



# 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](mailto:nursinghome-echo@vcu.edu).

Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some teleECHO® programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives

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





**VCU**

# Module: 3 Session: 4

Mourning on the path to wellbeing  
How to integrate a practice of Mourning

# CE/CME Disclosures and Statements

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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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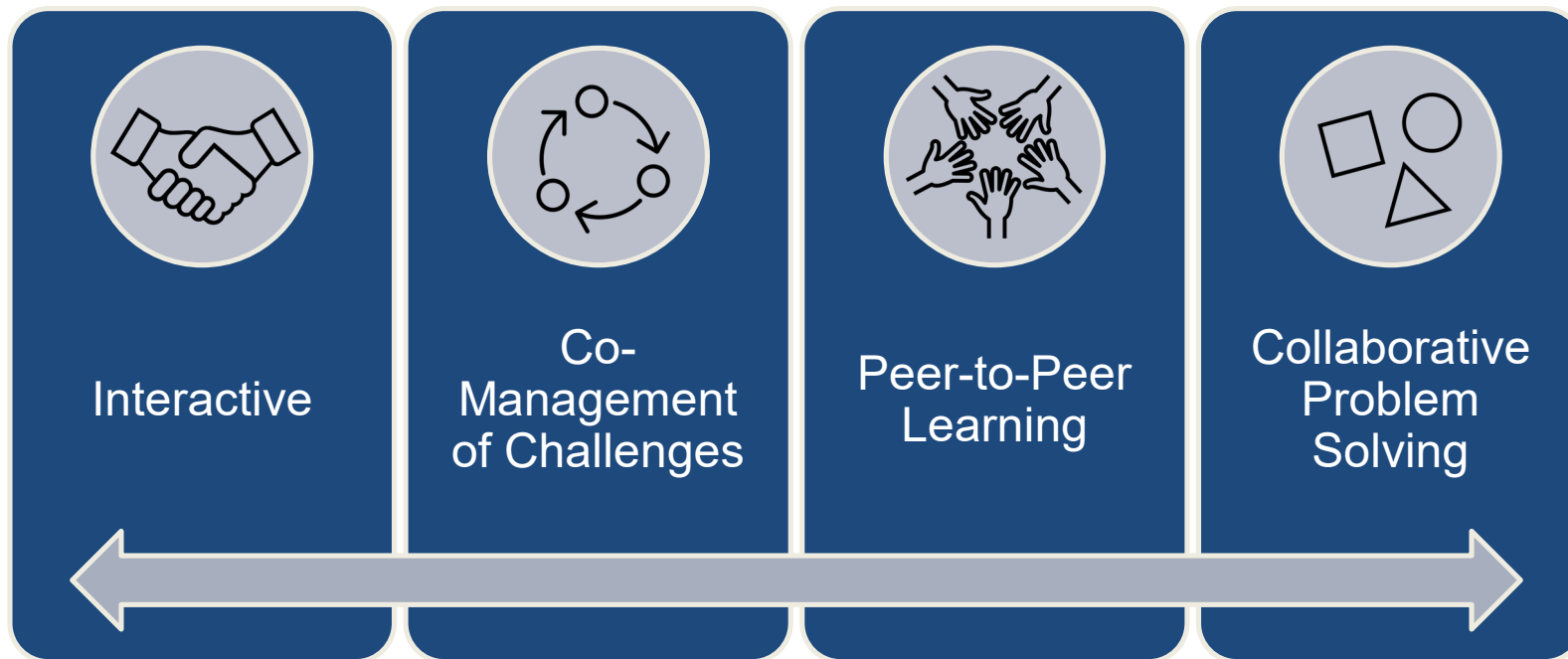
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# ECHO is All Teach, All Learn



# Agenda

1. Weekly COVID-19 Updates
  - Virginia COVID-19 Stats
  - Guidance/Regulatory Updates
  - From the Literature
2. Follow Up
  - Concerns from last week
3. Weekly Topic
4. Open Discussion
  - COVID-19 Active Issues
  - QI Content with More In-Depth Conversation
  - Questions for Group Discussion

# Checking In



\*\*\*As a reminder, please introduce yourself in the chat\*\*\*

1. Your Name
2. Your Nursing Home
3. One or two words that represent how you are feeling today

- How are you feeling today?
- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?



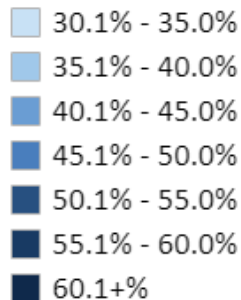
# VCU

## Weekly COVID-19 Updates

- Virginia COVID-19 Stats
- Guidance/Regulatory Updates
- From the Literature

# People Vaccinated by Locality of Residence and Vaccination Status - Percent of the Population

Percent of the Population  
with At Least One Dose

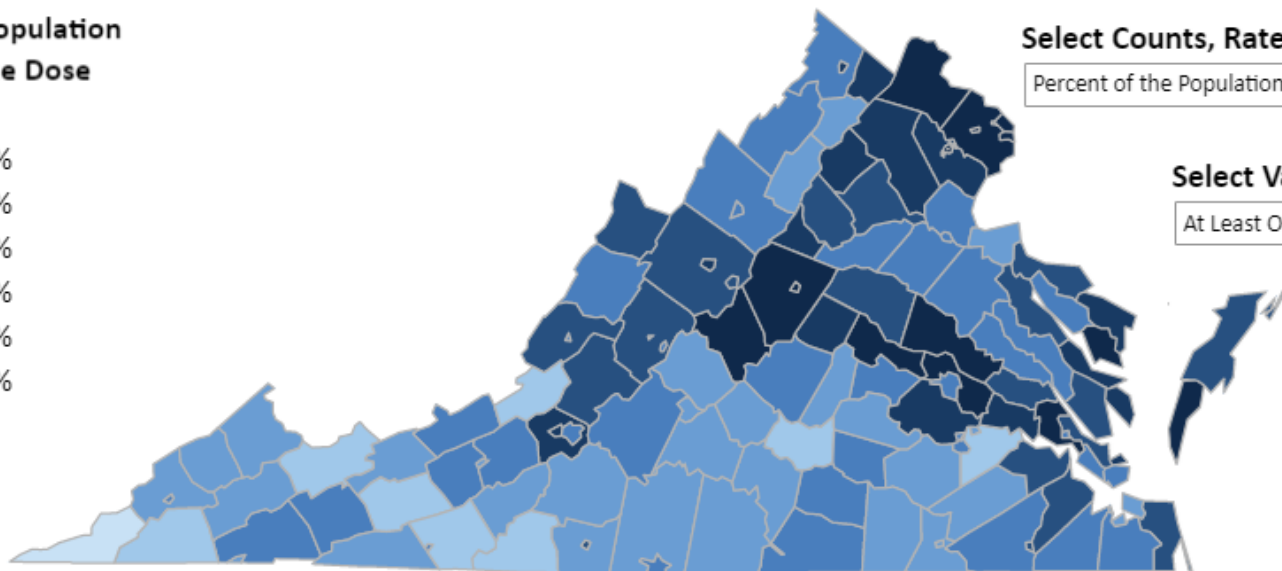


Select Counts, Rates, or Percents

Percent of the Population

Select Vaccination Status

At Least One Dose



% of the Adult (18+)  
Population Fully Vaccinated  
**65.7%**

<https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary/>





# COVID-19 in Virginia: Summary



Dashboard Updated: 8/10/2021

Data entered by 5:00 PM the prior day.

## Cases, Hospitalizations and Deaths

Total Cases\*  
**711,078**

(New Cases: 1,759)^

Confirmed†  
548,301

Probable†  
162,777

Total  
Hospitalizations\*\*  
**31,849**

Confirmed†  
30,176

Probable†  
1,673

Total  
Deaths  
**11,578**

Confirmed†  
9,778

Probable†  
1,800

Current 7-Day Positivity Rate PCR Only\*\*

**7.5%**

<https://healthdata.gov/Community/COVID-19-State-Profile-Report-Virginia/3ghy-svgi>



## STATE PROFILE REPORT

07.30.2021

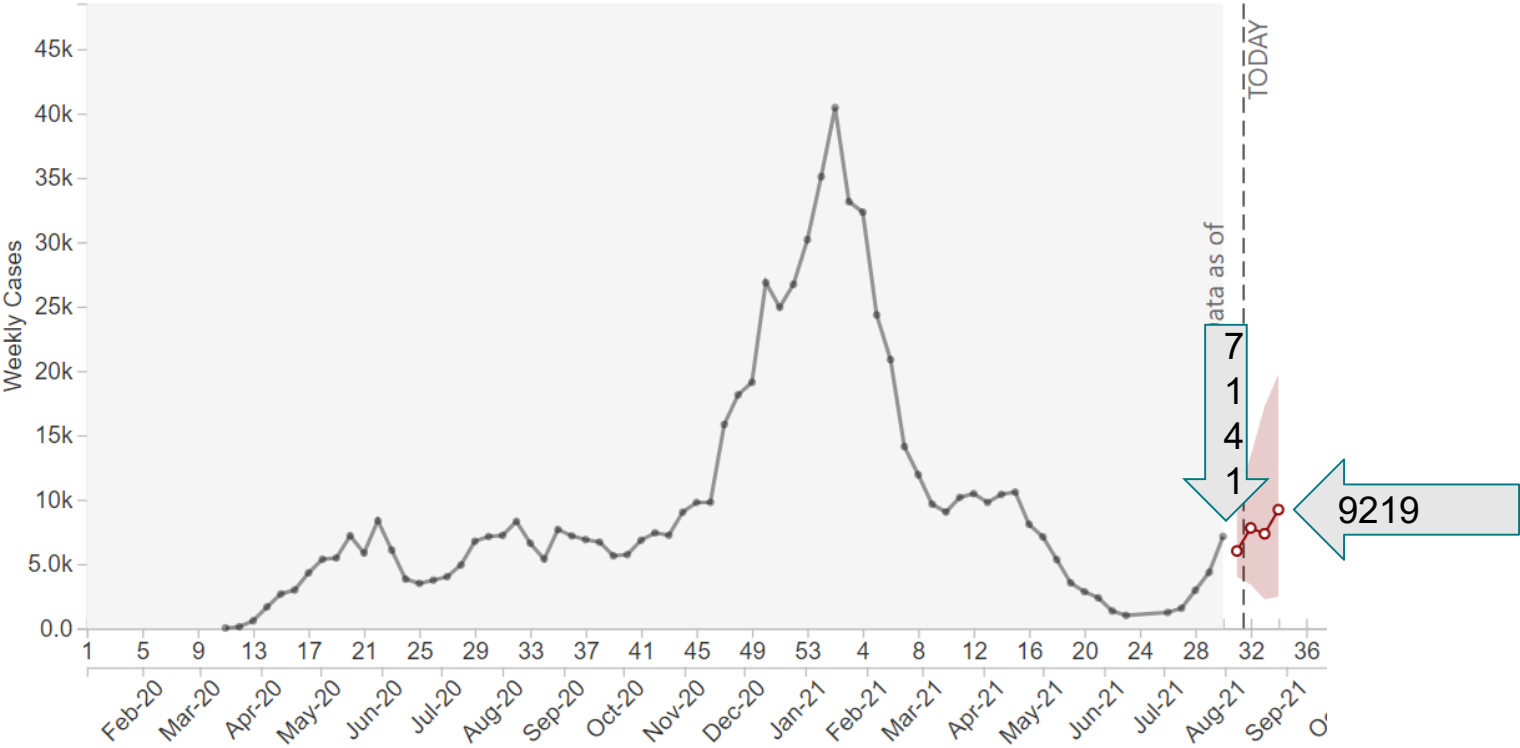
# VIRGINIA

## STATE SYNOPSIS

	LAST WEEK	CHANGE FROM PREVIOUS WEEK
RATE OF NEW COVID-19 CASES PER 100,000	71	+60%
NUCLEIC ACID AMPLIFICATION TEST (NAAT) POSITIVITY RATE	7.5%	+1.4%
NEW CONFIRMED COVID-19 HOSPITAL ADMISSIONS / 100 BEDS	2.1	+30%
RATE OF NEW COVID-19 DEATHS PER 100,000	0.4	+39%
COMMUNITY TRANSMISSION LEVEL	SUBSTANTIAL TRANSMISSION	

<https://healthdata.gov/Community/COVID-19-State-Profile-Report-Virginia>

# Observed and forecasted weekly COVID-19 cases in Virginia



[https://covid.cdc.gov/covid-data-tracker/#forecasting\\_weeklycases](https://covid.cdc.gov/covid-data-tracker/#forecasting_weeklycases)

# CDC/CMS Updates

Weekly updates or novel research findings from  
CDC, CMS, VDH, for nursing homes.

Nothing since last week but stay  
tuned

# From the Literature

DOI: 10.1111/jgs.17227

**CLINICAL INVESTIGATION**

Journal of the  
American Geriatrics Society

## Emergency department visits for emergent conditions among older adults during the COVID-19 pandemic

Alexander T. Janke MD<sup>1</sup> | Snigdha Jain MD<sup>2</sup> | Ula Hwang MD, MPH<sup>1,3</sup> |  
Mark Rosenberg DO, MBA<sup>4,5</sup> | Kevin Biese MD<sup>6</sup> | Sandra Schneider MD<sup>5</sup> |  
Pawan Goyal MD<sup>5</sup> | Arjun K. Venkatesh MD, MBA, MHS<sup>1,7</sup>

Volume 69 (7): July, 2021, 1713-21

# Background & Methods

## Background:

- ER visits for non-covid, acute conditions responsive to rapid/emergent care have fallen since pandemic onset.
- How older and younger adults compare in this regard unknown, examined in this study

## Methods:

- Retrospective comparison of ED visit counts for MI, CVA, sepsis, falls, hip Fx by age and pandemic “stage”
- 164 EDs in 33 states, Jan1-Nov 15, 2020

# Findings

- ER visits fell precipitously for all in spring, 2020
- Much lower rebound for older groups later in year (except hip Fx)



# Conclusions, Questions, QI

- Under-use of ER for “appropriate” conditions fell for all but did not rebound for older adults, concerning for delayed or deferred care. Why?
  - ER avoidance by seniors? Fear of COVID?
  - Change in goals of care?
  - ERs over-burdened ?
- Limits
  - Retrospective study-prone to biases
  - Did not stratify by community vs LTC
  - Limited “outcome” data (did reduced ER use increase mortality, impair health status?)
    - ED death rates never got back to baseline, implies deaths occurred elsewhere
- QI opportunity
  - Rates in your facility, secular trends
  - Use of fishbone diagrams, 5 whys etc. to explain
  - May suggest PIPs



# “As the Virus Turns” Week 19

5-minute weekly video updates - sponsored by the Alzheimer’s Association

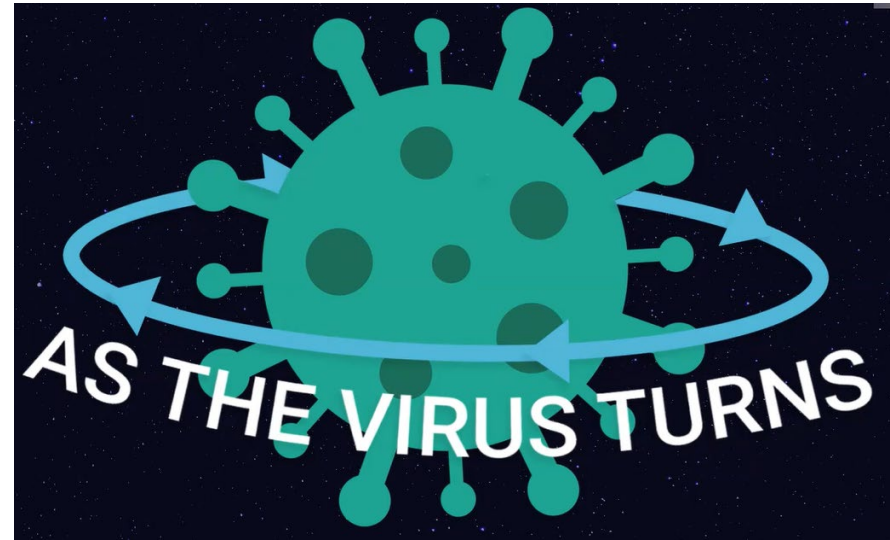
## Episode 19:

Lambda variant, leadership response to current surge & a resource for strengthening your team

<https://youtu.be/JSzgQqD3KgM>

## All Episodes

<https://community.ihl.org/echo/ourlibrary?DefaultView=older>



# TeamStepps Video Toolkit

- TeamSTEPPS® Video Toolkit
- Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®) is evidence-based and can be used by anyone who wants to improve communication and teamwork in health care.
- <https://www.aha.org/center/project-firstline>



<https://teamstepps-video-toolkit.aha.org/>



# VCU

## Follow Up

- Concerns from Last Week

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Agency for Healthcare  
Research and Quality



Institute for  
Healthcare  
Improvement

# Emotional and Organization Support

## Week 4 – Mourning on the Path to Wellbeing

# Emotional and Organization Support Module

## 5 Critical Change Opportunities:

1. Introduce participants to two of the principles of trauma informed care, safety and trust.
2. Expand emotional intelligence by recognizing one's stress response.
3. Train staff in strategies to respond to stress by identifying feelings and needs with the language of nonviolent communication.
4. Integrate a mourning practice into facility culture via team-based processes, such as rounds and debriefs.
5. Support psycho-emotional growth by building attuned active listening, debriefs, and learning into daily activities.

# Objectives for this Session:

- Explain the difference between grief and mourning and how mourning is directly impacted by our willingness to accept reality.
- Discuss reasons why mourning may be difficult in the nursing home and ideas for incorporating mourning practices.
- Understand how to use direct observations and shadowing to understand your nursing home's debriefs as they currently occur at the point of care.
- Learn to incorporate a practice of mourning through debriefs.

# The difference between grief and mourning

- **Grief** is internal – sadness, anxiety, anger, longing to be with someone, thoughts and memories
- **Mourning** is external, something that is shared with others in some type of action, symbol, ceremony, or ritual that activates social support

<https://www.funeralbasics.org/what-is-the-difference-between-grief-and-mourning/>

<https://www.therecoveryvillage.com/mental-health/grief/related/grief-vs-mourning/>

# New Questions?

- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?

## *Chat Waterfall:*

What is one loss you are mourning?





# Why do you think sharing feelings of grief at work might be difficult for you or others?

**Please Chat in or Unmute with your response**



# Why do you think sharing feelings of grief at work might be difficult for you or others?

Please Chat in or Unmute with your response

1. A belief that crying is not okay
2. A belief that grief is personal and should not be shared
3. There is too much grief and it is better not to think about
4. Fear of being criticized
5. Another reason



# What are we mourning?

- Deaths, illness, loss of friendships and connections (e.g., to a resident's family when their special person dies)
- Loss of 'normalcy' or at least processes as we understood them, predictability
- Loss of focus, feeling out of control
- Loss of sense of purpose, feelings of insecurity
- Feelings around guilt, especially around illness and death, lingering effects of COVID
- Questioning our desire to stay in healthcare and wondering what we would do differently

# Tendency to minimize or trivialize mourning

Discomfort with expressions of grief/mourning, ways we use language to stop our own or others' mourning, result in a DISCONNECT instead of CONNECTION with others:

- Changing the subject
- Trying to see the bright side, “The gift in this is...”
- Offering reframes, “Look at it this way...”
- Offering advice
- Dismissing, “Snap out of it”
- Minimizing, “It’s not that bad”
- Reassuring, “You’re going to be fine”
- Diagnosing, “You’re depressed” or “You have PTSD”

The Trouble with Mourning by Sarah Peyton  
<https://thefearlessheart.org/the-trouble-with-mourning/>

# Be aware of our feelings

If we find ourselves in discomfort and resort to the mentioned statements:

- Be kind to ourselves
- Look inward at our feelings
- Find what we need to be fully present
- Be able to hear the other person's distress

Difficulty creates the  
opportunity for self-reflection  
and compassion.

Suzan Jort Parks

# Why is grieving and mourning difficult in the nursing home?

- Staff may not feel safe to express their grief, to mourn
- Staff may feel pressured, overtly or implicitly, to ‘deal with it’
- Even if the culture is more receptive to grief and mourning, there may not be a formal structure in place to acknowledge or support staff in their grief response and to participate in a mourning practice
- Constant detachment (after death) and reattachment to new resident
- Pressure to “maintain census” so a new resident comes into the community (same room and bed as the resident who died) and staff has not grieved or mourned
- Staff not usually supported to attend a resident’s funeral

# Connection with feelings and needs

- My heart is broken, I need space/time
- I'm startled because I wasn't expecting her to die, I need...
- I'm so angry! I'm sick of this pandemic and all it has taken. He was so young...what are his kids going to do without their dad? I'm numb. I wish other people could understand what this feels like.



# Holding Two Thoughts

Intentional act of holding two, possibly conflicting, thoughts or emotions

- I am upset about ... AND I am eager to...
- I am uncertain about...AND I am grateful that...

Intentionally hold both emotions with care and tenderness.

Consider the analogy of waves, that grief and mourning rise and fall like waves.

Let the waves come and they will eventually go.





# The gift of permission

- *Gifting* ourselves and each other permission to grieve and to mourn
- Normalize these expressions
  - Acknowledge feelings of loss, name them and claim them
  - For residents, gently inquire about grief in daily interactions and assessments
- Radical acceptance includes making room for discomfort, pain, and sadness
- Provide psychoeducation on grief and mourning,
  - Make materials available for staff, residents, and families

# Peer support is a significant part of mourning

- Peer support is a fundamental trauma-informed care principle
- Providing time and space for staff to grieve, reminisce, and gather after a death, loss, or distressing news.
- Debriefing is one example of a formal support where staff can discuss what went well and what can be improved.



# Allow space for and normalize crying

- Crying is a natural response (usually to sadness and hurt); it releases hormones and toxins from the body
- There may be discomfort because the person crying feels vulnerable. Or the person witnessing the crying feels compelled to “do something”.
- Bearing witness is powerful
- No need to “fix” anything



Why We Cry: The Truth About Tearing Up

<https://www.webmd.com/balance/features/why-we-cry-the-truth-about-tearing-up#1>

# When someone says, “I’m sorry for crying.”

- Consider saying, “*Thank you for allowing me to be present with your grief (sadness, hurt). Thank you for trusting me.*”
- While offering a tissue to someone who is crying may seem appropriate, be aware that it can also be interpreted as a sign of discomfort, “Please stop crying.”
  - Instead, have multiple boxes of tissues available in strategic places, especially if you anticipate tears

# Mourning rituals (practices)

- What do you do at your facility?



# Mourning rituals (practices)

- Memorial or celebration services (on a *regular* basis)
- Open windows and gather staff for a 'prayer' or blessings
- Place a rose on the bed
- Take a moment of silence
- Memory tree – names of residents written on leaves which are hung on the branches, visible for all to see (normalizing death)



# An environment that supports mourning supports wellbeing

- Helps retain staff
- Improves morale
- Supports trauma-informed care principles
- Normalizes dying and death
- Supports organizational success



# Thank you!

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# Name this tourist spot

## Seguesauraus



# Building a Culture of Emotional Safety and Trust to Support Staff Wellbeing

## Session 4 – How to Integrate a Practice of Mourning

# What are We Mourning? It's Not Only Death...

- Deaths, illness, loss of friendships and connections (e.g., to a resident's family when their special person dies)
- **Loss of 'normalcy' or at least processes as we understood them, predictability**
- **Reliving the trauma** of this past year, e.g., surveys, lawsuits, questions/doubts
- **Loss of agency, feeling out of control**
- **Loss of sense of purpose, feelings of insecurity**
- Feelings and tenderness around guilt, especially around illness and death, lingering effects of COVID
- Questioning our desire to stay in healthcare and wondering what we would do differently

# How a Mourning Practice Can be Supported Through Debriefing and Peer Support

- Peer support is a fundamental TIC principle
  - “You are not alone.”
  - Personal agency and control
  - Feeling of being part of a team
  - Shared sense purpose to oneself, team, and residents
- Providing time and space for staff to grieve, reminisce and gather after a death, loss, or distressing news.
  - How might we do this?
- Debriefing is one example of a formal support where staff can discuss what went well and what can be improved

# What's in a Debrief?

## What Debriefs are:

- Safe, constructive, sharing, and active listening of feelings in a way that meets staff's needs
- Objective and non-blaming identification of what's going well and what is not
- Reinforce shared purpose and personal agency
- Focus on incorporation of learning into systems

## What Debriefs are not:

- Blaming, judging, and criticizing of staff, residents, and families--present and not
- One-sided venting and complaining about aspects out of one's control
- A time to try to “fix” feelings or outcomes

# Where to Start: Is a Mourning Practice Supported in Your Nursing Home?

- What actually happens? What is the mourning practice? How does it work?
  - Is there already a space and time for mourning? Does it regularly occur?
  - Does the structure in the nursing home support participation by all of those who wish to do so?
  - What feelings are shared and needs met?
- Improvement Tool(s): Process Mapping Through Shadowing and Conversation, 5Ws (Who?, What?, Where?, When?, Why?, How?), PDSA

# Case Scenario: Wellbeing and Mourning Practice

- Imagine that 2 residents have died within days of being diagnosed with COVID-19.
- Background: The residents' families are notified. Many of the staff who cared for the residents for years were unaware of the residents' deaths until they arrived to work and saw the residents' rooms empty.
- Imagine that you are one of the staff members who was unaware of the residents' death. **How do you feel when you learn of the news? Is there an unmet need?**

## Case Scenario: Wellbeing and a Practice of Mourning

- Group 1 isn't invited to participate in any events to share feelings and grief. Staff grieve alone and are angry (at the world, at administrators, at their colleagues) that they didn't get to say goodbye. The staff's perception is that they are to move on and tend to their other tasks.
  - The need to mourn is not being met.
- Group 2 has daily shift huddles that include clinical and operational staff to debrief, share feelings, and mourn (loss of life, control, etc). Leaders and staff grieve together at the death of the residents. Imagine how these staff members feel.
  - The need to mourn is being met.

**How might the wellbeing in group 2 differ from group 1 in a few weeks? Six months?**



# What Can We Do This Week? Pick 1.

- Can we ask 5 staff:
  - Do staff feel supported to grieve?
  - Would they like to participate in a mourning practice?
- What do we learn from the feedback provided from staff? How do we integrate it into a mourning practice that honors feelings, provides emotional support, and builds trust?

# Resources

- It's OK to be OK: how to stop feeling 'survivor guilt' during COVID-19, <https://theconversation.com/its-ok-to-be-ok-how-to-stop-feeling-survivor-guilt-during-covid-19-143457>
- The Covid-19 Symptoms No One Talks About, <https://elemental.medium.com/the-covid-19-symptoms-no-one-talks-about-ffdfa8895acb>
- The Trouble with Mourning, <https://thefearlessheart.org/the-trouble-with-mourning/>
- Grief Support For Staff, [http://palliativealliance.ca/assets/files/Alliance\\_Reources/Org\\_Change/Grief\\_tool\\_kit-Oct.\\_11.pdf](http://palliativealliance.ca/assets/files/Alliance_Reources/Org_Change/Grief_tool_kit-Oct._11.pdf)

# Wrap up

- Final comments or questions?
- Any topics you would like the faculty to discuss next week?
- We would like to learn from you! Please share your ideas for tests of change, success stories, challenges and innovations by emailing us.
- 1:1 and small group coaching is available from your coach and Training Center Team.

# Thank you!

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





# VCU

## Open Discussion

- COVID-19 Active Issues
- QI Content with More In-Depth Conversation
- Questions for Group Discussion

# Announcements

**Next Week:** The Ongoing Journey of Posttraumatic Growth

## CE Activity Code:

Within 7 days of this meeting, **text 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 / Website

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



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## Education

Contact Us

Diabetes and Hypertension Project ECHO

+

VCU Health Nursing Home ECHO

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Our Team

Curriculum

Resources

Contact Us

## Curriculum

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

## Upcoming Sessions

### 16-Week Curriculum Topics

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

- [Session 1 Summary](#)
- [Slide Presentation](#)

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