



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.

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Agency for Healthcare
Research and Quality





VCU

Session 15

Emotional Well-Being and Staff Resilience:
Navigating the COVID-19 Pandemic

Quality Assurance-Performance Improvement:
Sustaining the Gains

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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Session Agenda

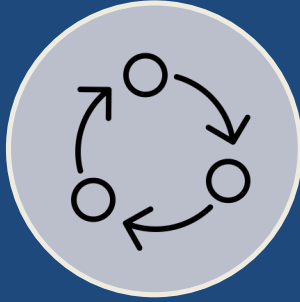
- Acknowledgements & Announcements
- Best Practices Briefing
- Case Presentation
 - Hub Team response and recommendations
 - Spoke Sites response and recommendations
 - Facilitator summarizes recommendations
- Quality Assurance and Performance Improvement Booster
- Community Forum - Sharing Successes,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



ECHO is All Teach, All Learn



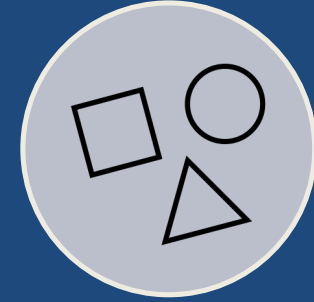
Interactive



Co-
Management
of Challenges



Peer-to-Peer
Learning



Collaborative
Problem
Solving



Session Learning Objectives

Best Practices Briefing:

By the end of the session, participants will be able to:

1. Identify the stress factors affecting health care and non-health care staff.
2. Identify the physiologic and emotional responses to stress.
3. Develop a team plan with a healthy response to stress.
4. Utilize stress reduction techniques.

Quality Assurance-Performance

Improvement:

By the end of the session, participants will be able to:

1. Identify one or more ideas to try to sustain the gains.

Stress and Resilience in LTC

Levels of Stressors and Resilience

LTC Edition

Stressor

- **Macro:** Resident population is not prioritized/cultural attitudes around nursing homes and employees
- **Meso:** (facility/organization specific) Ex. Organizational inequities, staffing shortages, etc.
- **Micro:** Daily stresses of life in LTC, physically straining, providing resident and family supports

Resilience

- **Macro:** NNHCAN, Not alone! 1+ mil people caring for 1.3 million residents
- **Meso:** Ex. Strong team, room for advancement-Very resourceful!
- **Micro:** Build relationships with residents/The work matters

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Resilience and Trauma Discussion

Resilience

According to the American Psychological Association (2012), resilience is “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as **family and relationship problems, serious health problems, or workplace and financial stressors.**”

Some Types of Trauma

Complex: Repeated Exposure, Often in Childhood

Historical: Multigenerational as experienced by a specific group

Indirect: Emotional Duress from the exposure to the trauma of others

Acute: A single incident (crime accident)

Toxic Positivity

- What is toxic positivity?
- How does it impact your team?
- How do we avoid this behavior?

Emotional Well-being and Staff Resilience: Navigating the COVID-19 Pandemic



Sarah Sjostrom, MSN, RN, ACNP-BC

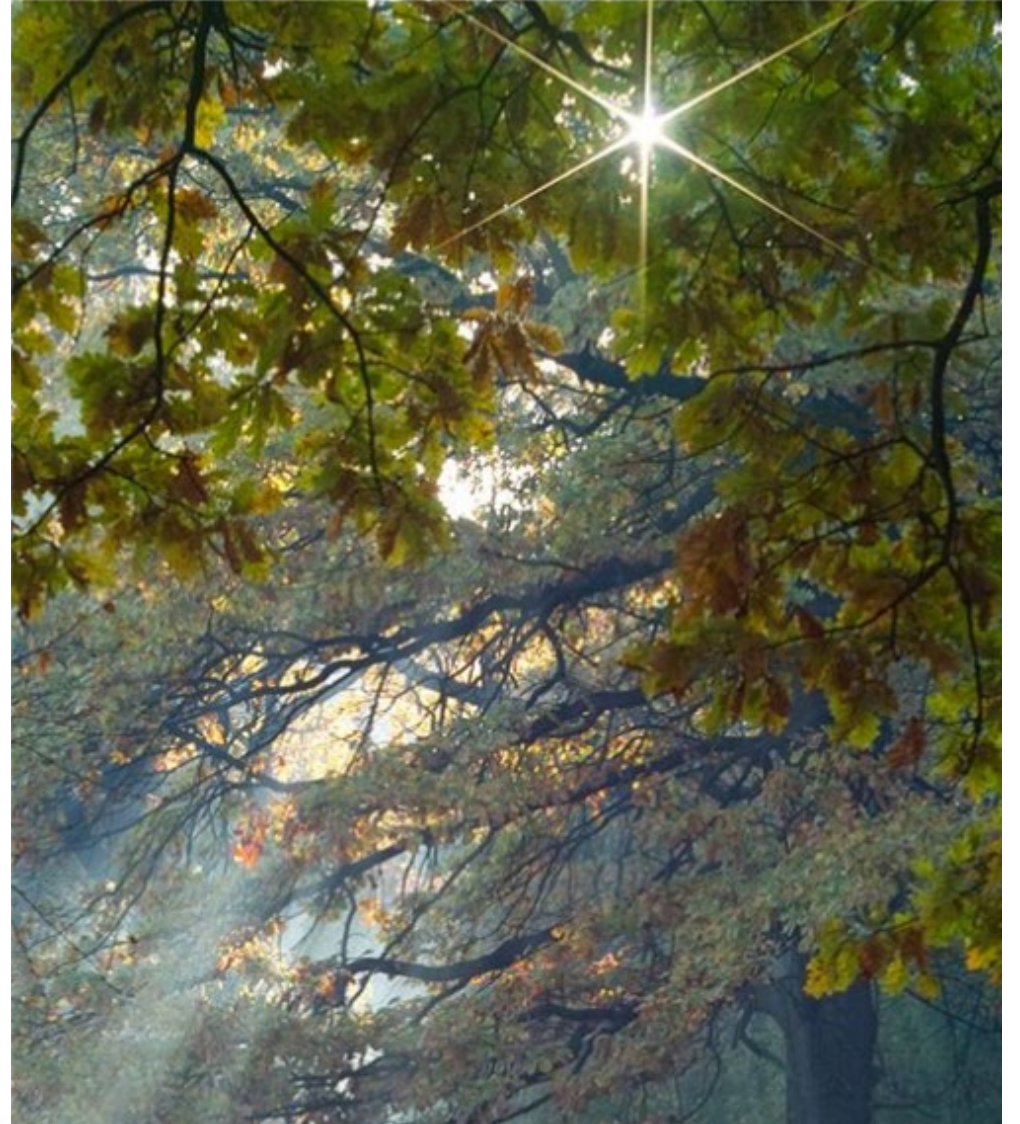
Associate Chief Nursing Officer
Hebrew Rehabilitation Center

Acknowledge our Stress and Build Resilience

We have been overworked (short staffed, wearing uncomfortable PPE, and working with sicker residents) causing us much stress for the past year due to the pandemic.

We need to take care of ourselves and each other.

How can we best do this?



COVID-19: A Constant State of Stress for Healthcare Workers

Loss of Safety/Insecurity

- PPE Shortages
- Fear of Disease Transmission

Loss of Control/Unpredictable Events

- Continued Disease spread despite safety measures

Uncertainty/Change

- Changes to Policies and Procedures
- Need to make changes with little information (closing of units, moving seniors)

Loss of Life/Loved Ones

- Loss of seniors with whom special bonds were formed
- Personal Losses

Lack of Emotional Support

- Quarantine/Social Distancing/Healthcare workers separated from family
- Public Scrutiny of healthcare facilities
- Stigmatization

Moral/Inner Conflict

- Restricting patient/resident visitation
- Inadequate access to life-saving treatment

Overwork/Exhaustion/Lack of Self-Care

- Protracted Use of PPE
- Healthcare workers "service before self" mentality

The Case for Supporting our Teams

Why should healthcare organizations invest energy in employee well-being and resilience?



“The expectation that we can be immersed in suffering and loss daily and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet.”

- Rachel Naomi Remen -

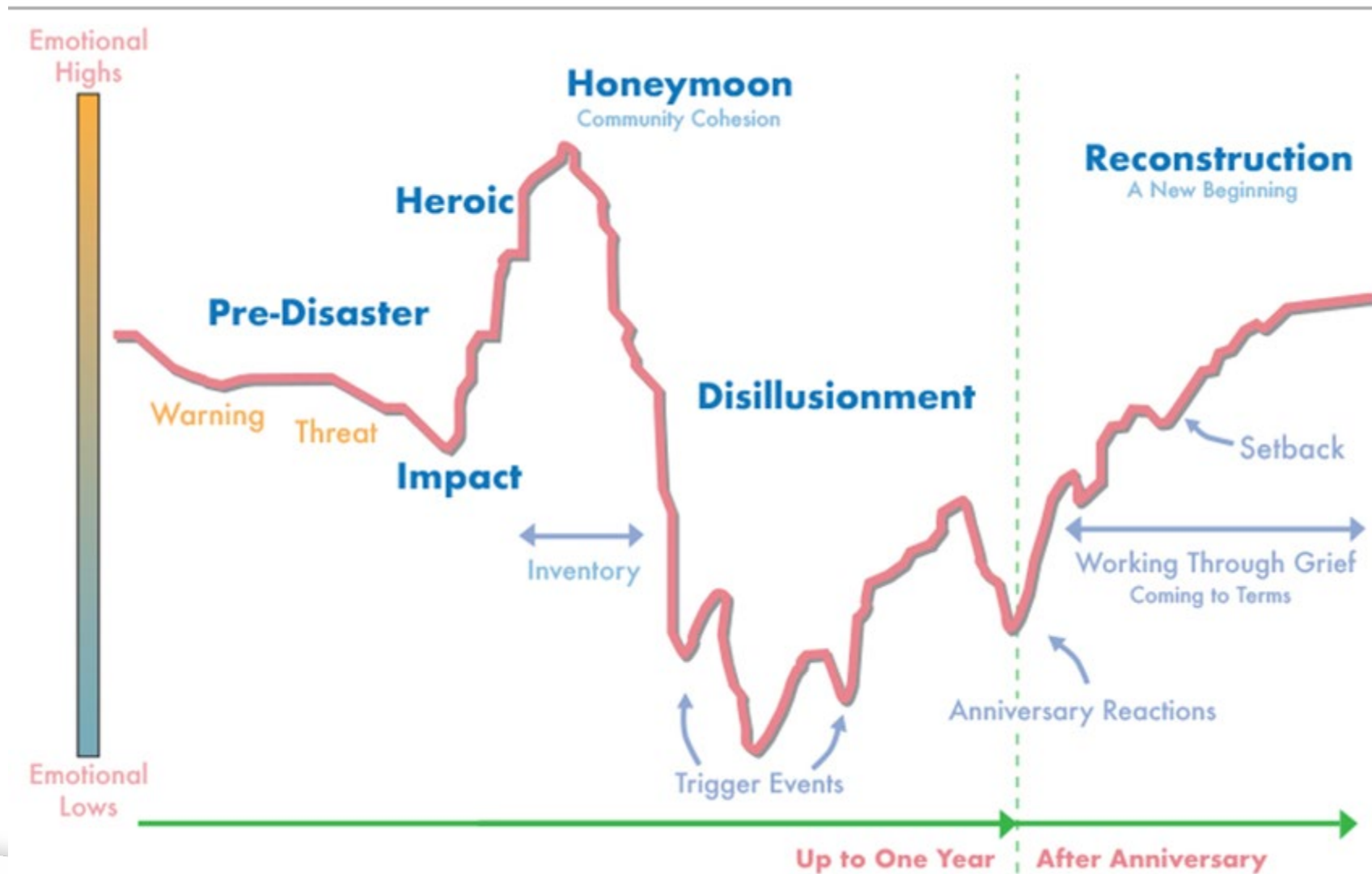
Rachel Naomi Remen is an author about and teacher of alternative medicine in the form of integrative medicine. She is a professor at the Osher Center of Integrative Medicine at the University of California, San Francisco

The Stress Continuum Model

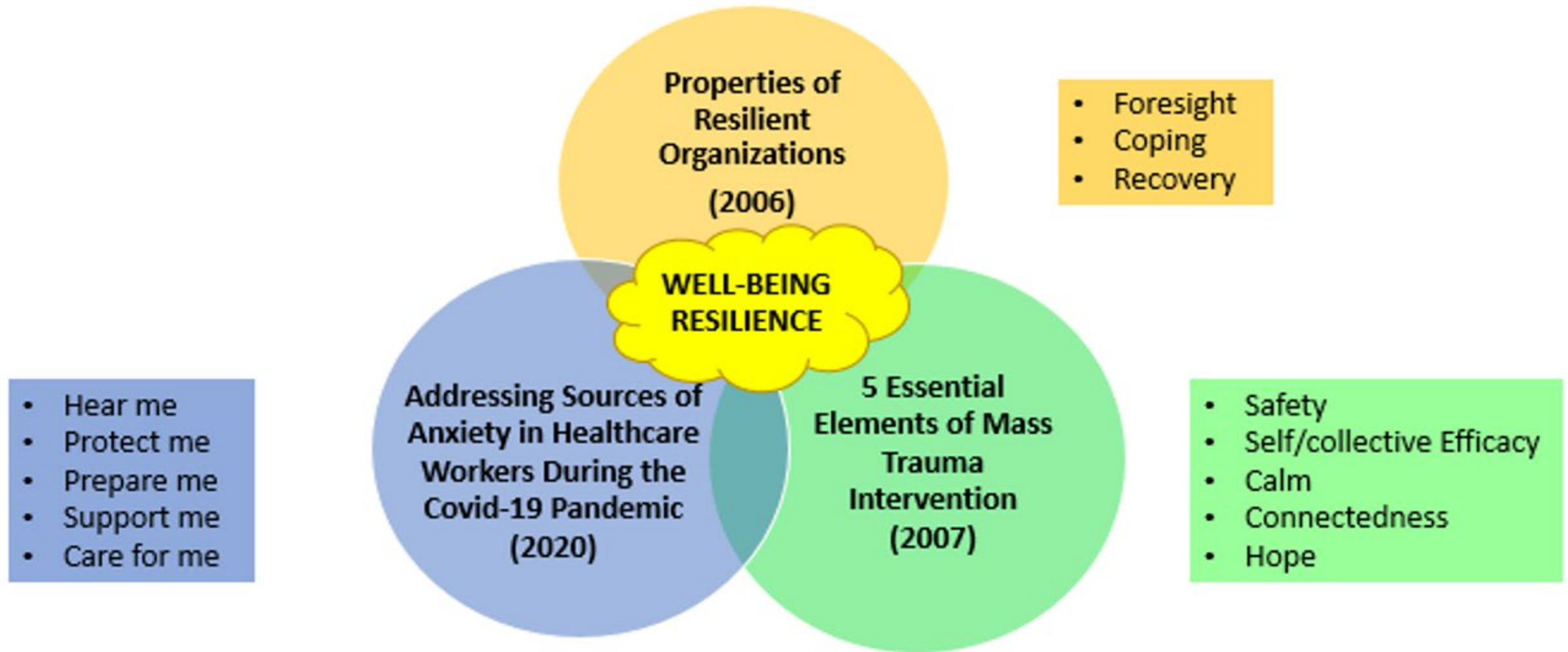


| READY (Green) | REACTING (Yellow) | INJURED (Orange) | ILL (Red) |
|---|--|--|--|
| <u>DEFINITION</u> <ul style="list-style-type: none">✧ Optimal functioning✧ Adaptive growth✧ Wellness | <u>DEFINITION</u> <ul style="list-style-type: none">✧ Mild and transient distress or impairment✧ Always goes away✧ Low risk | <u>DEFINITION</u> <ul style="list-style-type: none">✧ More severe and persistent distress or impairment✧ Leaves a scar✧ Higher risk | <u>DEFINITION</u> <ul style="list-style-type: none">✧ Clinical mental disorder✧ Unhealed stress injury causing life impairment |

Emotional Fluctuation in Times of Mass Disaster



Convergence of 3 Frameworks for Supporting Emotional Well-being and Resilience



Requests From Health Care Professionals to Their Organizations During Coronavirus 2019 Pandemic



Hear Me

Listen to and act on expert perspective and frontline experience. Understand and address concerns to the extent that the organizations and leaders are able.

Protect Me

Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members.

Prepare Me

Provide the training and support that allows provision of high-quality care to patients.

Support Me

Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients.

Care for Me

Provide holistic support for the individual and their family should they need to be quarantined.

Shanafel T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. *JAMA*. 2020;323(21):2133–2134. doi:10.1001/jama.2020.5893

Interventions Across Organization Levels

| Individual | Team | Senior Leaders/Organization |
|---|--|--|
| <ul style="list-style-type: none"> • Plan for how to access reliable sources of information ★ Suggest limiting intake of media/news • Allow individuals ways to communicate safety or workflow concerns • Identify points of control for individuals over process and practice ★ Form “battle buddy” relationships • Individual check-ins for employees • Assist individuals with managing time/schedules/workloads • Encourage stockpiling of compassion for self and others • Encourage breaks, sleep, eating well and hydration ★ Allow employees to express their individual needs/coping strategies are unique to the individual • Encourage staff to assist to identify colleagues that may need extra support | <ul style="list-style-type: none"> ★ Identify centralized location/process for information and policy updates ★ Managers of teams must be present and practice active listening • Problem solve work flow issues as a team ★ Include team members in decision making • Managers eliminating fear of consequences for staff needing to make hard decisions • Take time to recognize the losses the team has experienced • Normalize the challenging emotions • Managers should actively assess team members for signs of individuals who need support • Mock drills/simulations/practicing roles ★ Debrief after challenging cases • Team building initiatives to encourage trust amongst colleagues ★ Create a space for sharing positive messages such as a whiteboard or post it board | <ul style="list-style-type: none"> ★ Providing all necessary PPE or communicating transparently about challenges and potential solutions • Develop mechanisms for frontline teams to communicate safety concerns • Respond to concerns (feedback loops/close the loop) with information training or policy adjustments • Provide clear, transparent and frequent communication • Provide Covid-19 testing to staff if able ★ Senior Leaders must be present on the front lines, particularly in affected areas • Acknowledge the losses and challenges • Model self-care ★ Provide access to food and lodging as needed if able • Ensure staff access to resources for emotional/physical support (listed resources and/or on-site resources) ★ Create calm/rest spaces in the facility ★ Send Thank You Cards/Staff Acknowledgements • Share stories of recovery/success • Create a vision of hope ★ Keep a future focus |

7 Dimensions of Wellness

- Wellness is multi-dimensional
- When planning wellness activities for staff (or residents) try to incorporate as many dimensions as possible



Source: Riverside California

Let's Poll It Up!

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



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Maintaining the Gains

From IHI Improvement Coach Development Course

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



Sustainability

How do we move from testing to making the change permanent?

How do we hold the gains from improvement over time?

MOCHA: Some thoughts on sustainability

Measurement

Ownership

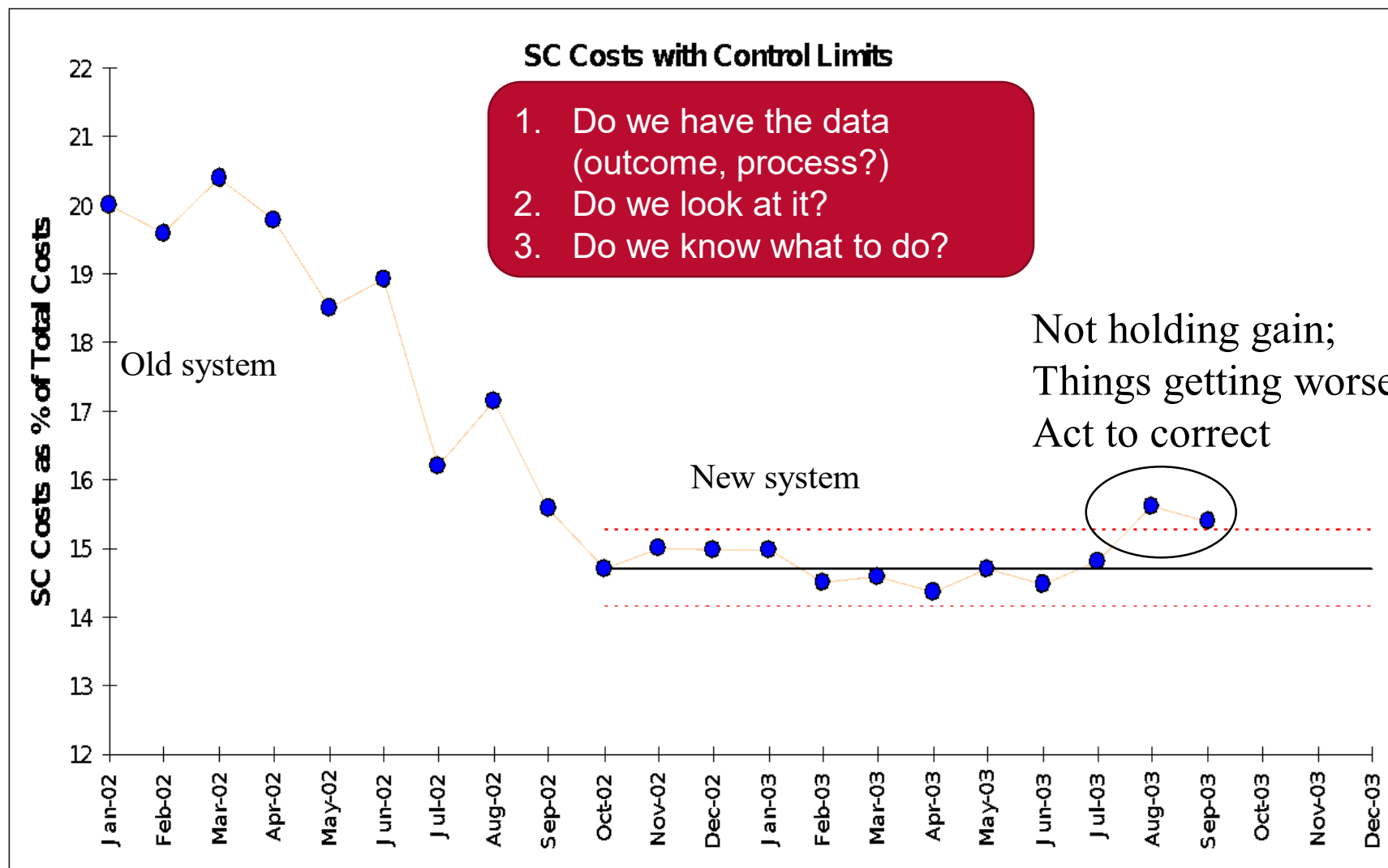
Communication and Training

Hardwiring and Standardization

Assessment of Workload

Source: IHI Improvement Coach Professional Development Program

Measurement: Quality Control



Source: IHI Improvement Coach Professional Development Program

Ownership

- Those who will ultimately own the work should own the work during the improvement
- Role of process owner in quality control:
 - Monitor unit operational status
 - Define unit standard work
 - Manage staffing
 - Incident escalation



IHI White Paper Sustaining Improvement
(<http://www.ihi.org/resources/Pages/IHIWhitePapers/Sustaining-Improvement.aspx>)

Communication and training

- Awareness to decision (communication)
- Decision to action (training):
 - Peer-to-peer
 - “At the elbow” or mentoring
 - Ongoing technical support or hotline
 - Learning + Action
 - Address mindsets + technicalities
- Consider training for existing and new employees (e.g., onboarding)

Source: IHI Improvement Coach Professional Development Program

Training: How matters

- What do adults retain after three months?
 - Lecture-based training (e.g., presentations, videos, demonstrations, discussions) = 10%
 - Learn by doing (e.g., role plays, simulations, case studies) = 65%
 - Practice what was learned in the workplace = ~100%

Source: IHI Improvement Coach Professional Development Program

Hardwiring the change

- Make it easy to do the right thing and hard to do the wrong thing
- Possible methods to hardwire:
 - Standardization and accountability for following standard work
 - Documentation
 - Remove “old way”
 - Reduce reliance on human memory (e.g.: prompts, defaults)
 - Tend to resources: forms, equipment, etc.

Source: IHI Improvement Coach Professional Development Program

Assessment of Workload - Stop, Start, Continue

| Category | Description |
|----------|---|
| Stop | What are we doing in this area that is not working or no longer makes sense? (Something we should STOP) |
| Start | What should we put in place to improve our area? (Something we should START) |
| Continue | What is working well in our organization and should be continued? (Something we should CONTINUE) |
| Change | What is working to some extent and would benefit from minor changes? (something we should change) |

Source: IHI Improvement Coach Professional Development Program

| Attribute | Notes on Questions |
|---|--------------------|
| <p>Measurement</p> <p>What would we continue to measure? What would we stop measuring? What is our plan if we see a negative signal (aka special cause variation)?</p> | |
| <p>Ownership</p> <p>Who will own the new standard work? Are they engaged and onboard with our improvement work?</p> | |
| <p>Communication and Training</p> <p>How will we communicate about this work? Who will be the messengers? How will we support individuals in the “new right way”? What type of training will we use?</p> | |
| <p>Hardwiring the Change</p> <p>How will we make it hard to do the wrong thing and easy to do the right thing? How will we standardize? Can we reduce reliance on human memory? What about documentation. Do we have all the resources needed?</p> | |
| <p>Assessment of Workload</p> <p>Are our changes increasing the overall workload to the system? If so, how can we decrease the workload? If not, how will we communicate about what is changing and not changing?</p> | |

This Week's Action Challenge

- Consider the sustainability aspects of something you plan to implement and jot some ideas down on your worksheet.
- Share your worksheet with another member of your team. Ask for their feedback and ideas for improvement for your plans...
- Come back with any insights, ideas and learnings you have...

Let's Poll It Up Again!

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



Break slide

NEXT UP – WRAP UP & NEXT STEPS

Break slide

RESOURCES



THE SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE



State Strategies for Ongoing Post-Acute and Long-Term Care Resident and Staff COVID-19 Vaccination

February 25, 2021

As the number of residents and staff in post-acute and long-term care (PALTC) communities receiving the COVID-19 vaccine continues to increase, we are hopeful that daily life within these communities will gradually return to what it was prior to the pandemic. However, the population of both residents and staff in PALTC is not static. New residents are admitted frequently, and staff turnover remains high. Therefore, facilities must develop processes that will allow for continuous and consistent vaccination of its residents and staff to protect the health of those living and working within the PALTC community. AMDA – The Society for Post-Acute and Long-Term Care Medicine proposes the following state strategies for ongoing PALTC resident and staff COVID-19 Vaccination.

<http://paltc.org/sites/default/files/2FINAL%20Strategies%20for%20States%20to%20create%20a%20process%20for%20continued%20COVID%2019%20vaccination%20in%20PALTC%2003MAR2021.pdf>



THE SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE

Interim Recommendations for Communal Activities and Visitation in Post-Acute and Long-Term Care Facilities

February 25, 2021

Residents of post-acute and long-term care (PALTC) settings have suffered inordinately from the COVID-19 pandemic. The effects include not only the morbidity and mortality caused by infection with SARS-CoV-2, but also the devastating impacts of social isolation as a consequence of communal activity and visitor restrictions. With the availability of an effective vaccine against SARS-CoV-2, optimism is mounting about the possibility of opening PALTC settings to resuming group activities including communal dining and visitation. PALTC settings will need to carefully consider potential risks and benefits as they take steps to resume group activities and visitation. We offer recommendations to begin opening post-acute long-term care settings, based on our current understanding of the COVID-19 pandemic, and recognizing that more evidence will become available and the situation will continue to

<http://paltc.org/sites/default/files/Interim%20Guidance%20for%20Communal%20Activities%20and%20Visitation%2025FEB2021%20-%20FINAL.pdf>

Resources

[Code Lavender: A tool for staff support](#)

[ELNEC Support for Nurses During COVID-19](#)

[COVID-19 and Emotional PPE | COVID-19 Response Resources Hub](#)

Video: Session 15 Presentation: Staff Well-Being and Resilience
<https://www.youtube.com/watch?v=5mUODGQKhTw&feature=youtu.be>

Resources - VCU Nursing Home ECHO Website

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

[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 intervention specialists. To submit a case for presentation during an ECHO clinic, please email Jenni Mathews at 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 Protective Equipment (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 for COVID-19

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