



# VCU

## Nursing Home ECHO COVID-19 Action Network

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

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Agency for Healthcare  
Research and Quality





**VCU**

# **Module 6: Leadership Communication**

## **Session 2**

### **Leadership Huddles with Point of Care Staff**

# Your Hub Team



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# 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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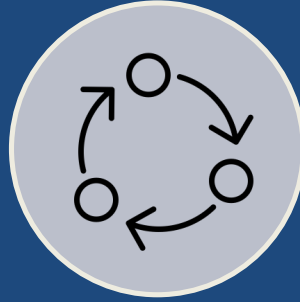
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# ECHO is All Teach, All Learn



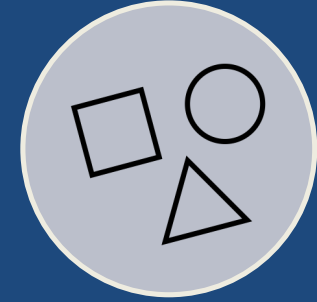
Interactive



Co-  
Management  
of Challenges



Peer-to-Peer  
Learning



Collaborative  
Problem  
Solving



# Check-in

If you haven't already, please introduce yourself in the chat with:

- Your name
- The name(s) of any co-workers watching with you
- Your Nursing Home

# Happy Nursing Assistants Week June 17-24!



# Agenda

- Introduction
  - Virginia COVID-19 Status (data)
  - Guidance/Regulatory Updates (CDC, CMS)
  - From the Literature
- Circling back: Addressing Concerns raised last week
- Weekly Content with Interactive Quality Improvement
- Wrap up
- Open Discussion
  - COVID-19 Active Issues
  - QI Content, more in-depth conversation
  - Questions for Group Discussion



# Learning Objectives

1. Understand the importance of the leaders' physical presence, participation, and facilitation for a successful huddle
2. Appreciate effective and efficient use of huddle time and have a positive/optimistic attitude
3. Utilize follow-up with staff on items discussed during the huddle

# COVID-19 Updates

- Data Updates
- CDC/CMS Updates
- New From the Literature

# Data Updates

In this section, we will cover weekly updates regarding data around COVID-19 transmission, variants, and forecasting

NEWS  
Montage!

# Virginia Reaches 70% Vaccinated Benchmark (VDH Dashboard)

## Number of Cases by Date of Symptom Onset

Number of cases by the day closest to when symptoms began.

Select Region

(Affects Bar Chart)

(All)

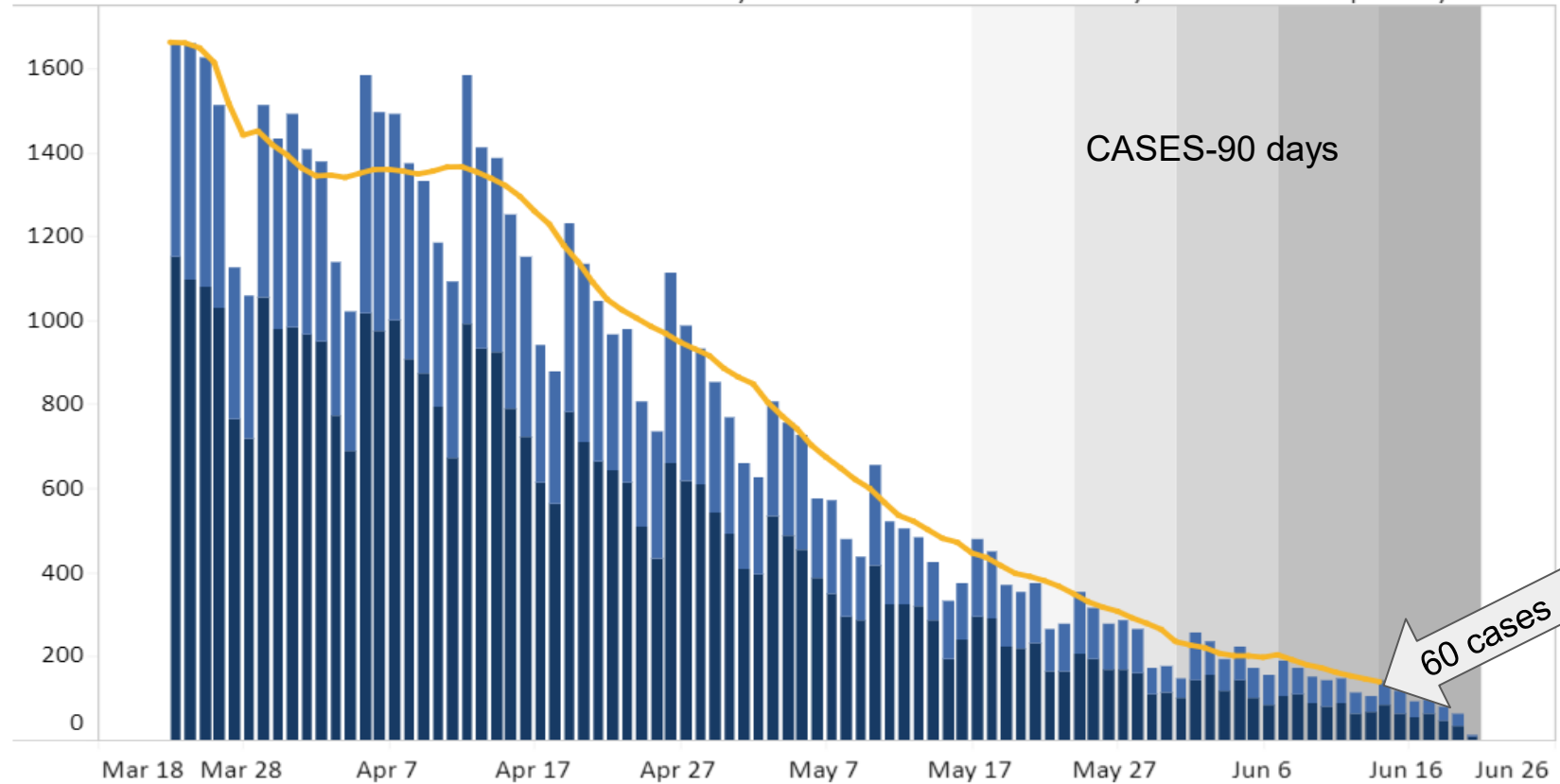
Select Date Range

(Affects Bar Chart)

Past 90 Days

- Confirmed Cases
- Probable Cases
- 7-day moving average

Gray shaded area indicates illness may not have been reported yet



Current 7-Day Positivity Rate PCR Only<sup>1</sup>

1.5%

# VIRGINIA

STATE PROFILE REPORT | 06.11.2021

(Updated weekly)

	STATE, % CHANGE FROM PREVIOUS WEEK			
	STATE		FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,230 (14)	-16%	6,642 (22)	96,664 (29)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.1%	-1.0%*	1.7%	1.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	66,889** (784**)	-4%**	380,875** (1,234**)	4,768,184** (1,436**)
NEW COVID-19 DEATHS (RATE PER 100,000)	61 (0.7)	-8%	286 (0.9)	2,470 (0.7)

[COVID-19 State Profile Report - Virginia | HealthData.gov](#)

# Health Data SNF and Hospital

(Updated weekly)

SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	1%†	+0%*	2%	2%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	3%†	+0%*	5%	4%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%†	N/A	1%	1%
CONFIRMED AND SUSPECTED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,386 (8)	-16% (-16%)	7,658 (12)	45,284 (6)
CONFIRMED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	209 (1)	-34% (-34%)	1,229 (2)	15,174 (2)

[COVID-19 State Profile Report - Virginia | HealthData.gov](#)

# Variants of Concern in Virginia

Variant of Interest

Variant of Concern -  
increased risk

Variant of High  
Consequence - more  
severe,  
tx/prevention not  
working

Region	B.1.1.7	B.1.351	B.1.427	B.1.429	B.1.617.2	P.1
Virginia	2,278 (86.8%)	111 (4.2%)	69 (2.6%)	54 (2.1%)	41 (1.6%)	70 (2.7%)
Central	474 (89.1%)	15 (2.8%)	17 (3.2%)	4 (0.8%)	18 (3.4%)	4 (0.8%)
Eastern	406 (73.8%)	75 (13.6%)	24 (4.4%)	17 (3.1%)	6 (1.1%)	22 (4.0%)
Northern	520 (88.6%)	12 (2.0%)	6 (1.0%)	18 (3.1%)	12 (2.0%)	19 (3.2%)
Northwest	290 (84.3%)	3 (0.9%)	22 (6.4%)	11 (3.2%)	5 (1.5%)	13 (3.8%)
Southwest	588 (96.4%)	6 (1.0%)	0 (0.0%)	4 (0.7%)	0 (0.0%)	12 (2.0%)



## Variants of Concern

Dashboard Updated: 6/18/2021, Updated Weekly on Friday

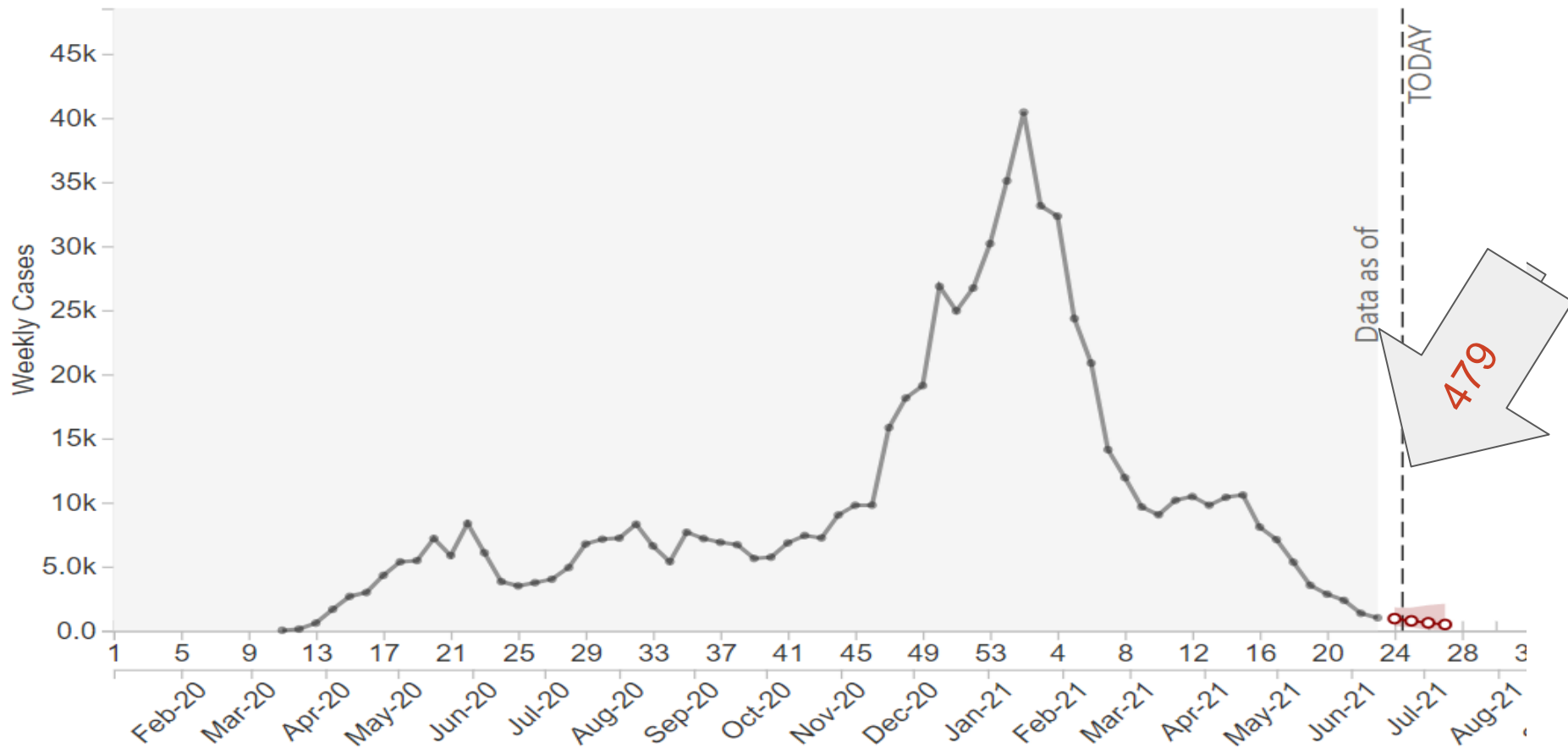
Total Infections  
**2,623**

Total Hospitalizations  
**149**

Total Deaths  
**32**

# Prediction of Cases

Observed and forecasted weekly COVID-19 cases in Virginia





# CDC/CMS Updates

In this section, we will cover weekly updates from CDC, CMS, VDH, or novel research findings that impact nursing homes.

# CDC Updates

no new guidance updates

# CDC Updates

Evaluating and Caring for Patients with Post-COVID Conditions:  
Interim Guidance

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-index.html>

Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/pediatrician.html>

# CMS Updates

no new regulatory updates

# CMS - Virginia Nursing Home Vaccination Data

## As of 6/13/21

- Residents: 77.36% (35th out of 50 states)
- Staff: 57.87% (25th out of 50 states)

## As of 6/20/21

- Residents: 79.32% (26th out of 50 states)
- Staff: 60.97% (20th out of 50 states)

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

# From the Literature

Post-COVID

Effectiveness of huddles

FYI: <https://paltc.org/amda-update-covid-19>  
Public domain (don't have to be member)  
Tuesday friday email updates, curated for LTC  
Other resources too.



**COVID-19 Updates**

June 18, 2021

**Headlines:**

**New/Updated Guidance**

- [CDC: Evaluating and Caring for Patients with Post-COVID Conditions: Interim Guidance](#)
- [The COVID-19 Treatment Guidelines Panel's Statement on the Updated Emergency Use Authorization of the Anti-SARS-CoV-2 Monoclonal Antibody Combination Casirivimab Plus Imdevimab for the Treatment of COVID-19](#)

**Journal Articles**

- [Association of Social Isolation of Long-term Care Facilities in the United States With 30-Day Mortality](#)
- [Sperm Parameters Before and After COVID-19 mRNA Vaccination](#)
- [Trends in racial and ethnic disparities in coronavirus disease 2019 \(COVID-19\) outcomes among nursing home residents](#)
- [Tofacitinib in Patients Hospitalized with Covid-19 Pneumonia](#)
- [Immunological imprinting of the antibody response in COVID-19 patients](#)
- [A matter of priority: COVID-19 vaccination and mental health](#)
- [Imatinib in COVID-19: hope and caution](#)
- [What might COVID-19 Patients Experience after Recovery? A Systematic Review](#)

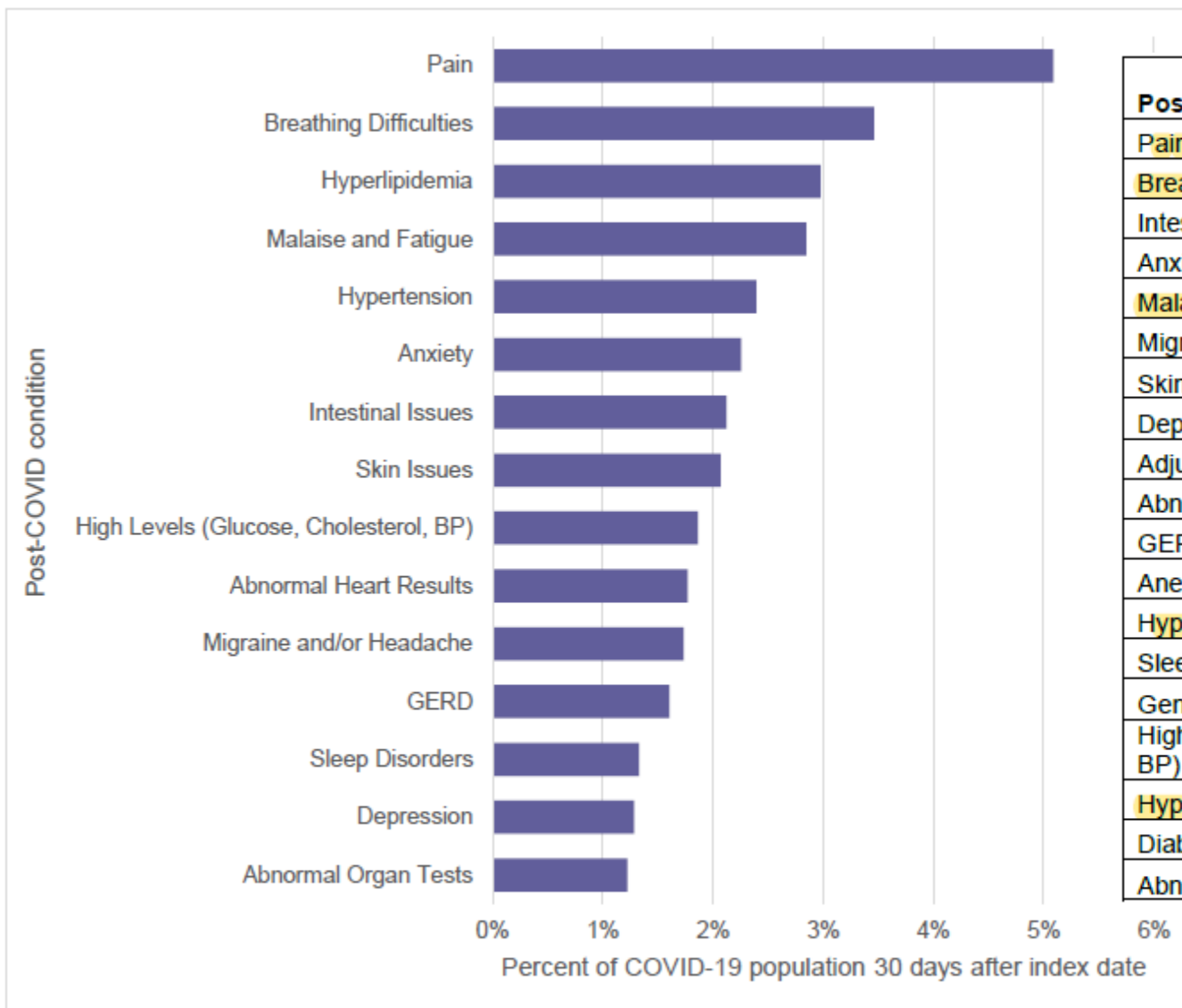
# Literature Reviews: Post-COVID Complications & Reinfections

Rehab E et al. What might COVID-19 Patients Experience after Recovery? A Systematic Review. Authorea. June 17, 2021.

[https://d197for5662m48.cloudfront.net/documents/publicationstatus/65000/preprint\\_pdf/7cb2458941ad1e0b0fe9cbda90a695de.pdf](https://d197for5662m48.cloudfront.net/documents/publicationstatus/65000/preprint_pdf/7cb2458941ad1e0b0fe9cbda90a695de.pdf)

FAIR Health White Paper A Detailed Study of Patients with Long-Haul COVID. June 15, 2021

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/A%20Detailed%20Study%20of%20Patients%20with%20Long-Haul%20COVID--An%20Analysis%20of%20Private%20Healthcare%20Claims--A%20FAIR%20Health%20White%20Paper.pdf>



Post-COVID Condition	0 to 18	19 to 29	30 to 39	40 to 49	50 to 59
Pain	1	1	1	1	1
Breathing Difficulties	2	3	2	2	3
Intestinal Issues	3	5	7	11	8
Anxiety	4	2	4	6	12
Malaise and Fatigue	5	4	3	4	5
Migraine and/or Headache	6	6	6	10	15
Skin Issues	7	8	8	8	7
Depression	8	7	13	17	19
Adjustment Disorders	9	10	17	20	24
Abnormal Heart Results	10	9	10	9	9
GERD	11	11	12	12	10
Anemia	12	14	15	15	17
Hyperlipidemia	13	12	5	3	2
Sleep Disorders	14	15	14	13	13
General Signs and Symptoms	15	20	21	23	26
High Levels (Glucose, Cholesterol, BP)	16	13	9	7	6
Hypertension	25	17	11	5	4
Diabetes	28	22	20	14	11
Abnormal Organ Tests	20	19	19	16	14

Table 2. Top 15 Post-COVID conditions by age group ranking, March 2020-February 2021

Figure 7. Top 15 post-COVID conditions by percent of COVID-19 population 30 days or more after index date, all ages, March 2020-February 2021



# Literature Review:

## Huddles and their effectiveness

A comprehensive literature review examining empirical support for huddle effectiveness in clinical settings

Pimentel CB et al. Huddles and their effectiveness at the frontlines of clinical care: a scoping review. J Gen Intern Med. 2021 Feb 8. doi: 10.1007/s11606-021-06632-9. Epub ahead of print. PMID: 33559062

<https://link-springer-com.evms.idm.oclc.org/content/pdf/10.1007%2Fs11606-021-06632-9.pdf>

# Methods

- Searched PubMed, EBSCOhost, ProQuest, and OvidSP for studies published in English from inception to May 31, 2019.
- Eligible studies considered huddles that (1) took place in a clinical setting, (2) included frontline staff members, (3) were used to improve care, and (4) were studied empirically.
- Of 2,185 identified studies, 158 met inclusion criteria.
  - NB: 10 Studies from LTC

# Findings: Effects on Work Processes

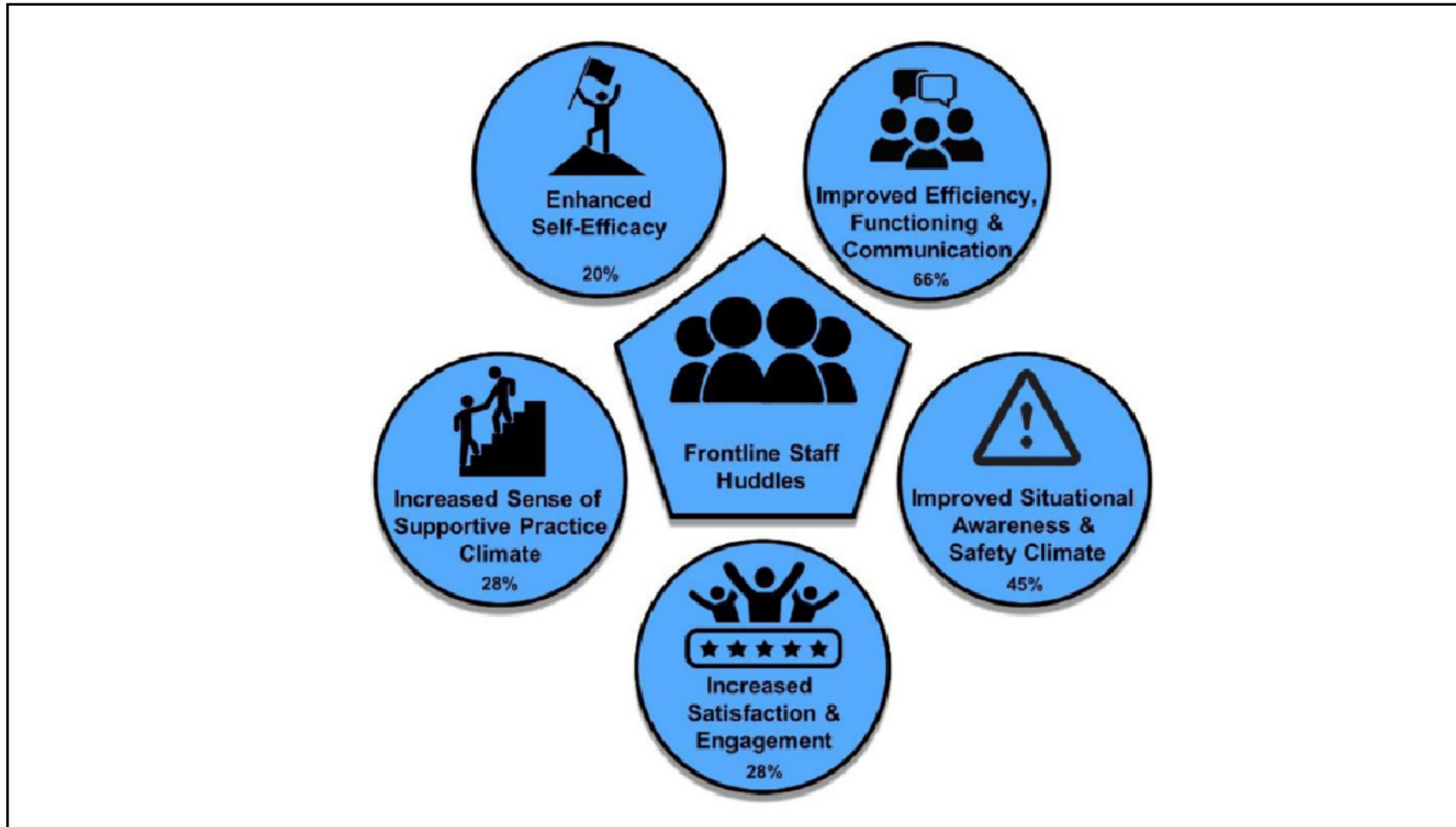


Figure 2 Positive work and team process outcomes associated with frontline huddles (with percent of studies reporting each outcome;  $N=101$ ). Studies could report more than one outcome; percent totals are over 100.

# Findings: Effects on Quality

**Almost half of studies (44.3%) reported huddles positively impacting clinical outcomes:**

- patients receiving timely and/or evidence-based assessments and care (31.4%);
- decreased medical errors and adverse drug events (24.3%);
- decreased rates of other negative outcomes such as infections, falls and pressure ulcers (20.0%)

# Findings: Long-term Care

**Teach Back in huddles led to better implementation of Evidence-based falls reduction protocols & reduced rate of falls 49/1000-23/1000**

Cooper R. BMJ Qual Improv Rep. 2017;6(1).

**Post-fall huddles also reduced falls**

Zubkoff Let al. J Nurs Care Qual 2018; 33(4):334-40.

**Huddles for education & support on dementia unit-improved morale & work processes**

Wagner LM, et al. Can J Aging 2014; 33(3):235-45.

# Concern from last week: COVID-19 Delta Variant

## SARS-CoV-2 Variant Classifications and Definitions - Updated June 15, 2021

- Viral mutations and variants in the United States are routinely monitored through sequence-based surveillance, laboratory studies, and epidemiological investigations.
- A US government interagency group developed a Variant Classification scheme that defines three classes of SARS-CoV-2 variants:
  - [Variant of Interest](#)
  - [Variant of Concern](#)
  - [Variant of High Consequence](#) - to date, no variants of high consequence have been identified in the U.S.

<https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>

# Delta Variant - a Variant of Concern

## Possible attributes of a variant of concern:

- Evidence of impact on diagnostics, treatments, or vaccines
  - Widespread interference with diagnostic test targets
  - Evidence of substantially decreased susceptibility to one or more class of therapies
  - Evidence of significant decreased neutralization by antibodies generated during previous infection or vaccination
  - Evidence of reduced vaccine-induced protection from severe disease
- Evidence of increased transmissibility
- Evidence of increased disease severity

<https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>

# Dr. Fauci Says The Risks From The Delta Variant Underscore The Importance Of Vaccines

Updated June 17, 2021 9:34 AM ET

The Delta variant, also known as B.1.617.2, is the most contagious yet. The CDC estimates that it may be responsible for nearly 10% of all new COVID-19 infections in the United States. In some Western U.S. states, the variant may be responsible for nearly 20% of cases.

In one recent study, researchers in the U.K. found that a two-dose regimen of the Pfizer-BioNTech vaccine was 88% effective against symptomatic disease from the Delta variant.

**"If you are vaccinated, you're going to be protected, which is another very good reason to encourage people strongly to get vaccinated,"** says Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. **"If you are not vaccinated, you are at risk of getting infected with the virus that now spreads more rapidly and gives more serious disease."**

<https://www.npr.org/sections/coronavirus-live-updates/2021/06/17/1007493934/the-delta-variant-is-the-most-contagious-of-covid-19-strains>



# COVID-19 Delta Variant in the US



ABC News

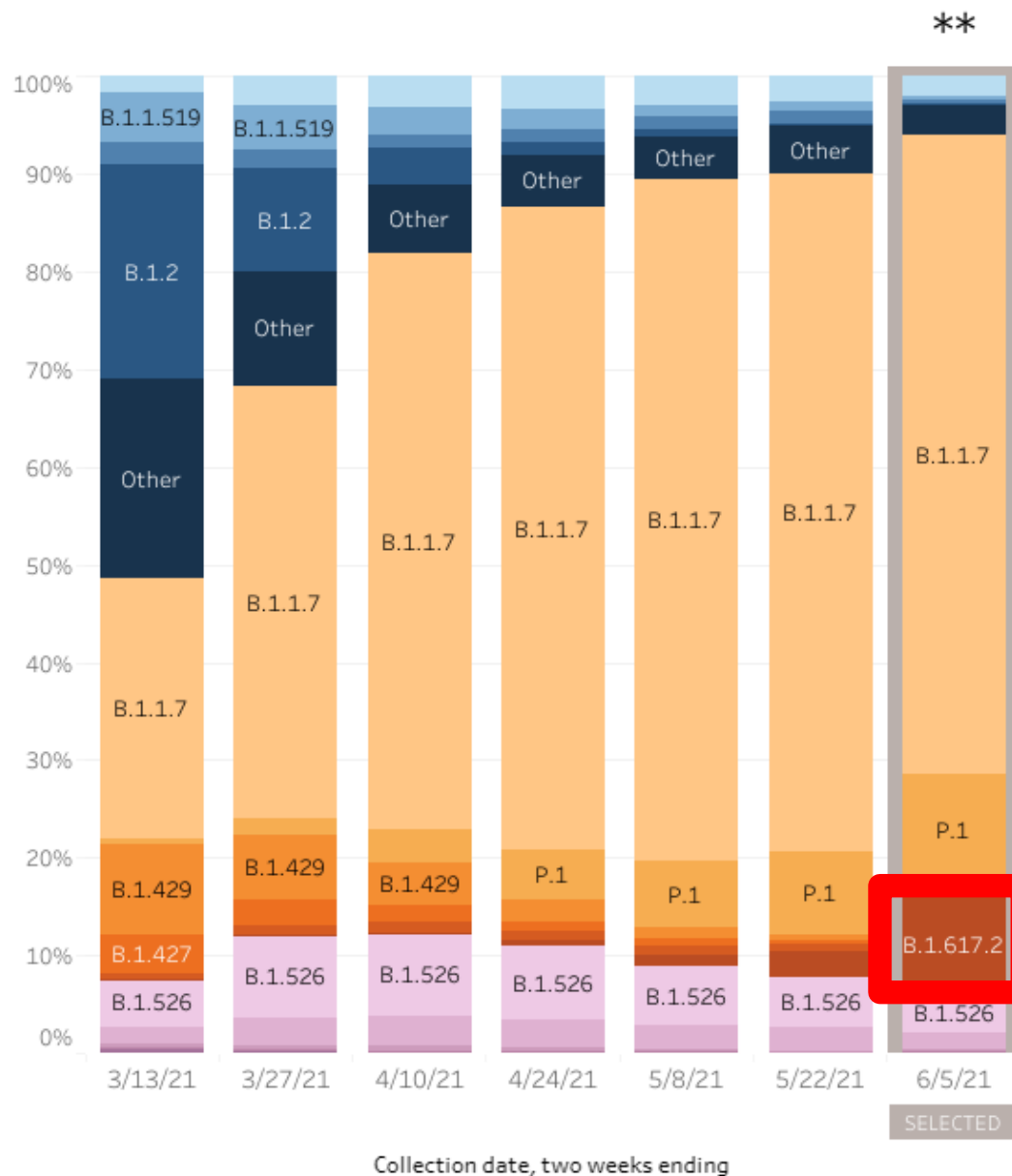
CDC & U.S. Department of Health and Human Services show 5 states : Alabama, Arkansas, Missouri, Oklahoma and Utah -- increases of over 37% in a 7 day case average over the past 2 weeks. Rates of fully vaccinated residents in all 5 states are lower than the national average.

<https://abcnews.go.com/Health/cdc-director-warns-delta-variant-dominant-coronavirus-strain/story?id=78354918>

June 18, 2021

United States: 2/28/2021 – 6/5/2021

United States: 5/23/2021 – 6/5/2021 NOWCAST



USA

	Lineage	Type	%Total	95%PI	
Most common lineages #	B.1.1.7	VOC	65.5%	60.4-70.6%	
	P.1	VOC	11.6%	8.1-15.3%	
	B.1.617.2	VOC	9.9%	6.6-13.5%	
	B.1.526	VOI	4.0%	2.1-6.3%	
	B.1.526.2		1.9%	0.6-3.6%	
	B.1.526.1	VOI	1.8%	0.6-3.3%	
	B.1		0.4%	0.0-1.2%	
	B.1.1.519		0.4%	0.0-1.2%	
Additional VOI/VOC lineages #	B.1.2		0.1%	0.0-0.3%	
	B.1.351	VOC	0.5%	0.0-1.5%	
	B.1.429	VOC	0.3%	0.0-0.9%	
	B.1.617.1	VOI	0.2%	0.0-0.6%	
	B.1.427	VOC	0.1%	0.0-0.6%	
	B.1.525	VOI	0.1%	0.0-0.6%	
	P.2	VOI	0.0%	0.0-0.3%	
Other*	Other		3.2%	0.9-6.3%	


\* Other represents >200 additional lineages, which are each circulating at <1% of viruses

\*\* These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

# Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion.



<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>



*Unmute  
or chat*

# Follow-Up Discussion

What have you been focused on improving in the last week?

# Leadership Huddles with Point of Care Staff

Slides courtesy of David Farrell, MSW, LNHA

# What do you call it when frontline staff discuss daily patient care issues?



*Unmute or  
chat*

# Critical Change Opportunity - Huddles

Leverage huddles to share critical information with point of care staff and hear their observations, concerns, and ideas for improvement

# Leadership Huddles with Point of Care Staff

- Critical venue and process of information sharing
- Presence of leadership and huddle facilitation
- Conducting effective huddles

# What Matters Most During COVID-19

Communication between point of care staff and leadership teams -

- Management cares
- Management listens
- Help with job stress



# How are you using Huddles?



*Unmute or  
chat*

# Huddle Up

## How long:

- 10 - 20 minutes – varies according to issues

## How to do it:

- Start at a time that works best for the most point of care staff
- Position the point of care staff in the middle of huddle
- Point of care staff provide relevant information about their residents
- IDT listens and provides additional information and context
- Designated staff cover call lights for CNAs
- Problem-solve together and make a game plan

# Huddle Agenda

- Staff kudos and shout outs
- New staff members - introductions
- New or readmissions, planned discharges
- Unplanned discharges, rehospitalizations
- “At Risk” residents and residents on the watch list
- Point of care staff observations - changes in condition
- Point of care staff needs – equipment, supplies, PPE, staffing
- Point of care staff requests – follow-up from previous huddle
- Incidents and accidents, safety hazards
- Clinical focus areas, update on QAPI PIPs
- New guidance changes, news, announcements

# Successful Huddles

- Consistent and reliable
- Share Data
- Tell stories – from percentages to people
- Stop Rumors and provide facts
- Offer teachable moments
- Are uplifting
- Well facilitated

# How are you as leaders engaging & empowering CNAs & frontline staff in Huddles?



*Unmute or  
chat*

# Facilitation of Huddle

- In the beginning, the facilitator needs to be in a leadership position
- The long-term goal is to train frontline nurses to lead the huddles
- Mentor nurses - Provide support and feedback
- Leaders need to continue to regularly attend huddles, to mentor facilitators, communicate huddle's importance, and monitor huddles



# Huddle Facilitation Skills

- Be on time
- Keep it short
- Hear from everyone (“You work with him everyday, what do you see?”; use go-rounds)
- Probe (“Tell me more...”)
- Redirect diversions (“let’s take a deeper dive on that right after the huddle”)
- Be the guardian of the process
- Appreciate relevant information

# Follow-Up After Huddles

- Let staff know that they were heard
- Thank staff who contributed
- Keep written notes
- Summarize key points and follow-up items



# Huddles

- **Ensure everyone has the same information**
  - *Everyone feels informed and up to date*
  - *Everyone knows who tested positive or negative and who is on the resident watch list*
  - *Everyone knows the latest guidance*
- **Promote communication and relationships between point of care staff and leadership teams**
  - *Everyone's input is requested*
  - *Everyone is a part of identifying issues, sharing unique perspectives and participating in group problem-solving*
  - *Everyone knows they are being heard and are valued*

# Huddles Trigger Staff Engagement

- ***Discretionary effort*** and attention to detail that employees put into their jobs
- Want the organization to succeed
- Feel connected –
  - Emotionally
  - Socially
  - Spiritually

# QI Minute: Testing Huddles using PDSA

AHRQ ECHO National Nursing  
Home COVID-19 Action Network



# Review: The model for improvement

## Model for Improvement



The Improvement Guide, 2<sup>nd</sup> Edition, Langley, Moen, Nolan, et.al., Jossey-Bass 2009

# Plan Do Study Act



## PDSA: Learn in Small Doses

- Try out the idea on one day with a small number of staff/residents, gather and incorporate the feedback.
- Use **staff feedback** to **iterate and improve the idea**; Stack the deck in your favor so that the idea is most likely to succeed and gain the buy in.
- **Communicate the plan** and next steps. Learn from small samples, get your process working, and then spread.
- **Celebrate** and share successes; **learn from failures**. Acknowledge that the process and humans are imperfect...and that's ok. Thank staff for sharing their feedback and openness to change.

The Improvement Guide, 2<sup>nd</sup> Edition, Langley, Moen, Nolan, et.al., Jossey-Bass 2009

# Testing Huddles

**Plan:** on Monday we will test the new huddle format at 9:00am with staff on Birch Neighborhood. Huddle will be run by DON for 15min at the nursing station. All available staff invited.

Agenda will include:

- Staff shout outs
- New or readmissions, planned discharges
- Unplanned discharges, rehospitalizations
- “At Risk” residents and residents on the watch list
- Point of care staff observations, needs and requests
- PIP Update
- Announcements

# Testing huddles

**Do:** Test was run but staff were pulled away from huddle to answer call bells. Meeting went over as we got pulled into a conversation around a specific resident.

**Study:** Huddle was a great way to engage staff and allowed leaders to convey key information quickly. Staff were distracted by residents needs during the huddle and we found we needed a way to plan for follow-up conversations for longer discussions.

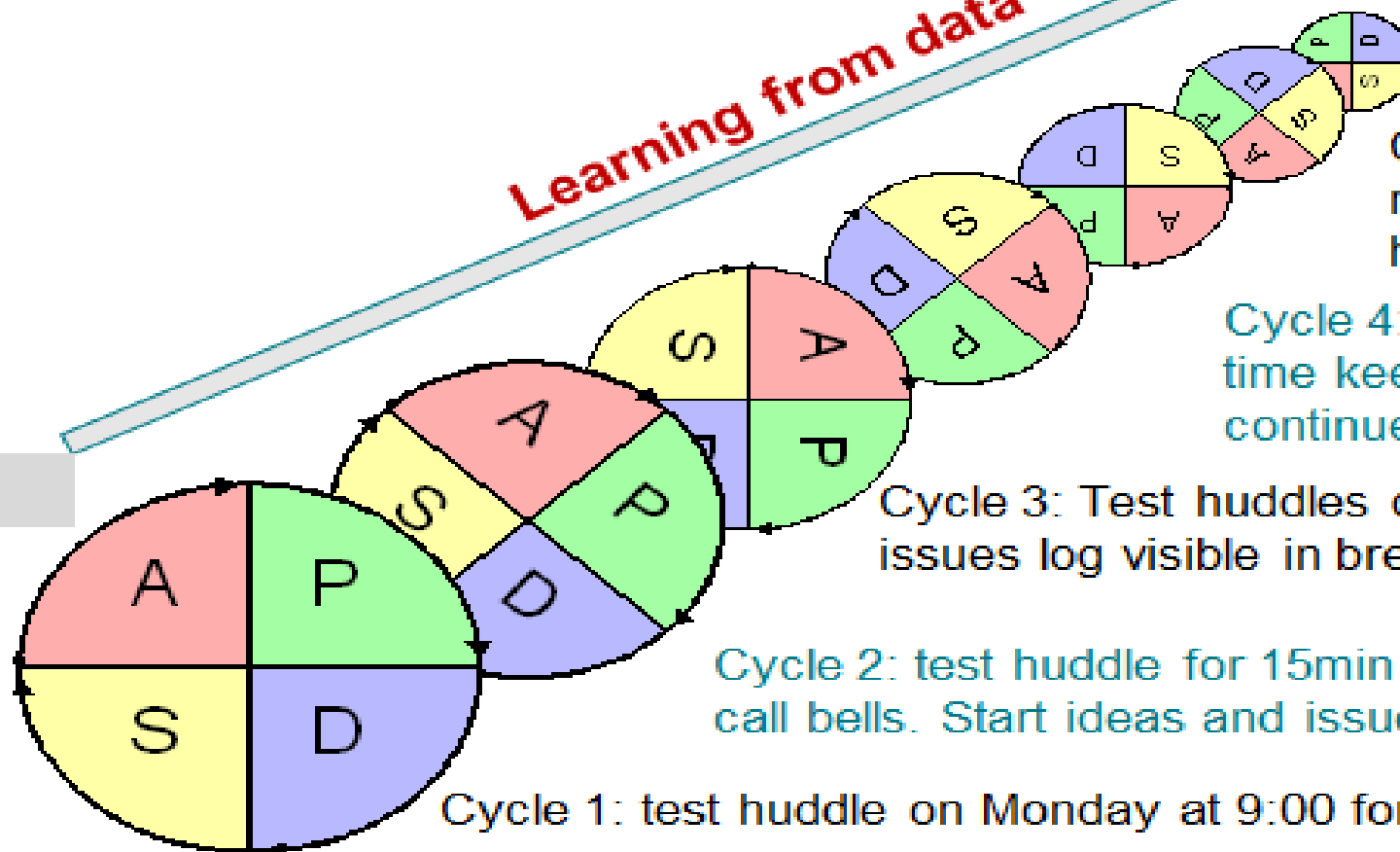
**Act:** Repeat huddle on Tuesday at 9am. 2 staff will be designated to cover residents needs during huddle so point of care staff can participate. Ideas and Issues log will be started.

# Scaling up huddles

Reliable Daily huddles

Learning from data

No huddles





# Leave in Action: 3 things to try this week

**Review your current practice re: huddles**

- . What's working well?
- . What could be improved?

**Try a huddle with a set agenda based on the guidance provided**

*Tip: insure everyone stays standing to keep them quick, 10-20min MAX!*

**Connect with staff in the huddle to ask what they thought of the new format**

# Announcements

**Next Week: Leadership Rounds**

**CE Activity Code:**

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

Questions? email [ceinfo@vcuhealth.org](mailto:ceinfo@vcuhealth.org)

**Attendance**

Contact us at [nursinghome-echo@vcu.edu](mailto:nursinghome-echo@vcu.edu) if you have attendance questions.

# Resources

Pimentel CB et al. Huddles and their effectiveness at the frontlines of clinical care: a scoping review. J Gen Intern Med. 2021 Feb 8. doi: 10.1007/s11606-021-06632-9. Epub ahead of print. PMID: 33559062

<https://link-springer-com.proxy.library.vcu.edu/content/pdf/10.1007/s11606-021-06632-9.pdf>

SARS-CoV-2 Variant Classifications and Definitions <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>

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<https://www.npr.org/sections/coronavirus-live-updates/2021/06/17/1007493934/the-delta-variant-is-the-most-contagious-of-covid-19-strains>

COVID-19 Delta Variant in the US <https://abcnews.go.com/Health/cdc-director-warns-delta-variant-dominant-coronavirus-strain/story?id=78354918>

# Resources

[COVID-19-Variants-of-Concern-Dashboard.png \(827×1600\)](#)  
[\(virginia.gov\)](#)

<https://www.vdh.virginia.gov/content/uploads/sites/182/2021/05/COVID-19-Variants-of-Concern-Dashboard.png>

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