



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





Post-Vaccination Practices: Session 4

Personal Protective Equipment (PPE)
Protocols for Post Vaccination Practices

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;

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 CreditsTM**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

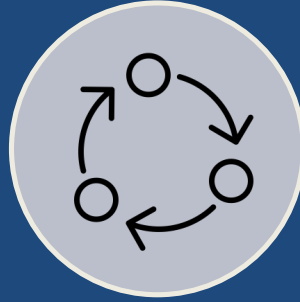
VCU Health Continuing Education designates this activity for a maximum of 1.50 ANCC contact hour. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

VCU Health Continuing Education awards 1.50 hours of participation (equivalent to AMA PRA Category 1 CreditsTM) to each non-physician participant who successfully completes this educational activity.

ECHO is All Teach, All Learn



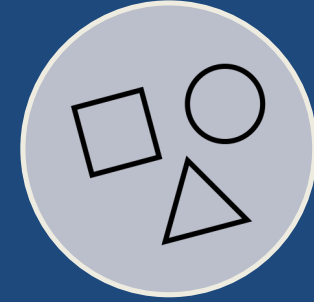
Interactive



Co-Management
of Challenges



Peer-to-Peer
Learning



Collaborative
Problem
Solving



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

Session 4, Learning Objectives

1. Review the rationale and basics of continued PPE usage in the post-vaccination era
1. Delineate approaches to appropriate PPE use, education, and surveillance in the context of vaccines and visitation
1. Apply the MFI model for improvement to develop tests of change using a facemask adherence example



VCU

COVID-19 Updates

- Data
- CDC/CMS
- From the Literature

Data Updates

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

55.7% Virginia Adults Vaccinated

5/31/21

Dashboard Updated: 5/31/2021

COVID-19 Vaccinations in Virginia

Total Doses Administered - 8,182,478

People Vaccinated
with at Least One
Dose*

4,673,122

% of the Population
Vaccinated with at
Least One Dose

54.7%

% of the Adult (18+) Population
Vaccinated with at Least One
Dose
67.0%

People Fully
Vaccinated^

3,782,186

% of the Population
Fully Vaccinated

44.3%

% of the Adult (18+)
Population Fully Vaccinated
55.7%

COVID-19 in Virginia 5-21-21

	LAST WEEK	CHANGE FROM PREVIOUS WEEK
RATE OF NEW COVID-19 CASES PER 100,000	36	-20%
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.1%	-0.7%
NEW CONFIRMED COVID-19 HOSPITAL ADMISSIONS / 100 BEDS	2	-19%
RATE OF NEW COVID-19 DEATHS PER 100,000	1.0	-29%
COMMUNITY TRANSMISSION LEVEL	MODERATE TRANSMISSION	

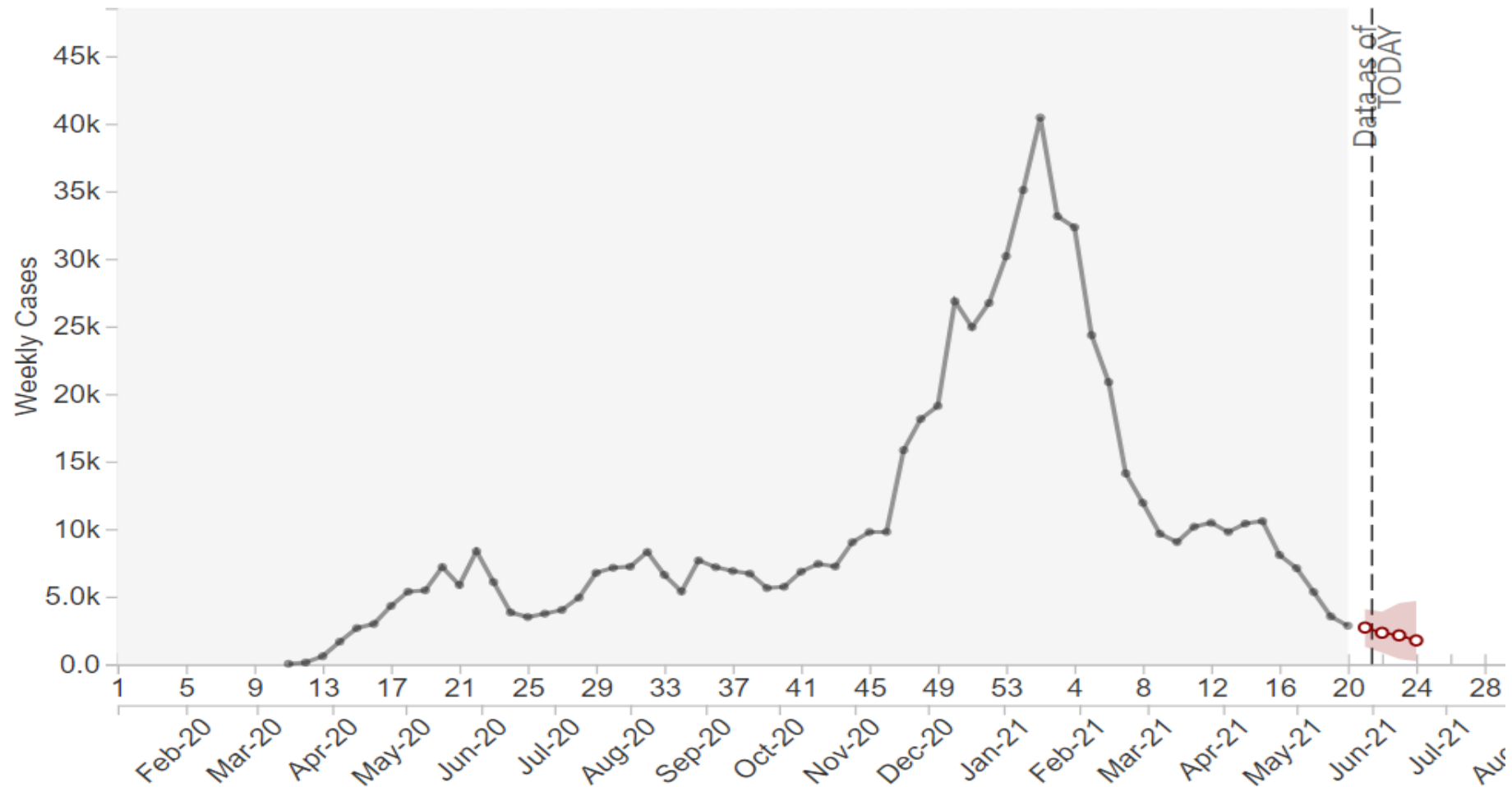


[COVID-19 State Profile Report - Virginia | HealthData.gov](https://www.healthdata.gov/covid/state-profile-reports/virginia)

COVID-19 in Virginia 5-21-21

SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	3%†	-1%*
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	4%†	-4%*
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%†	+1%*
CONFIRMED AND SUSPECTED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,703 (10)	-12% (-12%)
CONFIRMED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	399 (2)	-19% (-19%)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	1 (1%)	+0%

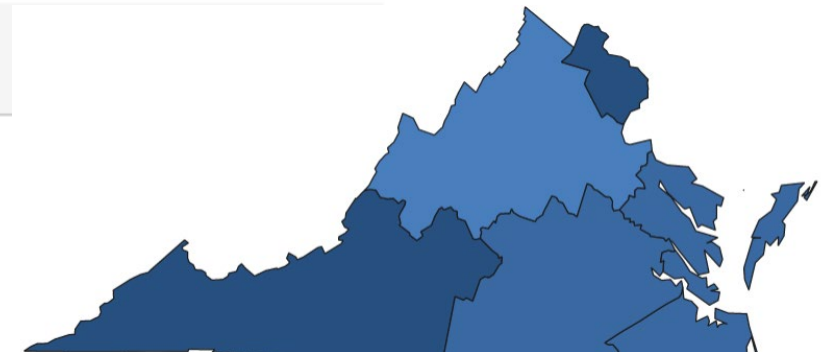
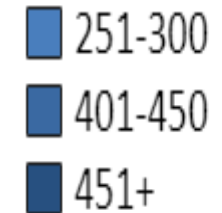
Observed and forecasted weekly COVID-19 cases in Virginia



Variants of Concern In Virginia 5-28-21

Region	B.1.1.7 UK	B.1.351 SA	B.1.427	B.1.429	P.1
Virginia	1,818 (87.7%)	104 (5.0%)	69 (3.3%)	52 (2.5%)	31 (1.5%)
Central	383 (91.2%)	13 (3.1%)	17 (4.0%)	4 (1.0%)	3 (0.7%)
Eastern	286 (71.1%)	71 (17.7%)	24 (6.0%)	16 (4.0%)	5 (1.2%)
Northern	473 (90.8%)	12 (2.3%)	6 (1.2%)	18 (3.5%)	12 (2.3%)
Northwest	222 (84.7%)	3 (1.1%)	22 (8.4%)	11 (4.2%)	4 (1.5%)
Southwest	454 (96.8%)	5 (1.1%)	0 (0.0%)	3 (0.6%)	

Number of Infections by Region



[Variants of Concern – Coronavirus
\(virginia.gov\)](https://virginia.gov)

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 major updates

Last major update was 4/27/21: **Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

CMS Updates

No new major updates

Last major update was 5/11/21 Memo: **“Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff”**

<https://www.cms.gov/files/document/qso-21-19-nh.pdf>

From the Literature

Follow the science tabled for this week

From the Literature-QA/PI Ideas

In this section, we will list topics that can be re-evaluated in-depth at the facility level to determine need for new QA/PI project

Today, suggestions from JAMDA editorial

Elsevier Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

J Am Med Dir Assoc. 2021 May; 22(5): 929–932.

PMCID: PMC8092490

Published online 2021 May 3. doi: [10.1016/j.jamda.2021.03.018](https://doi.org/10.1016/j.jamda.2021.03.018)

PMID: [33958017](https://pubmed.ncbi.nlm.nih.gov/33958017/)

What COVID-19 Innovations Can Teach Us About Improving Quality of Life in Long-Term Care

Barbara J. Bowers, PhD,^{a,*} Charlene H. Chu, PhD,^b Bei Wu, PhD,^c Roy A. Thompson, MSN,^d Michael J. Lepore, PhD,^{e,f} Angela Y.M. Leung, PhD,^g Thekla Brunkert, PhD,^{h,i} Nigussie T. Sharew, MSN,^j Noriko Yamamoto-Mitani, PhD,^k José T. Mateos, PhD,^l and Katherine S. McGilton, PhD^{m,n}

[https://www.jamda.com/article/S1525-8610\(21\)00314-5/fulltext](https://www.jamda.com/article/S1525-8610(21)00314-5/fulltext)

Bowers et al

PREMISE: Interventions to maintain quality of life developed as urgent responses to COVID, may have utility post Pandemic, reviewed here

METHOD: Review of world literature identified 19 interventions related to improving resident quality of life during COVID, grouped into 4 categories

- increase resident social connections,
- improve physical fitness,
- support staff/resident relationships,
- promote staff/family communication

Innovation	Benefits of Innovation				Required Digital Technology
Quality of Life Innovations (N = 18)	Increase Resident Social Connections	Improve Physical Fitness	Promote Communication Between Families and Care Staff/Administrators	Support Relationships Between Residents and Staff	
Tablet video chat with family	X				X
2-way "granny cams" with family	X				X
Social pets and robots	X				X
Pen pals	X				
Residents' pets visiting in the parking lot	X				
Outdoor concerts, serenades	X				
Family members hired to help with ADL	X				
Outdoor fitness	X	X			
Virtual strength and fitness classes with family member (virtually)	X	X			X
Virtual strength and fitness classes with familiar staff member	X	X		X	X
Consistent staff assignment	X			X	
Room and board for direct care workers				X	
Staff paired with resident to identify preferred, individual activities	X			X	
Virtual group meetings between families and direct care workers			X		X
Weekly letters from administrators to residents' families			X		X
Family letters of gratitude to staff and administrators displayed in lobby			X		
Staff appreciation parades			X		
Staff member selected as family liaison for each resident			X		
Selected staff member to identify family concerns and ensure regular communications			X		
Total innovations for purpose	12	3	6	4	7

some reported by this group-zoom visits, etc.

Some novel - hire family, room & board for staff, "inspiration walks"

About ⅓ required digital technology

Bowers et al, Bottom Line

Interventions to preserve/improve QOL were developed as urgent COVID-related responses

Should not be lost sight of, merit further evaluation for maintaining QOL in post-covid recovery

Consider implementation and refinement of interventions described here via QAPI/PIP methods



VCU

Address of Concerns raised last week

Issues from last week

RE: CMS interim Final Rule - COVID-19

Immunization requirements for residents & staff, 5-11-21

1. Who is staff?
2. Which staff is facility responsible to offer immunization?

F887: COVID-19 Immunization

DEFINITIONS

“**Staff**” means those individuals who work in the facility on a regular (that is, at least once a week) basis, including individuals who may not be physically in the LTC facility for a period of time due to illness, disability, or scheduled time off, but who are expected to return to work. This also includes individuals under contract or arrangement, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, or volunteers, who are in the facility on a regular basis, as the vaccine is available.

Facility must offer vaccine to staff if supplies available or direct them to another source if vaccine unavailable (must document this unavailability)

The facility is not required to educate and offer COVID-19 vaccinations to individuals who enter the facility for specific purposes and for a limited amount of time, such as delivery and repair personnel or volunteers who may enter the LTC facility infrequently (meaning less than once weekly). However, if the facility has the availability, they may offer education and vaccination to these individuals.

<https://www.cms.gov/files/document/qso-21-19-nh.pdf>

SBAR 1

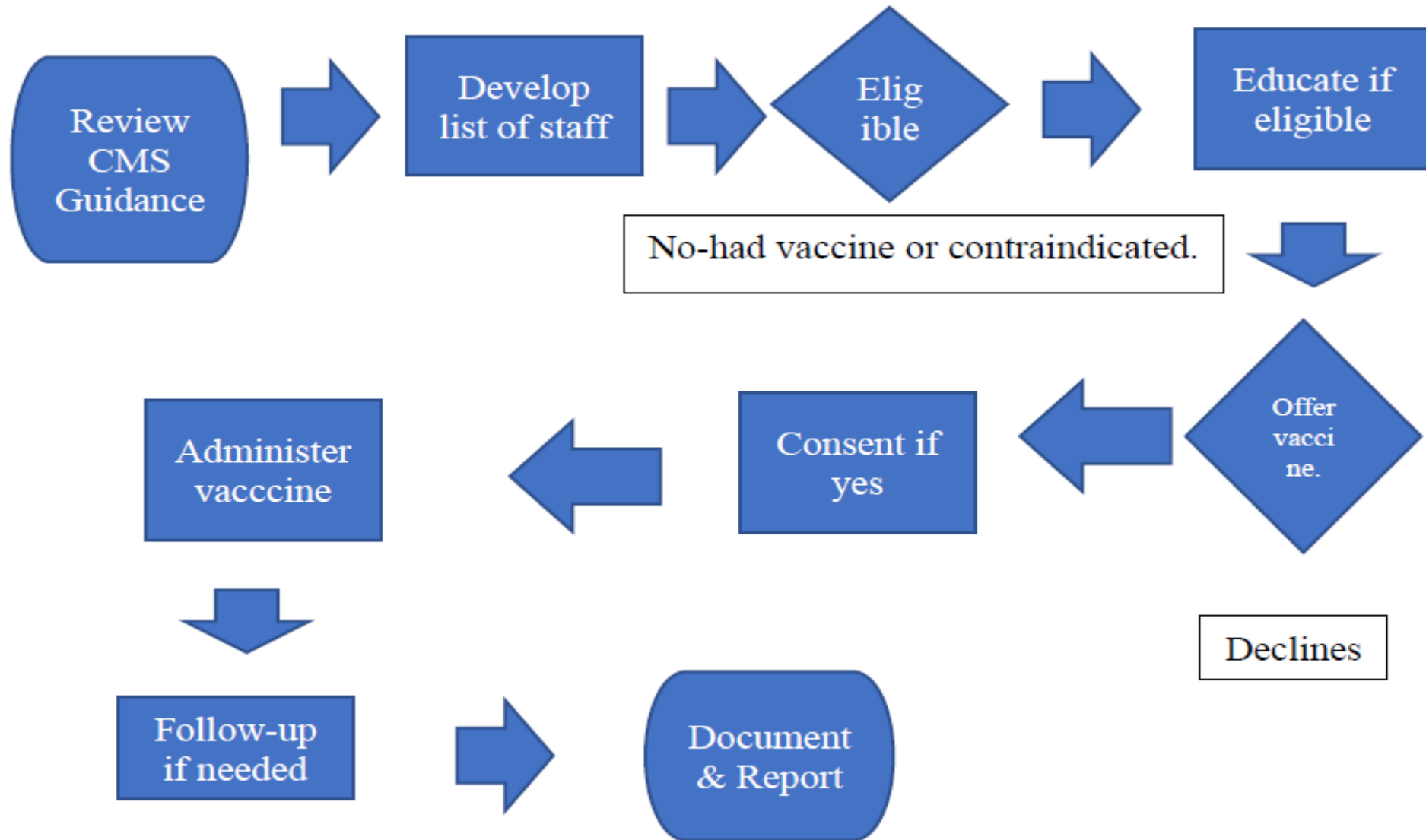
*Unmute or
chat
suggestions*

SITUATION: Must offer vaccine to staff

BACKGROUND: May 11 CMS interim final rule
QSO-21-19-NH has broadened definition of staff & added
educational, reporting requirements

ASSESSMENT: Must modify vaccine administration program to staff
as defined by CMS

RESPONSE: Using the flowchart (next slide) delineate changes in
vaccination process mandated by May 11 CMS interim final rule




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?

Worry List:

- ***What risk(s), related to COVID, keeps you up the most at night?***



*Unmute or
chat*



VCU

Personal Protective Equipment (PPE) Protocols Post Vaccination

Despite recent changes in community, PPE use in healthcare/LTC remains mandated

Indications for PPE when NO COVID-19 Outbreak (Standard Precautions)	Hand Hygiene	Facemask	Gloves	Gown	Eye Protection	Fit-tested Respirator
All residents, all the time	X	X				
Within resident room or care area	X	X	X			
High contact activity	X	X	X	X	X	
Splash/spray possible	X	X	X	X	X	
Aerosol-generating procedure ¹	X	X	X	X	X	X ²
Indications for PPE During COVID-19 Outbreak	Hand Hygiene	Facemask	Gloves	Gown	Eye Protection	Fit-tested Respirator
All residents, all the time ³ on Cold, Warm, and Hot Units/Areas	X	X	X	X	X	X ²
Cold Unit/Area	Designated unit/area for current, healthy, asymptomatic residents .					
Warm Unit/Area	Designated unit/area for managing new admissions and readmissions whose COVID-19 status is unknown, symptomatic residents who tested negative for COVID-19 , and residents/roommates who may have been exposed to someone with COVID-19.					
Hot Unit/Area	Designated unit/area for care of residents with confirmed COVID-19 (those who test positive), who have not met criteria for discontinuation of transmission-based precautions.					

<https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/PPE-Chart.pdf>

Chat Waterfall

- What's the longest time that you have re-used an N-95 mask or KN-95 mask? (in days)

Remember put in your response but DO NOT hit enter until instructed.



Review: PPE Program elements

Policies & Procedures

Supply

Staff training

What is & is not PPE

Don/Doff

Inappropriate Re-Use

Usage for various situations

Ongoing Monitoring

Signage

SURVEILLANCE: Your programs?



*Unmute or
chat*

SBAR 2

SITUATION: Staff mask adherence has declined

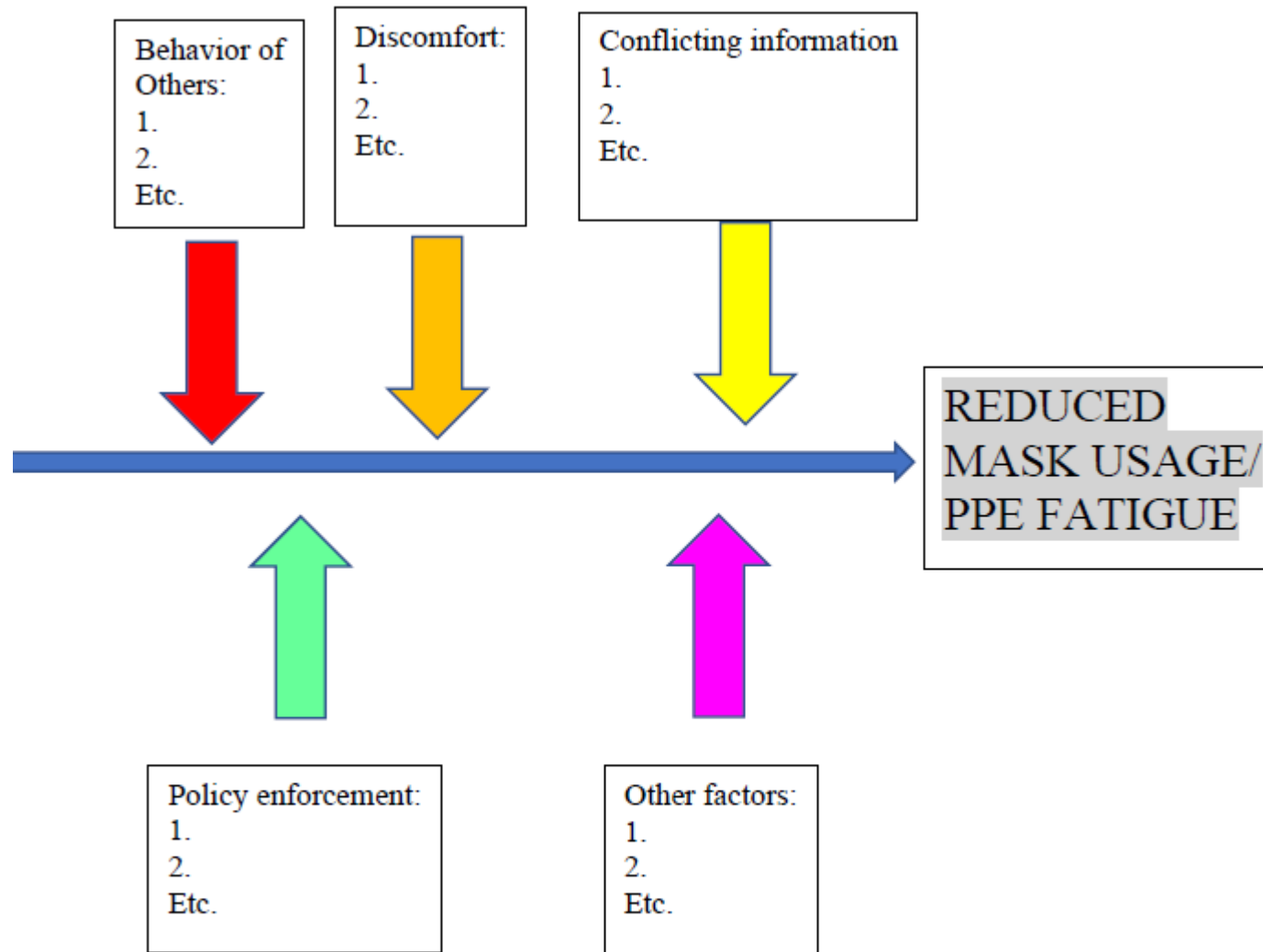
BACKGROUND: CDC has relaxed mask usage in community,

ASSESSMENT: Need understanding of declining mask adherence in order to develop interventions

RESPONSE: Delineate potential reasons (next slide)

*Unmute or
chat
suggestions*





BONUS QUESTION: Which factors are most “intervenable”?

Segue to Tara

Testing & learning; PPE
examples

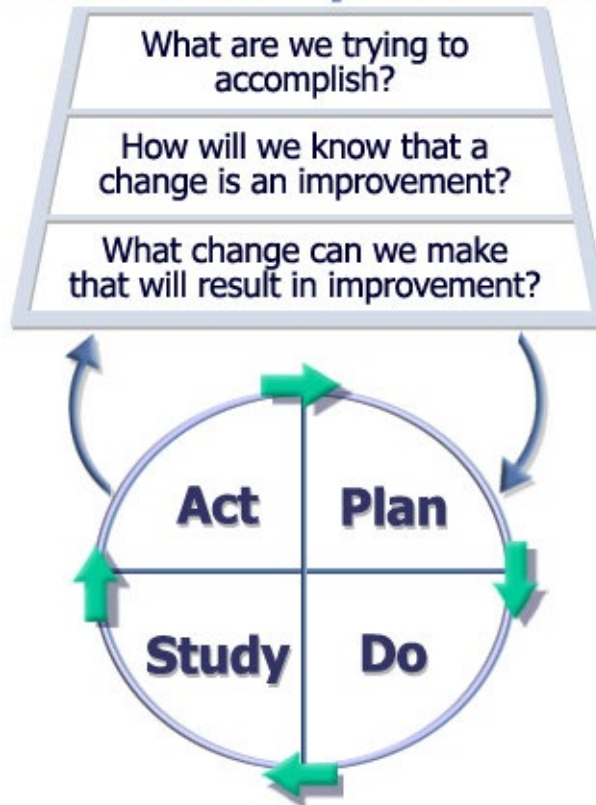
More Dinos to follow?



The Basis for Testing and Learning

Model for Improvement: IHI and API

Model for Improvement



Learn in Small Doses

- Segmentation is trying an idea on a portion of the population where you stack the deck in your favor and are most likely to succeed in order to test the idea without dealing with all the obstacles.
- Learn in small samples, get your process working, and then spread.

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

Building a Test Together

Model for Improvement Question	Mask Example	Our Answer
What are we trying to accomplish?	What is our aim with mask wearing?	
How will we know that change is an improvement?	What measure will let us know our mask wearing is better?	
What change can we make that will result in an improvement?	What idea are we going to test that we stole from another population or location?	

Running the test

PDSA Cycle	Mask Example	Our Answer
Plan	What do you need to put in place to try your mask test?	
Do	This is the actual mask test – when is it happening and who is doing it?	
Study	How are you going to huddle together to determine if the change was an improvement?	
Act	Where will you take your recommendation for what to do next?	

What Can You Test This Week?

- What PPE tests can you run before we meet next?
- Where can you test or with whom can you test to stack the deck in your favor?

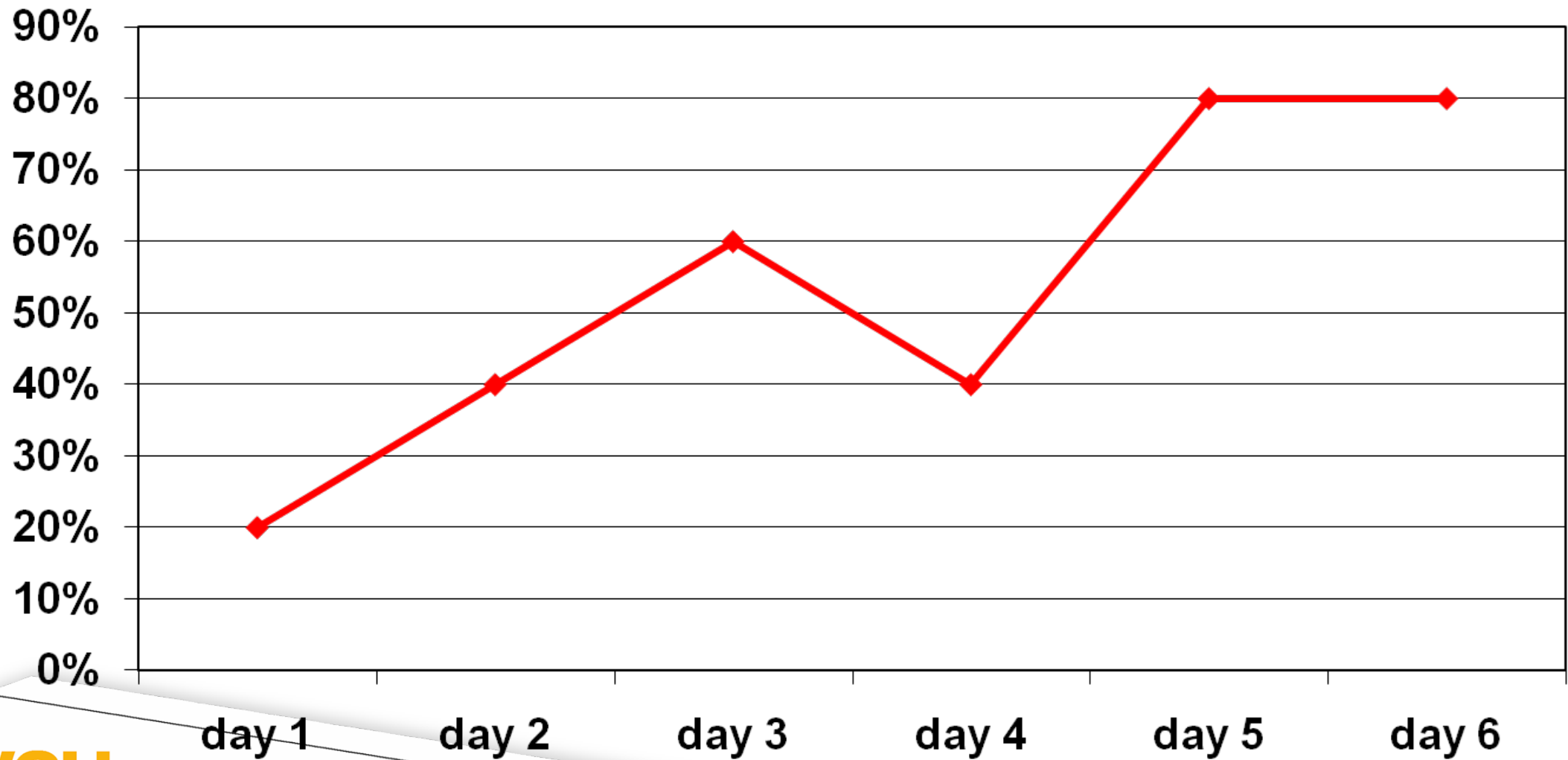
Rules of Measurement in Reliable Design

- Keep it **SIMPLE**
- Make sure it is **DOABLE**
- Use **MINIMAL RESOURCES**
- Know what the data is telling you **OVER TIME**



Adapted from Roger Resar

Visitor Mask Observations a Day



Announcements

Next Week: Workforce Considerations

CE Activity Code:

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

Questions? email ceinfo@vcuhealth.org

Attendance

Contact us at nursinghome-echo@vcu.edu if you have attendance questions.

Resources - our website

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



[Our Providers](#)

[Our Services](#)

[Loc](#)

[Home](#) > [Services](#) > [Telehealth](#) > [For Providers](#) > [Education](#) > [VCU Health Nursing Home ECHO](#) > Curriculum

Education

[Contact Us](#)

[Diabetes and Hypertension Project ECHO](#)

+

[VCU Health Nursing Home ECHO](#)

-

[Our Team](#)

[Curriculum](#)

[Resources](#)

[Contact Us](#)

Curriculum

Take the opportunity to submit and discuss your de-identified case study for feedback from team c early childhood specialists. To submit a case for presentation during an ECHO clinic, please email . 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 Perso (PPE) during COVID-19