



VCU

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.

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



Agency for Healthcare
Research and Quality





VCU

Session 4

Infection Prevention and Management:
Promoting Solutions for Making the Built
Environment Safer During COVID-19

Quality Assurance Performance Improvement-
Psychological PPE

Acknowledgements

- This project is supported by the Agency for Healthcare Research and Quality under the ECHO Institute's National Nursing Home COVID Action Network's Contract 75Q80120C00003, awarded to the University of New Mexico. This information or content and conclusions are those of the speakers and should not be construed as the official position or policy of, nor should any endorsements be inferred by, CMS, AHRQ, or the U.S. Government.
- There is no commercial support associated with this activity.

Disclosures and Disclaimers

- The content of this Project ECHO series is intended for educational purposes only. It is not a substitute for professional medical advice, diagnosis or treatment.
- Relationships with financial sponsors: None to disclose
- Potential for conflict(s) of interest: None to disclose

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

Tara Rouse, MA, CPHQ, CPXP, BCPA – none

Accreditation Statement:

In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation:

VCU Health Continuing Education designates this live activity for a maximum of 1.50 **AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

VCU Health Continuing Education designates this activity for a maximum of 1.50 ANCC contact hour. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Claiming Credit

Submit Attendance

1. If you have ***not participated in a VCU Health CE program in the past:***
 - Go to vcu.cloud-cme.com to create an account – make sure to add your cell phone number
 2. If you **have participated before:**
 - Text the course code to (804) 625-4041.
- The course code for this event is: _____

Complete Evaluation & Claim Credit

- | | | |
|--|----|-----------------------------------|
| 1. Go to https://vcu.cloud-cme.com | OR | Open the CloudCME app on device |
| 2. Sign in using email address used above | | Click “My Evaluations” |
| 3. Click “My CE” | | Click the name of the activity to |
| 4. Click “Evaluations and Certificates” | | complete evaluation |

ceinfo@vcuhealth.org

Announcements

- Reminder no sessions Dec 21-30
- Contracts on the way

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

Participation Reminders

- **Attend!** First 60 minutes of each meeting are required (Additional 30 minutes optional)
- **Participate!** Ask questions, share ideas, learn best practices
- **Share a case!** Submit a challenging situation you are working to resolve at your facility that other participants might be able to help with or learn from.
- **Provide feedback!** Complete confidential surveys to evaluate and refine our program.



Your Hub Team

Educators



Christian Bergman, MD, CMD



Daniel Bluestein, MD, CMD-R



Joanne Coleman, FNP, MSN



Laura Finch, GNP, MSN



Tara Rouse, MA, CPHQ, CPXP,
BCPA



Sharon Sheets, BA

Administrative support



Kim Ivey, MS



Jenni Mathews, BS



Ann Rhodes, MS



Bert Waters, PhD

Week 4 Learning Objectives

Covid-19 Content:

- Identify two evidenced based practices that are part of the infection prevention and control program.
- Apply the lessons learned from walking rounds to the infection prevention program.
- Identify one evidenced based performance improvement tool.
- Implement effective communication strategies with colleagues when encountering unsafe work practices.

Quality Assurance/Performance Improvement:

- Describe the concept of 'Psychological PPE'

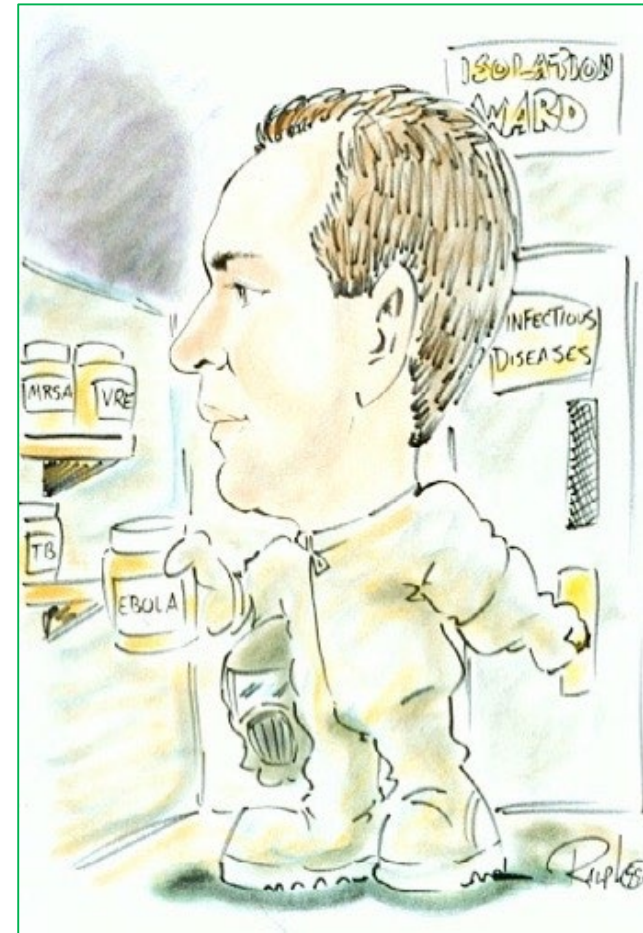
A 'Farewell to Harms': Ensuring a Safe Environment for All

Courtesy of: Steven J. Schween RN, MPH, MSN, CIC, FSHEA, FAPIC

Board Certified Infection Preventionist

sschween@ptd.net

animal pictures are courtesy of Steven Schween



Walking-Environmental Rounds: A Key Strategy



- Walking rounds are going to the bedside, including the resident's bathroom, with a structured focus, and assessing the resident, and their environment for potential improvement opportunities and to prevent harm.
- Rounding can also include the non-resident areas e.g. laundry, kitchen, physical plant (HVAC, etc.)

Why Perform Walking-Environmental Rounds?



- Infection prevention, and a culture of safety, cannot be totally improved from sitting at a desk all day.
- Regulatory agencies and your colleagues expect you to be more visible.
- Use powers of observation (Collect Information, Generate Ideas)
- Increased visibility has other benefits (per next slides)

Walking Rounds: Goals

1. To minimize risk and protect the resident/staff from infection.
2. Identify safety, educational, and compliance improvement opportunities.
3. Demonstrate the organization's safety commitment.

Joys of Rounding

- Approachability; staff will start to inform you
- Improved trust; over time, more information will be shared
- Greater awareness of what is going on
- Accountability; the key is to follow-up, be consistent
- Morale may improve when staff are listened to
- Productivity; additional creative ideas may develop
- Meet new residents, develop relationships

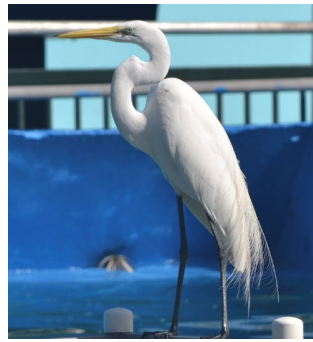


Joys of Rounding: Unintended Consequences



1. Staff may share additional concerns/complaints unrelated to your primary mission.
 - This can be both a distraction and a good thing by bringing other issues to light
2. Additional ‘work’ may be created for you, and your colleagues...
 - Positive Reframe: Quality Assurance/Performance Improvement opportunities!
3. Rounds could be perceived as disciplinary inspections with attendant demerits for identified problems
 - See subsequent slides on communication & psychological safety

Keeping an 'Eye' on Care Practices and Photography



- A picture is worth a thousand words
- If photos are used, you must know, and adhere to, your facility's photography policy and procedure.
- Sometimes, you might have to edit pictures to preserve resident dignity/privacy.
- Clinical pictures may strongly influence thinking and practice changes
- Also documentation of change (pre and post)

Let's go on walking rounds together...

- Next slides: 9 situations
 - What concerns do you identify?
 - What Interventions would you propose?
-
- Write comments into chat



Walking-Environmental Rounds 1

What concerns do you identify?

What Interventions would you propose?



Walking-Environmental Rounds 1

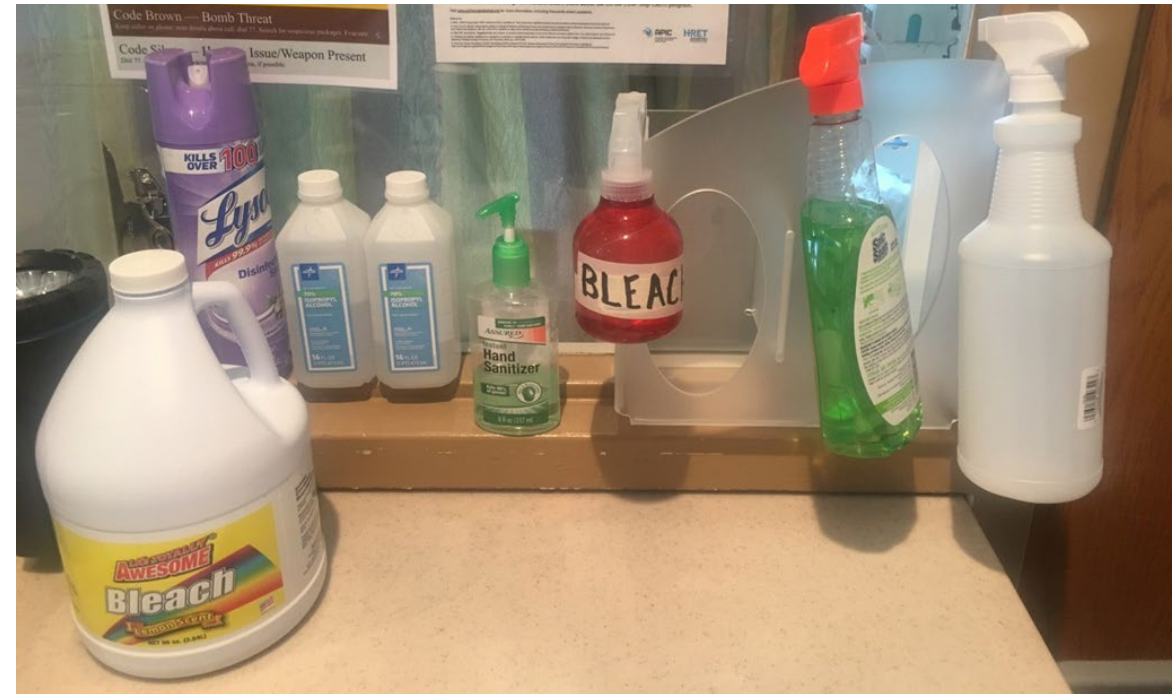
- Appears staff are trying to store N-95 masks for re-use
- Concerns:
 - Bags on floor, crowded on table (contamination of each other & bath basin).
 - Avoid storage on windowsills-temperature fluctuations, condensation, insects.
- Interventions
 - Check PPE supply & burn rate
 - Signage
 - In-services
 - Reverse demonstration & teachback
 - Modify storage spaces



Walking-Environmental Rounds 2

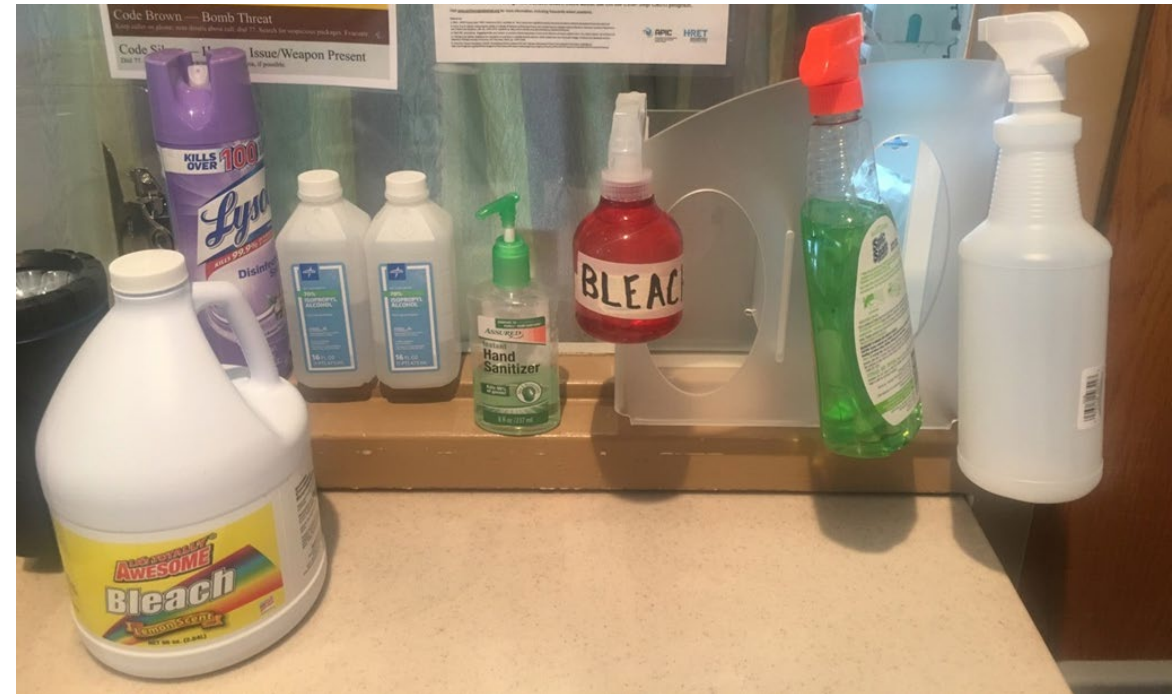
What concerns do you identify?

What Interventions would you propose?



Walking-Environmental Rounds 2

- Hodgepodge of disinfectants
- Concerns:
 - Improper storage; unlocked
 - Unmarked bottles
 - Not clear if compounds can inactivate the virus
- Actions
 - Safe, organized, accessible storage
 - Use only covid 19 virucidal compounds
(<https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>)
 - In-services, proper use (discuss next week)



CDC. Guidelines for environmental infection control in healthcare facilities. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>.

OSHA. General duty clause. <https://www.osha.gov/laws-regs/oshact/section5-duties>. Accessed October 25, 2020.

OSHA. The hazard communication standard. <https://www.osha.gov/dsg/hazcom/>. Accessed October 25, 2020.

Walking-Environmental Rounds 3

What concerns do you identify?

What Interventions would you propose?



Walking-Environmental Rounds 3

- Problem: no alcohol-based hand rub dispenser on wall, loose container left on sink.
 - Staff can easily confuse this with soap.
 - Container can easily get contaminated during hand hygiene.
 - Container can fall into the sink & become contaminated.
- Action: there should be a mounted alcohol-based hand rub dispenser away from the sink in all rooms.



Walking-Environmental Rounds 4

What concerns do you identify?

What Interventions would you propose?



Walking-Environmental Rounds 4

- Problems:
 - Empty glove dispenser
 - Potential contamination of gloves by curtains
 - Gloves should be near other PPE, near resident door
- Actions:
 - Full containers
 - Away from curtains



Walking-Environmental Rounds 5

What concerns do you identify?

What Interventions would you propose?



Walking-Environmental Rounds 5

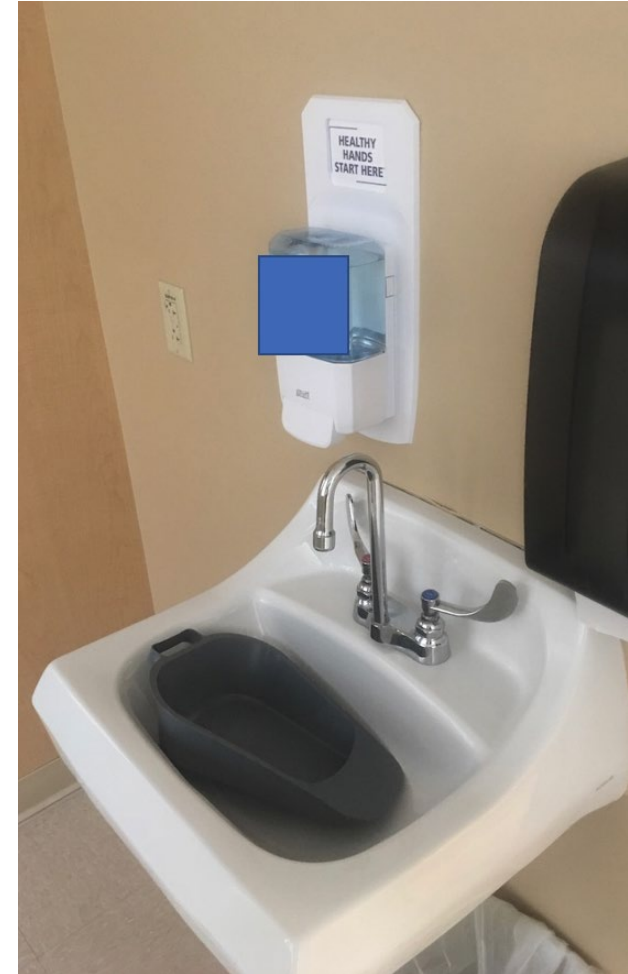
- Problems
 - Full sharps container
 - Potential for injury & infection spread
- Actions
 - Empty when $\frac{3}{4}$ full



Walking-Environmental Rounds 6

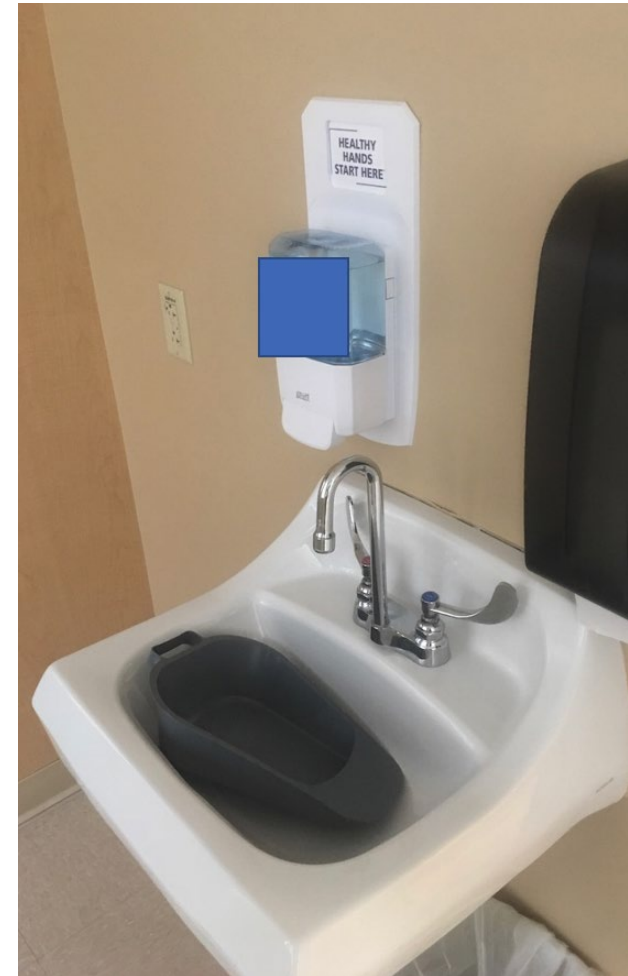
What concerns do you identify?

What Interventions would you propose?



Walking-Environmental Rounds 6

- Problems
 - Bedpan in sink, pretty much a “never” event
- Actions
 - Proper emptying & cleansing
 - Reports of GI COVID transmission



Walking-Environmental Rounds 7

What concerns do you identify?

What Interventions would you propose?

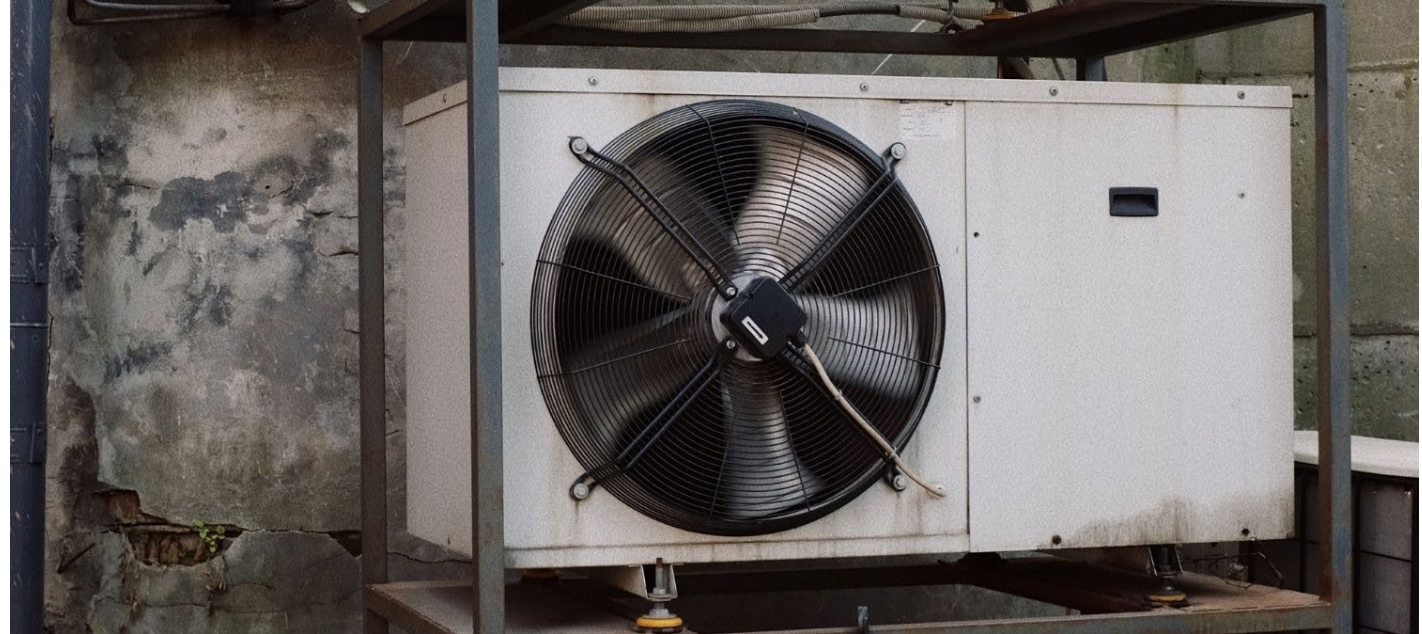


Walking-Environmental Rounds 7

- Problems
 - Blocking eyewash station (remember eye protection needed for COVID)
- Actions
 - Clean out sink
 - Label & store disinfectants if they are appropriate to begin with



Walking-Environmental Rounds 8

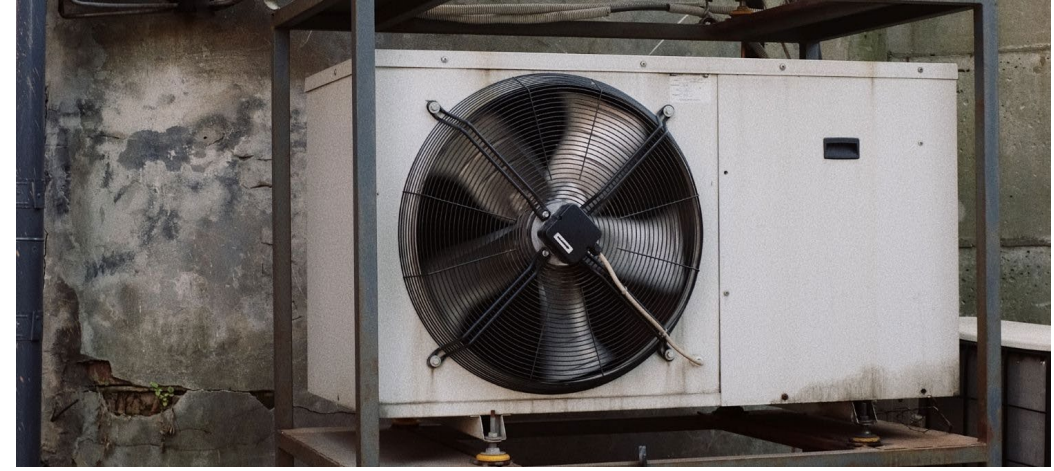


What concerns do you identify?

What Interventions would you propose?

Walking-Environmental Rounds 8

- Problems:
 - Poor ventilation-accentuate COVID spread by aerosol
- Actions:
 - Consult HVAC service provider
 - OSHA
 - Open windows when possible
 - Check CO2 levels-marker for poor circulation (\$125-150): Goal < 600 ppm; Unsafe >800 PPM



Walking-Environmental Rounds 9

What concerns do you identify?

What Interventions would you propose?



Walking-Environmental Rounds 9

- Problems:
 - Need for social distancing-masks will be off
 - Potential for cough lead to spread
 - Hand sanitizer-flammable
 - Staff exposure
- Actions
 - Signage
 - Outdoors, supervised
 - Sink/ soap & water; sanitizer away
 - Smoking cessation



Other Non-Covid areas of emphasis

- Foleys-appropriate indications & care
- Central line care
- Pressure ulcer prevention
- Aspiration pneumonia prevention
- Prevent other bacterial and viral infections :
 - MRSA, VRE, & other antibiotic-resistant bacteria
 - C Diff
 - Influenza

Institute for Healthcare Improvement. *How-to Guide: Prevent Central Line-Associated Bloodstream Infections*. Cambridge, MA: Institute for Healthcare Improvement; 2012.
<http://www.ihl.org/resources/Pages/Tools/HowtoGuidePreventCentralLineAssociatedBloodstreamInfection.aspx>. Accessed October 25, 2020.

Canadian Patient Safety Institute. Hospital harm improvement resource. Aspiration pneumonia.
<https://www.patientsafetyinstitute.ca/en/toolsResources/Hospital-Harm-Measure/Documents/Resource-Library/HHIR%20Aspiration%20Pneumonia.pdf>. Accessed October 25, 2020.

Communicating Findings



- In a timely manner, share findings with your leadership team.
- Pictures, **taken per facility policy**, may be helpful.
- Discuss also at Resident Safety, QAPI, and other applicable committees

Communicating to Your Colleagues

- Keep the emotion out of the discussion; may want to first role play with a friend,
- Be tactful, speak softly, with findings
- Share the reason why the correction is needed
- Keep the emotion out of the discussion
- Try to have the caretaker make the corrections; reinforces positive, future behaviors

Keys for Success

- Listen; two ears, one mouth
- Relax; be genuine and open
- Request feedback
- Go to all resident clinical areas
- Remember names
- Give compliments
- Time management; stay on message
- Don't judge or critique
- Answer questions honestly
- Don't overdo it; presence should not feel like a burden to staff
- Develop a set routine: 3x/week, weekly, etc.



Next up – Quality Assurance / Performance
Improvement: Psychological PPE

Psychological Safety

Leave in Action - Reflection

Last week, we suggested you speak to 5 staff members and ask them some version of the questions below:

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

What came up that was surprising? Did any new ideas emerge?

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



Psychological Safety

- Belief that we will be:
 - Not humiliated or punished for speaking up
 - Secure and capable of changing
 - Free to focus on common goals and problem prevention not self-protection



Schein E. Organizational Culture and Leadership. San Francisco, CA: Jossey-Bass; 1985.

Edmondson A. Teaming: how organizations learn, innovate, and compete in the knowledge economy. San Francisco: Jossey-Bass; 2012.

Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*.

IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at [ihi.org](https://www.ihi.org))

Psychological Safety



Leaders (formal and informal) Set The Tone

- Share the purpose: “We are starting safety rounds because our work is complex; it involves many different people, and we don’t all know everything. We want to keep everyone safe.”
- Model fallibility: “We all make mistakes”
- Invite participation: “What do you think we could do to make this better?”
- Close the loop: Thank people for their input and tell them what you have done as a result

Your Psychological PPE

to Promote Mental Health and Well-Being



These recommendations are based on a review of published literature and the experience of health systems. For more information visit [ihl.org](https://www.ihl.org).

Individual



Take a day off and create space between work and home life



Avoid publicity and media coverage about COVID-19



Receive mental health support during and after the crisis



Facilitate opportunities to show gratitude



Reframe negative experiences as positive and reclaim agency

Team Leader



Limit staff time on site/shift



Design clear roles and leadership



Train managers to be aware of key risk factors and monitor for any signs of distress



Make peer support services available to staff



Pair workers together to serve as peer support in a "buddy system"

Pocket Card for COVID-19 Crisis

CARING FOR YOURSELF IN THE FACE OF DIFFICULT WORK

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy, and compassion.

10 things to do each day

1. Get enough sleep.
2. Get enough to eat.
3. Vary the work that you do.
4. Do some light exercise.
5. Do something pleasurable.
6. Focus on what you did well.
7. Learn from your mistakes.
8. Share a private joke.
9. Pray, meditate or relax.
10. Support a colleague.

**For More Information see your supervisor or visit www.istss.org,
www.proqol.org and www.compassionfatigue.org**

© Eastwoods, LLC, 2020. Authors: Beth Hudnall Stamm, Craig Higson-Smith, Amy C Hudnall and Henry E Stamm, IV 2004-2020.
This card may be freely copied and distributed as long as (a) authors are credited, (b) no changes are made, and (c) it is not sold.

FOCUSING YOUR EMPATHY

Your empathy for others helps you do your job. It is important to take good care of your feelings and thoughts by monitoring how you use them. The most resilient workers are those that know how to turn their feelings to work mode when they go on duty, but off-work mode when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (feelings switched to work mode) and maximum support while resting (feelings switched off-work mode).

How to become better at switching between Work and Off-Work Modes

1. Make this a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (work-mode) or connected and cared for (non-work mode) to help you switch.
3. Develop rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a tough job.

https://proqol.org/Helper_Pocket_Card.html

Leave in Action: Practice Rounding

Walk through one unit to observe all areas:

- Use a tool/checklist to guide your observations
 - Take pictures of both problem areas and bright spots
 - Ask staff what they have noticed, in the past week, that looked unsafe to them in the physical environment
 - Ask for their ideas, give thanks, avoid blame
-
- Share next week what came up that was surprising or what new ideas emerged from problem solving.



Honoring the Work

Examples From the Field

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



Riverside Sanders Retirement Community



<https://fb.watch/2e0XBdj5xI/>

Share Your Videos and Images!

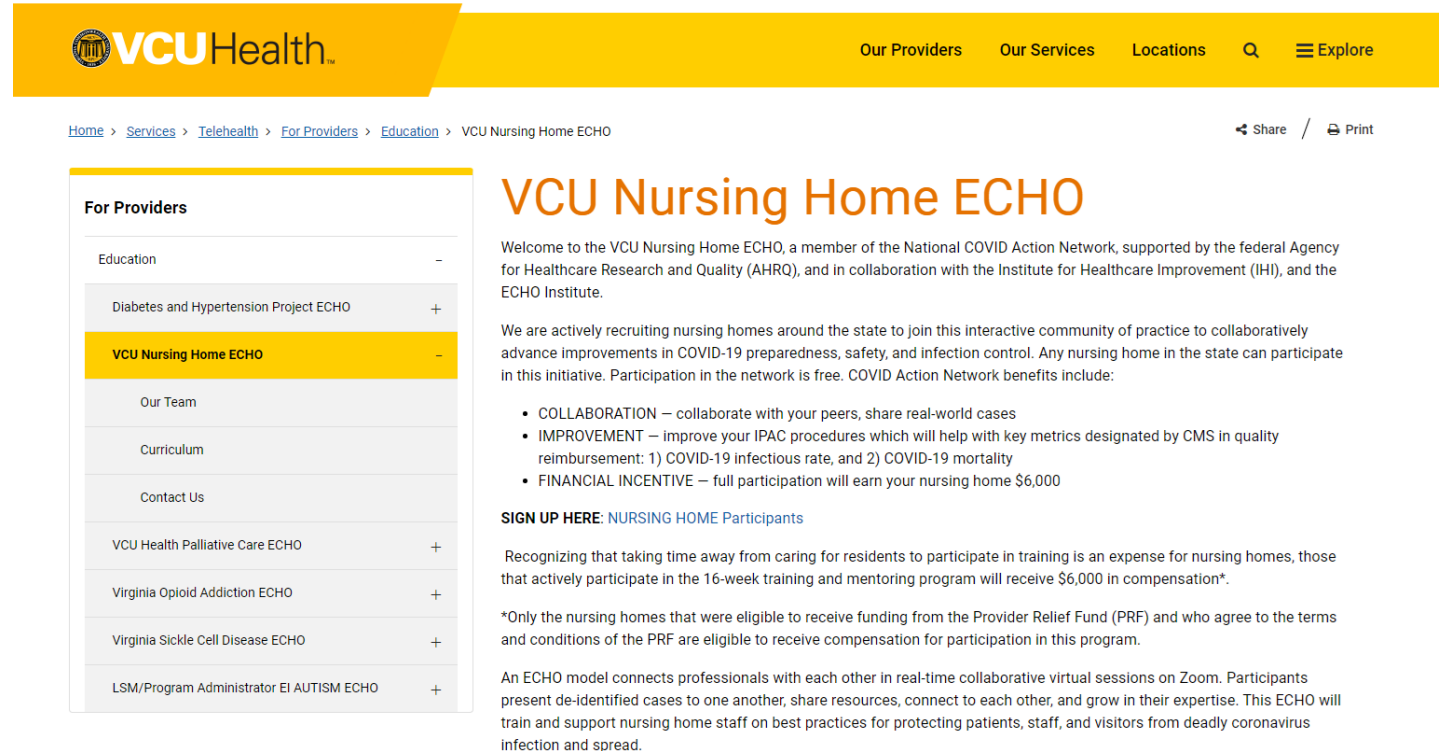


Break slide

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" section 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 links for "Share" and "Print".

The main content area is titled "VCU Nursing Home ECHO" in orange. Below the title is a welcome message: "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." This is followed by a paragraph about recruiting nursing homes and a list of three benefits: COLLABORATION, IMPROVEMENT, and FINANCIAL INCENTIVE. A "SIGN UP HERE: NURSING HOME Participants" link is provided. Below this is a paragraph about compensation for training and a note about eligibility for the Provider Relief Fund (PRF). At the bottom, a paragraph describes the ECHO model and its goals.

On the left side of the main content area is a "For Providers" sidebar with a table of links:

For Providers	
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	+
LSM/Program Administrator EI AUTISM ECHO	+

<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



Practical Steps to Improve Air Flow in Long-Term Care Resident Rooms to Reduce COVID-19 Infection Risk

Richard M. Lynch PhD^{a,*}, Reginald Goring BS^{b,c}

^a Environmental Safety Management Corporation, Riverside, NJ

^b California Association of Health Facilities, Sacramento, CA

^c American Healthcare Association, Washington, DC

1. Estimate Total Room Volume, Ventilation, and Differential Pressure
2. Install Supplemental Exhaust Ventilation Through Dedicated Exhaust Portals
3. Increase Efficiency of Filtration
4. Keep Doors to Hallways Closed
5. Follow Infectious Disease Prevention Guidelines for Health Care Workers

Lynch RM, Goring R. Practical Steps to Improve Air Flow in Long-Term Care Resident Rooms to Reduce COVID-19 Infection Risk. *Journal of the American Medical Directors Association*. 2020;21(7):893-894. doi:[10.1016/j.jamda.2020.04.001](https://doi.org/10.1016/j.jamda.2020.04.001)


Walking Rounds; Key Tools and Checklists

Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions (*review care of a resident under observation, suspected of, or confirmed to have COVID-19 infection*);
- Quality of resident care practices, including those *under observation, suspected of, and confirmed to have COVID-19 infection*, if applicable;
- The surveillance *and testing* process;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff;
- *Actions taken to prevent transmission, such as cohorting and managing care for residents suspected of having or confirmed to have COVID-19*;
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19;
- How the facility informs residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility; *and*
- *The infection preventionist role.*

The survey team will select a random sample of three residents, and if not already sampled, add one additional resident who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19, for purposes of determining compliance.

The survey team will select a random sample of three staff, and if not already sampled, add one additional staff who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19, for purposes of determining compliance.



Environmental Rounds Worksheet for Infection Control

AREA INSPECTED:

DATE:

INSPECTOR:

Use separate sheet for each department or patient care unit. Check as follows:
C = Compliant; NC = Not compliant; CAC = Corrective action completed; FU = Follow-up required; NA = Not applicable

Criteria	C	NC	Finding or Comment	CAC	FU	NA
Patient Exam/Treatment Rooms:						
Floors and walls clean						
Cubicle curtains clean and free of tears, etc.						
Furniture clean and in good condition						
Sink clean						
Soap & Paper Towel Dispensers are stocked and working						
Alcohol Handsanitizers are available						
Gloves, PPE available as per policy						
No supplies stored under sinks						
No food or drink in Patient Care Areas						
Blood spill kits available						
Vent grills clean						
High level dusting performed						

COVID-19 Focused Survey for Nursing Homes

Infection Control

This survey tool must be used to investigate compliance at F880, *F882*, F884 (CMS Federal surveyors only), F885, *F886*, and E0024. Surveyors must determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

https://www.hometownhealthonline.com/site/wp-content/uploads/2020/03/COVID-19-Focused-Survey-for-Nursing-Homes_25-August-2020.pdf.

<https://health.usf.edu/medicine/internalmedicine/infectious/medicalhealthadmin/~media/Files/Medicine/Internal%20Medicine/Infectious%20Disease%20and%20International%20Medicine/Medical%20Health%20Admin/environmental-rounds-worksheet.ashx?la=en>.

Other Walking Rounds; Tools and Checklists

Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

Infection Prevention and Control Assessment Tool for Long-term Care Facilities

This tool is intended to assist in the assessment of infection control programs and practices in nursing homes and other long-term care facilities. If feasible, direct observations of infection control practices are encouraged. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

Overview

Section 1: Facility Demographics

Section 2: Infection Control Program and Infrastructure

<https://www.cdc.gov/infectioncontrol/pdf/icar/ltcf.pdf>. Accessed October 20, 2020.

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