



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



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Session 7: Community Transmission & Nursing Home Screening Strategies

**Quality Assurance Performance Improvement-
Getting to Greater Reliability in Your Process**

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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Announcements

CE Activity Code

Within 7 days of this meeting, **text the attendance 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

- **Attend!** First 60 minutes of each meeting are required (additional 30 minutes optional)
- **Participate!** Ask questions, share ideas, show non-verbal engagement
- **Share your stories!** Submit a challenging situation you have been working on 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.



Breakout IceBreaker

At work this morning, after
“Good Morning,” what was the
first thing someone said to you?



Week 7 Learning Objectives

Best Practices: Community Transition & Screening

- Develop one method of disseminating up-to-date information on COVID-19 community activity to staff members.
- Identify challenges related to COVID-19 fatigue in staff members.
- Discuss relationship between COVID-19 community activity and screening practices within the nursing home.

Quality Assurance/Performance Improvement

- Getting to Greater Reliability in Your Process

Community Transmission & Nursing Home Screening Strategies

Slide content adapted from:

Jennifer Kim, DNP, GNP-BC, GS-C, FNAP, FAANP, Vanderbilt University

Abby Parish, DNP, GNP-BC, AGPCNP-BC, FNAP, Vanderbilt University

for more information visit: www.cdc.gov/COVID19

At a wedding reception with 55 people in rural Maine, there was no physical distancing and over the next 5 weeks.....



Local community outbreak occurs after the wedding

27 cases

1 death

A wedding guest had contact with a staff member who works at LTC facility 100 miles away from the wedding. The staff member developed COVID-19 symptoms. She reported to work and wrote her symptoms in the daily staff report log but did not verbalize her symptoms to her supervisor.



Secondary Outbreak

The staff member's LTC facility developed an outbreak.

38 cases of COVID-19

6 deaths

Tertiary Outbreak at Correctional facility 200 miles away

82 cases

0 deaths

Lack of consistent mask use and social distancing at a wedding reception in rural Maine led to multiple COVID-19 outbreaks and deaths



Wedding Reception
30 cases

100 miles

Local community



27 cases, 1 death

Long-term
care facility



38 cases, 6 deaths

200 miles

Correctional facility



82 cases, 0 deaths

Slow the spread of COVID-19

✓ avoid large gatherings

✓ stay home when sick

✓ wear masks

✓ stay 6 feet from others

[CDC.GOV](https://www.cdc.gov)

bit.ly/MMWR111220

MMWR

Total cases and deaths

177 cases

7 deaths

Take home message: dedicate our efforts to screening and preventing COVID-19 from entering our facilities.

Community Transmission- CDC Definitions

- **No-to-minimal community transmission:** Evidence of isolated cases or limited community transmission; case investigations under way; no evidence of exposure in large communal setting.
- **Minimal-to-moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.
- **Substantial community transmission:** Large-scale community transmission, including in communal settings (e.g., schools, workplaces) > 10%

COVID-19 Screening In The Nursing Home

Symptom-Based Screening

- Self-report
 - COVID-19 symptoms
 - Temperature check
- Limitations
 - Assumes full disclosure
 - Asymptomatic carriers

COVID-19 Screening In The Nursing Home

How about testing?

Testing-Based Screening for those who enter your facility

- Viral (swab)
 - Rapid, point-of-care
 - Combination (flu + COVID-19)
- Limitations
 - Labor-intensive
 - Costly
- Screening forms

Nursing Home Screening Case



Washington state, an early example of asymptomatic spread

Screening Case 1 - King County, Washington

- COVID-19 positive LTC staff member
- CDC did symptom assessments and viral testing of residents
- Residents categorized as asymptomatic or symptomatic
- Among the 30% of residents with positive tests
 - 43% had symptoms day of testing
 - 57% asymptomatic

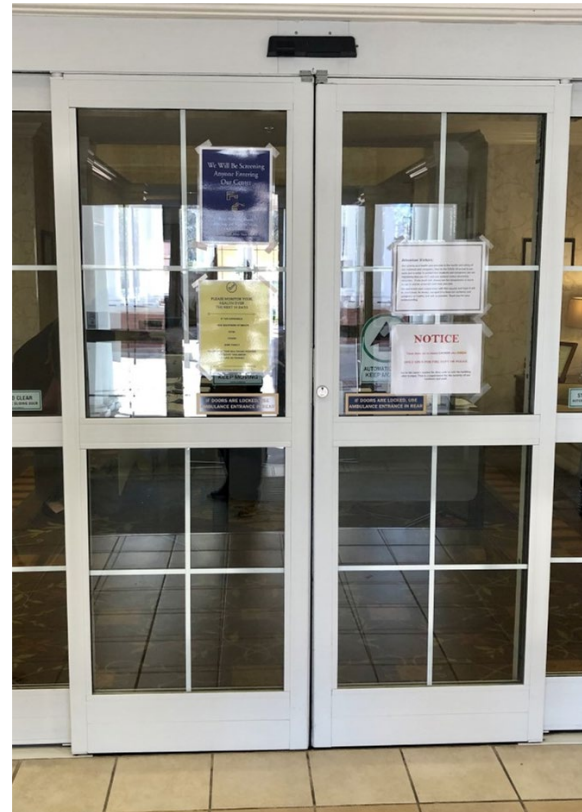
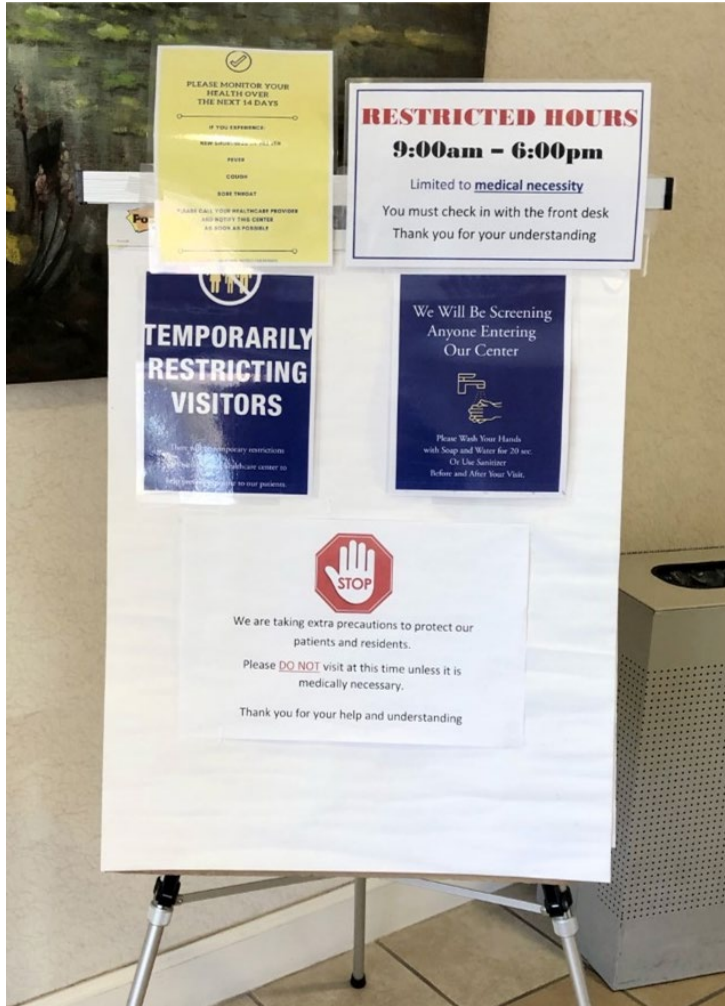
Take Home Message: Symptom-based screening may fail to identify those with COVID.

Symptom Based Screenings

- Despite limitations, its use is recommended
- Wide variance of implementation & management

Question for Group: How have your symptom based screenings worked in your facility? (add to chat)

Controlling Spread at the Door: Screening- Facility A



Screening- Facility B



Screening- Facility C

- All individuals coming in facility



"Locked Entrance" by Garry Zeweniuk is licensed under CC BY-ND 2.0



Triage with DON

Screening Staff Members

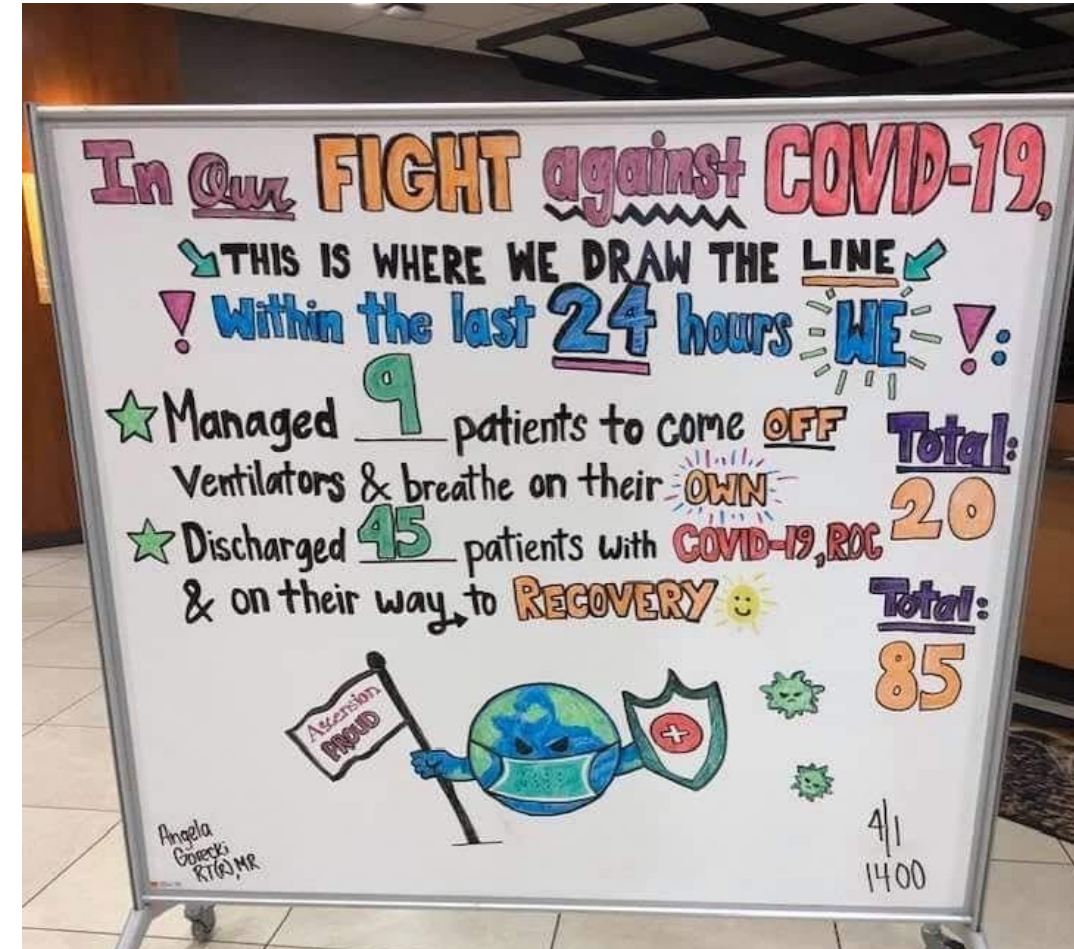
- Physical environment, barriers, separate entrances
- Who is checking symptom logs?
- Staff member compliance and fatigue with logs
- Improving disclosure of symptoms
 - Contingency work plans?
 - Creating a culture of trust

How are vendors, contractors screened?



Keeping Staff & Families Updated

- Engage MD & APRN leadership
- Weekly conference calls
- Social media
- What other ideas have you had?



Addressing COVID-19, Caution: Fatigue

- Break the cycle
 - Boost staff morale
 - Recognition
 - Holiday decorations & music
 - Food
 - Highlight residents/staff who have recovered
 - Leadership must lead by example

Break slide

Next up – Case Discussion

Vaccination Fears

Situation

We held our first vaccine clinic last Wednesday. Overall, it was a great success with the ones who were vaccinated! No adverse reactions! The clinic was well organized and ran very smoothly. However, our staff percentage was lower than we had hoped. We are having issues with staff trusting the vaccine.

Background

Staff fear long-term effects of the vaccine.

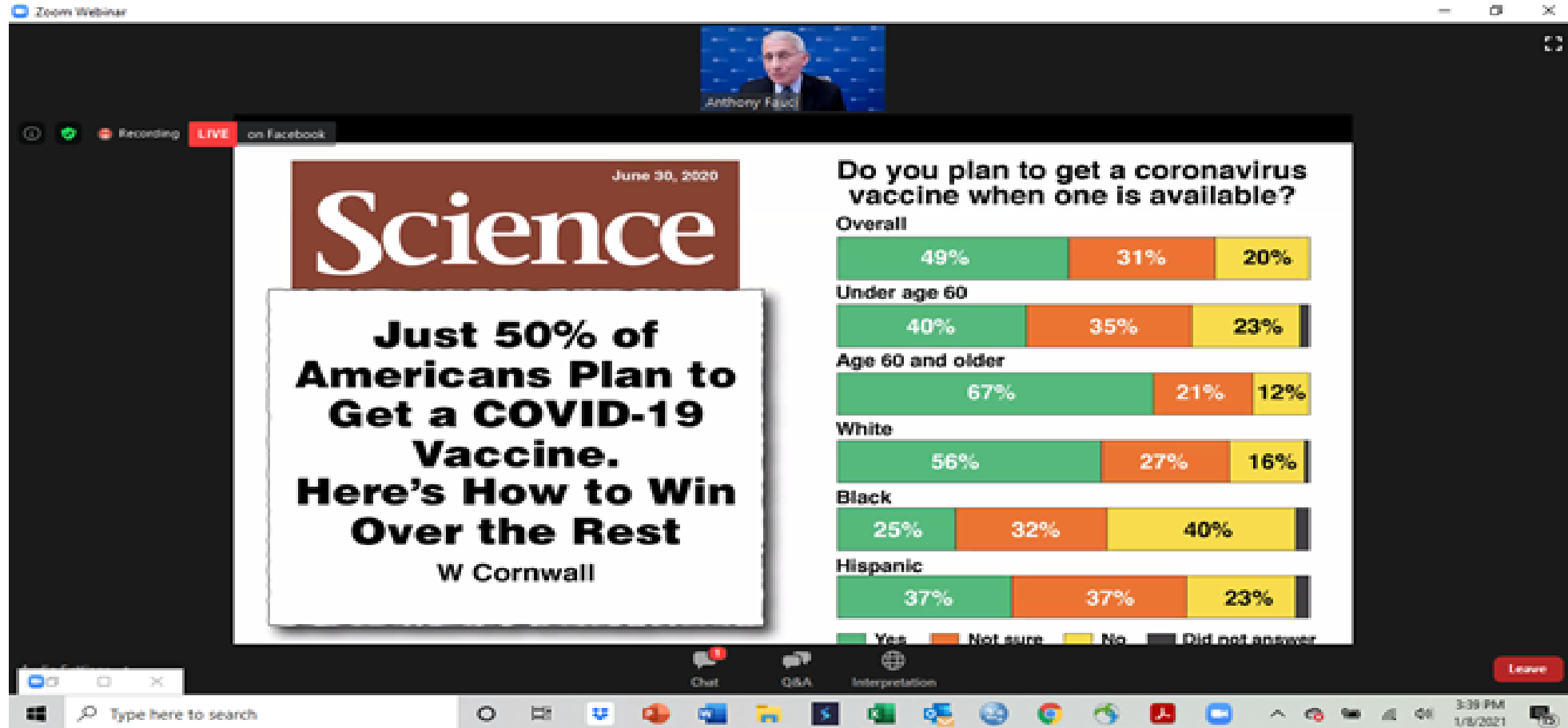
Assessment

We had the Ombudsman here and she received the vaccine while talking to staff. We provided education to all staff as well as personal experiences that promote the vaccine.

Recommendations

Our Medical Director will host a "town hall" with remaining staff to encourage participation. The company is offering a cash incentive as well. What do you recommend?

Vaccine Hesitation



[Officials gear for a war on vaccine misinformation](#)

Ask-Tell-Ask Approach

•Technique:

- Ask for permission to give information
- If Oked, provide information
- Ask reaction to information

•Background: derived from Motivational Interviewing

- Taps person's reason to act or change
- Avoids “should”
- Highly successful for facilitating lifestyle change
- Requires specialized training
- Ask-Tell-Ask adapted for brief counselling in general settings

Addressing Vaccine Hesitancy

•Ask:

- I know there is a lot of concern about the COVID vaccines; Are there specific concerns you have?
- Can I give you some information about those?

•Tell: Provide education if given permission

•Ask:

- Was this helpful?
- Help me be sure I was clear; can you summarize what I told you
- Is there anything else we should discuss? I can do; please let me know if further questions

Break slide

Next up – Quality Assurance / Performance Improvement: 5-step model

Let's Poll It Up!

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



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Training Hub Logo

Leave in Action - Reflection

Last week, we suggested you think about your conversations, discoveries and observations over the past few weeks and months and identify one area that you might want to focus on through a PIP versus a 'just do it' approach.

Did you connect with other staff members to ask their opinion on what you might be able to impact in this area?

What ideas did you come up with?

High Level Flow Charts for Reliable Design

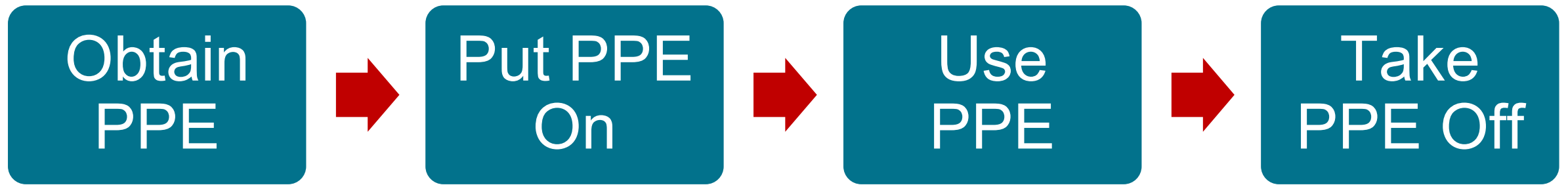
Keeping it really simple by breaking the design into obvious steps

Adapted from: Roger Resar

Getting to Greater Reliability in Your Process

- What are the processes you want to improve?
- Clearly state in 2-5 words what you intend to design.
 - Proper PPE use
 - Prevent staff burnout
 - Proper resident Cohorting
 - Testing for COVID
 - Visitation booth use

4 Box Flow Diagram (for Proper PPE use)



Each box is a process with ATTRIBUTES (Example: Obtain PPE)

Who is responsible for enough equipment?

Where is the equipment stored?

When is the equipment inventory done?

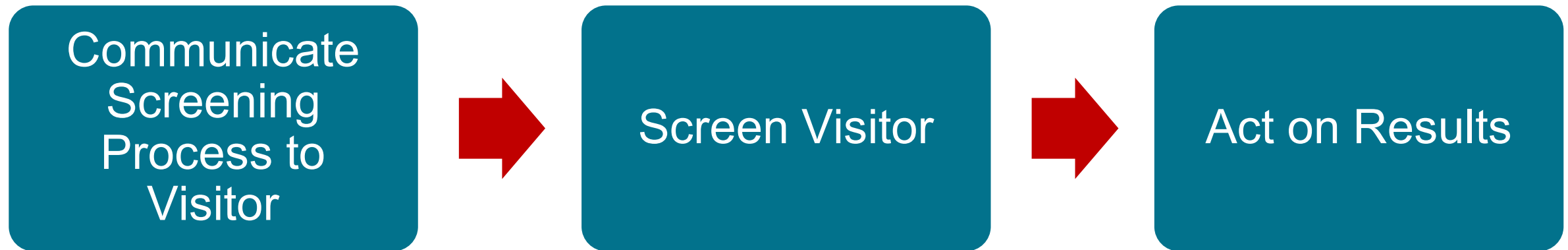
How is the equipment supply verified?

What is done when something is missing?

Your Turn: 3 Box Flow Diagram (for screening visitors)



3 Box Flow Diagram (for screening visitors)



Each box is a
process with
ATTRIBUTES
(Example: screening)

Who screens?

Where is the screening done?

When is the screening done?

How is the screening done?

What is needed to conduct
screening?

Keep in Mind

- If the flow diagram doesn't seem TOO SIMPLE, complexity has already crept into your design.
- Complexity is the enemy of reliable design because 5 front line users will be less likely to be able to articulate the 5 attributes.

One-Pager: High Level Flow Charts for Reliable Design



WHY IN A COVID CRISIS ARE WE TALKING ABOUT RELIABLE DESIGN?

- We want GOOD OUTCOMES.
- We want standardized processes with a HIGH COMPLIANCE RATE throughout the nursing home for LONG TERM success.
- We want SIMPLE, DOABLE and MINIMAL RESOURCE approaches because we have limited time, energy and resources.
- We want to invest in approaches that can be applied to other situations for continuous quality improvement.
- Reliability occurs by DESIGN and not by accident.

WHAT IS RELIABLE DESIGN?

- To design a non-catastrophic process to 95% or better reliability with the understanding that at this level SUSTAINABILITY of the process is HIGHLY LIKELY.

HIGH LEVEL FLOW CHARTS FOR RELIABLE DESIGN

WANT TO GET GREATER RELIABILITY IN YOUR PROCESS?

- Think about different processes you want to improve.
- Select one process and clearly state the process using 2-5 words: (examples)
 - proper PPE use
 - preventing staff burnout
 - resident cohorting
 - COVID testing
 - visitation booths
- Keep it really simple by breaking the design into obvious steps. Limit it to only FOUR STEPS.
- Use a high level flow chart for reliable design.

HIGH LEVEL FLOW CHARTS



- Each box is a process with attributes.
- Determine which process (box) you are having the most problem with and why.
- That process then becomes a logical improvement focus.

HOW DO YOU DETERMINE WHICH STEP YOU ARE HAVING THE MOST PROBLEM WITH?

- Ask ANCHORING QUESTIONS.
 - "What is the most challenging part of obtaining your PPE?" or
 - "Tell me about the last time you had trouble accessing PPE."
- Ask 5 direct care staff if they can name the 5 attributes for a given process in question.

KEEP IN MIND



- If the flow diagram doesn't seem TOO SIMPLE, complexity has already crept into your design.
- Complexity is the enemy of reliable design because 5 direct care staff will be less likely to be able to articulate the 5 attributes.

Honoring the Work

Examples From the Field

**AHRQ ECHO National Nursing
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Let's Poll It Up Again!

**AHRQ ECHO National Nursing
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Training Hub Logo

Break slide

NEXT UP – WRAP UP & NEXT STEPS

Announcements

Next week

Staff Safely Returning to Work
QAPI -- Moving to Action

Today's CE Activity Code

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

Break slide

RESOURCES

COVID-19 Resources for Nursing Homes

The screenshot shows the CDC's 'Nursing Homes and Long-Term Care Facilities' page. The sidebar on the left lists various topics, with 'Infection Control' and 'Nursing Homes & Long-Term Care Facilities' expanded. The main content area features a header image of a healthcare worker wearing a mask, followed by links to 'Infection Control Guidance', 'SARS-CoV-2 Testing Guidance', and an 'Infection Control Assessment Tool'. A 'Training Resources' section includes links to a COCA webinar and a CDC TRAIN course. At the bottom, there is a section for 'Videos for Training Front Line Long-Term Care Staff' featuring a mini-webinar.

Healthcare Workers

Testing +

Clinical Care +

Infection Control -

Infection Control Guidance

Using PPE

Hand Hygiene

Alternate Care Sites

Assisted Living Facilities

Blood & Plasma Facilities

Dental Settings

Dialysis Facilities +

Nursing Homes & Long-Term Care Facilities -

Infection Control for Nursing Homes

Responding to COVID-19

Testing Residents

Testing Facility-Wide

Memory Care Units

Infection Control Assessment Tool

Pharmacies

Postmortem Guidance

Optimize PPE Supply +

Potential Exposure at Work +

First Responder Guidance

HEALTHCARE WORKERS

Nursing Homes and Long-Term Care Facilities

Updated Aug. 24, 2020 [Print](#)

Infection Control Guidance

[Infection Control for Nursing Homes](#)

[Public Health Response in Nursing Homes](#)

[Infection Control in Memory Care Units](#)

[Infection Control FAQs](#)

SARS-CoV-2 Testing Guidance

[Testing Nursing Home Residents](#)

[Testing Healthcare Personnel](#)

[Facility-wide Testing in Nursing Homes](#)

[Testing FAQs](#)

Infection Control Assessment Tool

[Nursing Home COVID-19 Infection Control Assessment and Response \(ICAR\) Tool](#)

Tool to help nursing homes and assisted living facilities develop a comprehensive COVID-19 response plan.

Training Resources

[Applying COVID-19 Infection Control Strategies in Nursing Homes](#)

Clinical Outreach and Communication Activity (COCA) Webinar, June 16, 2020. Case-based scenarios are used to discuss how to apply infection prevention and control guidance for nursing homes and other long-term care facilities preparing for and responding to COVID-19.

[Nursing Home Infection Preventionist Training Course \(CDC TRAIN\)](#) [↗](#)

CDC TRAIN course, a free service from the Public Health Foundation

Videos for Training Front Line Long-Term Care Staff

Mini Webinar training series for front-line staff to help protect residents from COVID-19

• [Keep COVID-19 Out](#)

- Infection Control Guidance
- SARS-CoV-2 Testing Guidance
- Assessment tools
- Training resources

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>

Resources

[CMS Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes](#) Dec. 2020

[Multiple Outbreaks Linked to a Wedding Reception in Maine](#) Nov. 2020

[CDC COVID Data Tracker - Maps, charts, and data provided by the CDC](#) Jan. 2021

[Pregnancy, Breastfeeding, and Caring for Newborns](#) Dec. 2020

[V-safe After Vaccination Health Checker](#) Jan. 2021

[VCU Nursing Home Echo | Curriculum](#) Jan. 2021

