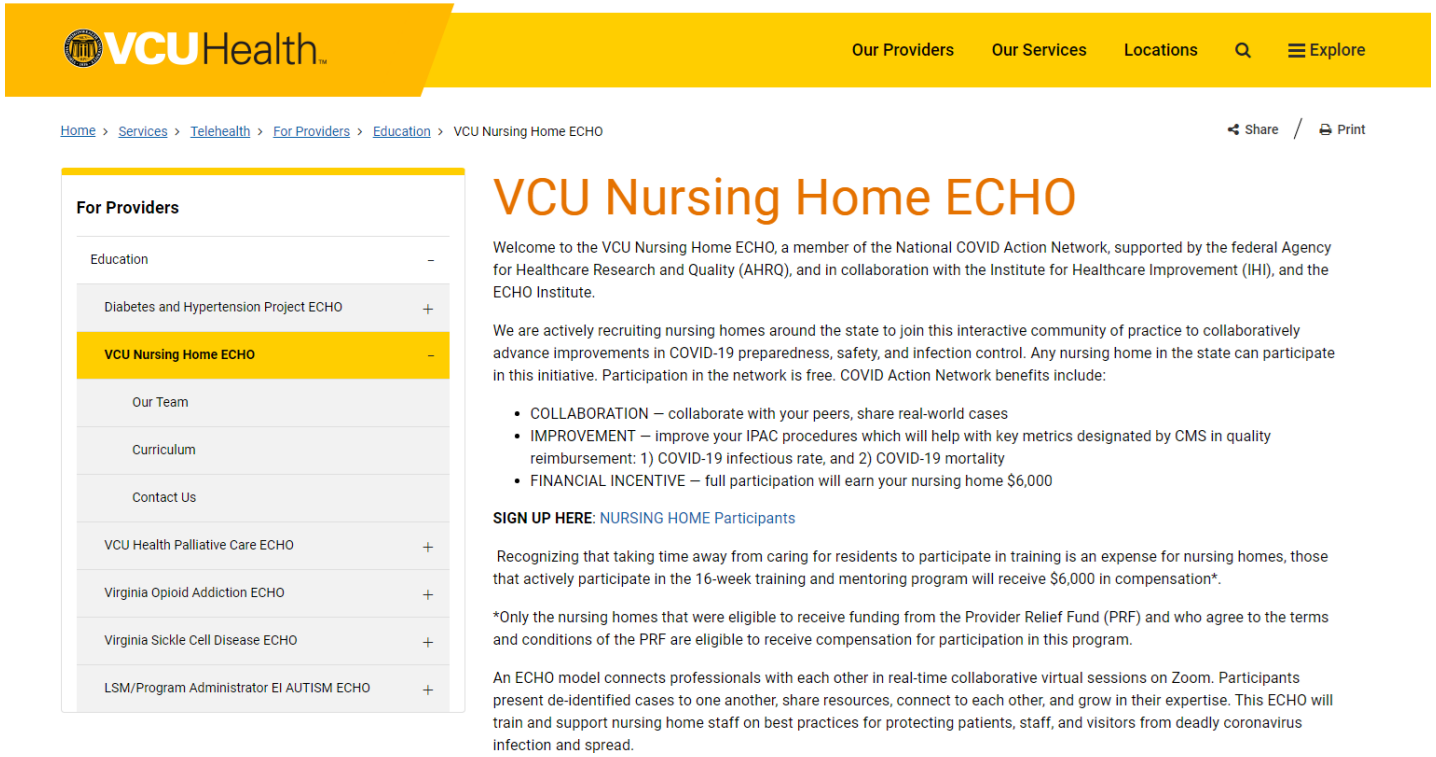
Session 3: Infection Prevention and Management: Approaches to Cohorting during COVID-19

- Session 3 Summary
- Slide Presentation

Session 4: Infection Prevention and Management: Promoting Solutions for Making the Built Environment Safe
19

VCU Nursing Home ECHO Website

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



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