



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





VCU

Module: 3 Session: 5

The Ongoing Journey of Posttraumatic Growth

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

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?



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Weekly COVID-19 Updates

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

Vaccine Update today

Total Doses Administered - 9,708,029

% of the Population
Vaccinated with at
Least One Dose

62.4%

% of the Adult (18+) Population
Vaccinated with at Least One
Dose
74.4%

People Fully
Vaccinated^

4,718,220

% of the Population
Fully Vaccinated

55.3%

% of the Adult (18+)
Population Fully Vaccinated
66.4%

Ages : 12+

**People Vaccinated:
4,676,483**

% Vaccinated: 64.0%

Ages : <18

**People Vaccinated:
338,353**

% Vaccinated: 18.2%

Ages : 18+

**People Vaccinated:
4,338,130**

% Vaccinated: 65.0%

Ages : 65+

**People Vaccinated:
1,123,314**

% Vaccinated: 82.7%

Current 7-Day Positivity Rate PCR Only**

8.5%

Virginia May 16-August 16

Number of Cases by Date of Symptom Onset

Number of cases by the day closest to when symptoms began.

Select Region

(Affects Bar Chart)

(All)

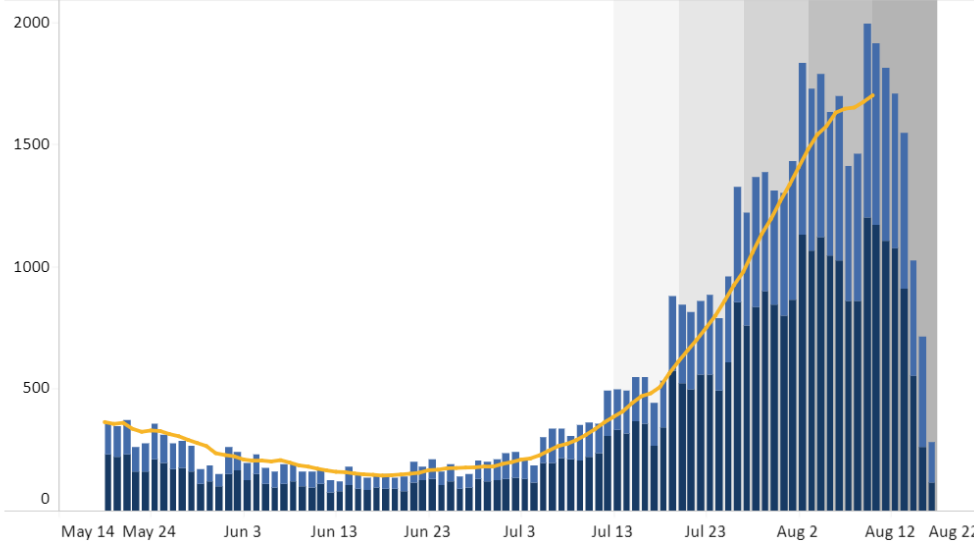
Select Date Range

(Affects Bar Chart)

Past 90 Days

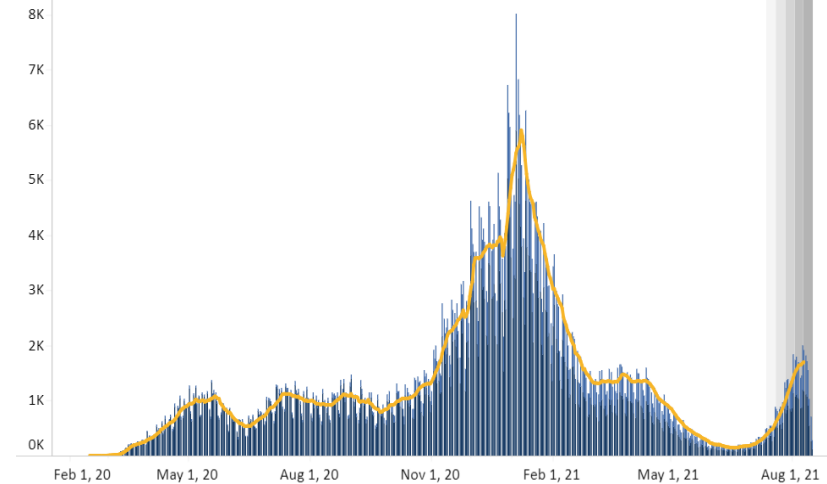
- Confirmed Cases
- Probable Cases
- 7-day moving average

Gray shaded area indicates illness may not have been reported yet



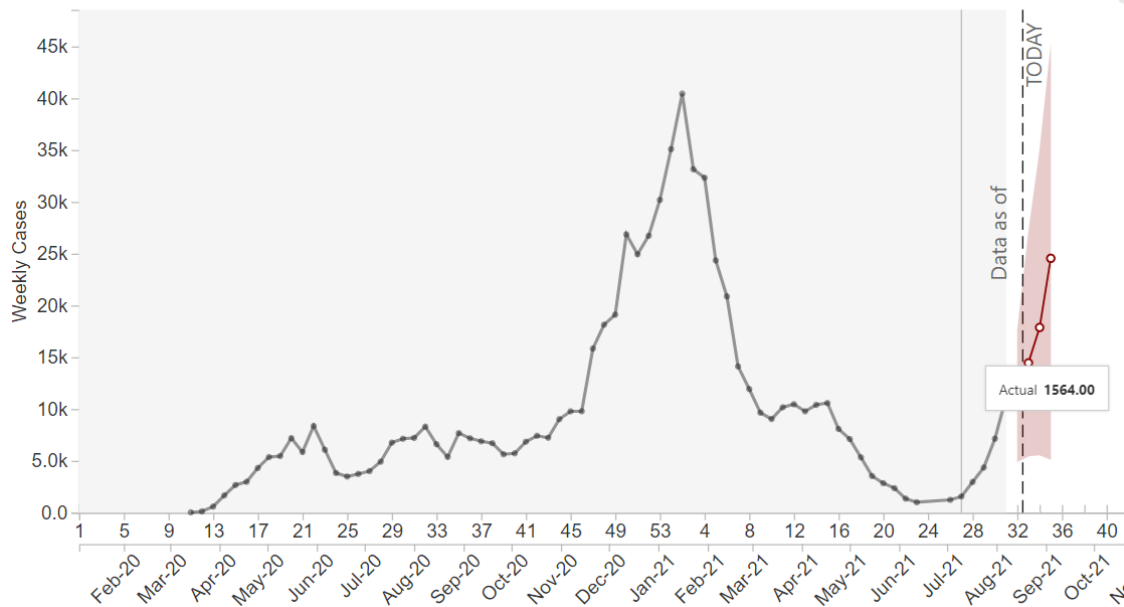
Virginia February 2020 to current

Gray shaded area indicates illness may not have been reported yet



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

Observed and forecasted weekly COVID-19 cases in Virginia



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.

- No new updated guidance from CMS, CDC specific to nursing homes
- Patient Education – COVID-19 Vaccine



CDC Boosters

Reasons for boosters in immunocompromised persons:

- They don't always build the same level of immunity after vaccination and may transmit the virus to others
 - Based on antibody studies AND
 - Analysis of breakthrough cases (44% are immunocompromised)

Following 3 slides are from CDC ACIP 7/22/2021 meeting

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-07/07-COVID-Oliver-508.pdf>

CDC Boosters

Boosters authorized (FDA) and recommended (CDC) for moderately to severely immunocompromised people

[COVID-19 Vaccines for Moderately to Severely Immunocompromised People](#)

CDC recommends that people with moderately to severely compromised immune systems receive an additional dose of mRNA COVID-19 vaccine at least 28 days after a second dose of [Pfizer-BioNTech COVID-19 vaccine](#) or [Moderna COVID-19 vaccine](#).

CDC does not recommend additional doses or booster shots for any other population at this time.

CDC Boosters

Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people (2.7% of US population) who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

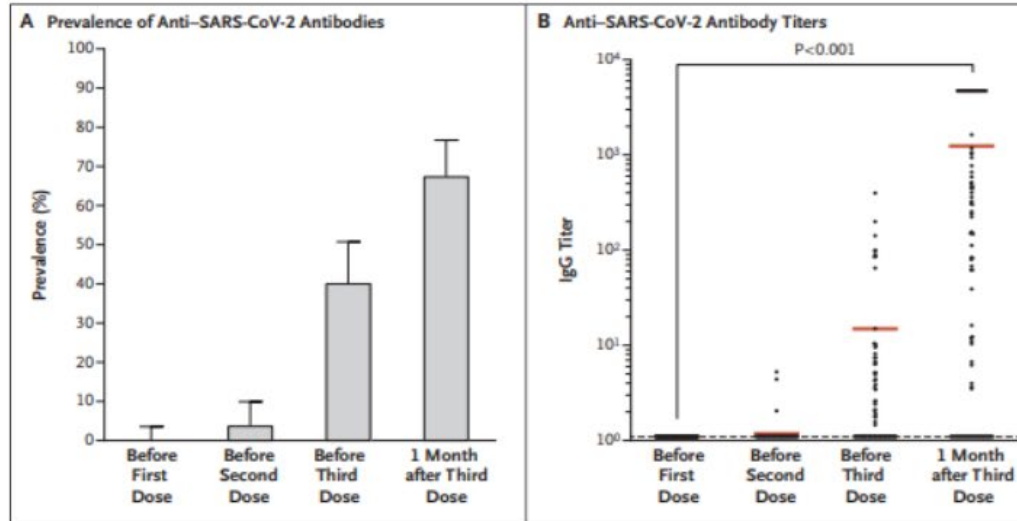
People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them.

Please note that older adults without one of the conditions listed above are not currently recommended to receive a booster. Hemodialysis patients and asplenic may be indicated due to relative immunodeficiency.

Immunocompromised people and SARS-CoV-2 infection

- More likely to get severely ill from COVID-19^{1,2}
- Higher risk for:
 - Prolonged SARS-CoV-2 infection and shedding^{3-7 14-16}
 - Viral evolution during infection and treatment (hospitalized patients)^{3,6,8-10,14,17}
 - Low antibody/neutralization titers to SARS-CoV-2 variants¹²
- More likely to transmit SARS-CoV-2 to household contacts¹¹
- More likely to have breakthrough infection:
 - **44%** of hospitalized breakthrough cases are immunocompromised people in US study¹³
 - **40%** of hospitalized breakthrough cases are immunocompromised people in Israeli study¹⁸

Three doses of an mRNA COVID-19 vaccine in solid-organ transplant recipients



- No serious adverse events were reported after administration of the 3rd dose, and no acute rejection episodes occurred (n=99)

CDC Boosters FAQ

How long after getting my initial COVID - 19 vaccines can I get an additional dose?

CDC recommends the additional dose of an mRNA COVID-19 vaccine be administered at least four weeks after a second dose of [Pfizer-BioNTech COVID-19 vaccine](#) or [Moderna COVID-19 vaccine](#).

Can you mix and match the vaccines?

For people who received either Pfizer-BioNTech or Moderna's COVID-19 vaccine series, a third dose of the same mRNA vaccine should be used. A person should not receive more than three mRNA vaccine doses. If the mRNA vaccine product given for the first two doses is not available or is unknown, either mRNA COVID-19 vaccine product may be administered.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

CDC Boosters FAQ

What should immunocompromised people who received the J&J/Janssen vaccine do?

The FDA's recent EUA amendment only applies to mRNA COVID-19 vaccines, as does CDC's recommendation.

Emerging data have demonstrated that immunocompromised people who have low or no protection following two doses of mRNA COVID-19 vaccines may have an improved response after an additional dose of the same vaccine. There is not enough data at this time to determine whether immunocompromised people who received the Johnson & Johnson's Janssen COVID-19 vaccine also have an improved antibody response following an additional dose of the same vaccine.

What are the benefits of people receiving an additional vaccine dose?

CDC recommends the additional dose of an mRNA COVID-19 vaccine be administered at least four weeks (28 days) after a second dose of [Pfizer-BioNTech COVID-19 vaccine](#) or [Moderna COVID-19 vaccine](#).

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

CDC Boosters FAQ

What are the risks of vaccinating individuals with an additional dose?

There is limited information about the risks of receiving an additional dose of vaccine, and the safety, efficacy, and benefit of additional doses of COVID-19 vaccine in immunocompromised people continues to be evaluated. So far, reactions reported after the third mRNA dose were similar to that of the two-dose series: fatigue and pain at injection site were the most commonly reported side effects, and overall, most symptoms were mild to moderate.

However, as with the two-dose series, [serious side effects are rare](#), but may occur.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

CDC Boosters for LTCF

Final recommendations not available at this time for healthcare workers and LTC facilities staff/residents.

What can you do to prepare?

- Reach out to your LTC pharmacy to see if they are offering a program for boosters
- Consider the following:
 - Logistics/staff/physical location
 - Administration record
 - Reporting requirements to VIIS
 - What worked? What didn't work?
- Track the following for each resident/staff member now
 - Date of vaccine doses
 - Type of vaccine

“As the Virus Turns”

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

Episode 20: https://youtu.be/l3zyW_P4Vv4

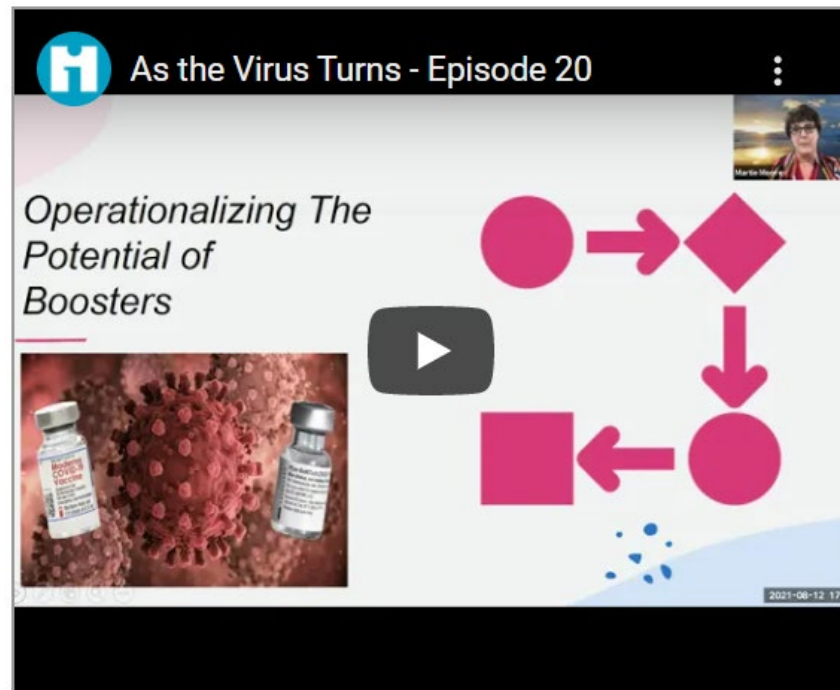
ACIP approved boosters for immunocompromised

Expect extension to other risk groups including NH residents, over 65, HCWs

Now is the time to review & refine administration processes from 1st round of immunization

All Episodes

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





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Follow Up

- Concerns from Last Week

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Emotional and Organization Support

Week 5 - The Ongoing Journey of Posttraumatic Growth

Objectives for this Session:

- Discuss one definition of posttraumatic growth.
- Demonstrate two strategies to help support individual growth.
- Explain the difference between appreciation and recognition and illustrate two techniques to recognize staff.
- See examples of how to bring about posttraumatic growth through conversations and direct observation.
- Learn from staff what goes well and could be improved, and how to assemble a test of change.

Emotional and Organization Support Module

5 Critical Change Opportunities

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

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:

How do you describe or define posttraumatic growth?



What is posttraumatic growth?

- A “positive psychological change experienced as a result of a struggle with highly challenging life circumstances” and through establishing perspectives for a “new normal” when the old normal is no longer an option.”
- Qualities include:
 - Deliberate reflection – how have we been impacted?
 - Learning – what have we learned?
 - Growth – reimagining a new normal, a different status quo
- Emphasis on restoring function but more importantly achieving a higher level of functioning

Olsen et al. (2020). Pandemic-Driven Posttraumatic Growth for Organizations and Individuals. JAMA 324(18).

“Posttraumatic growth does not minimize the seriousness and severity of what has happened but can emerge from adversity through active management following the important process of grieving.”

Olsen et al. (2020). Pandemic-Driven Posttraumatic Growth for Organizations and Individuals. JAMA 324(18).

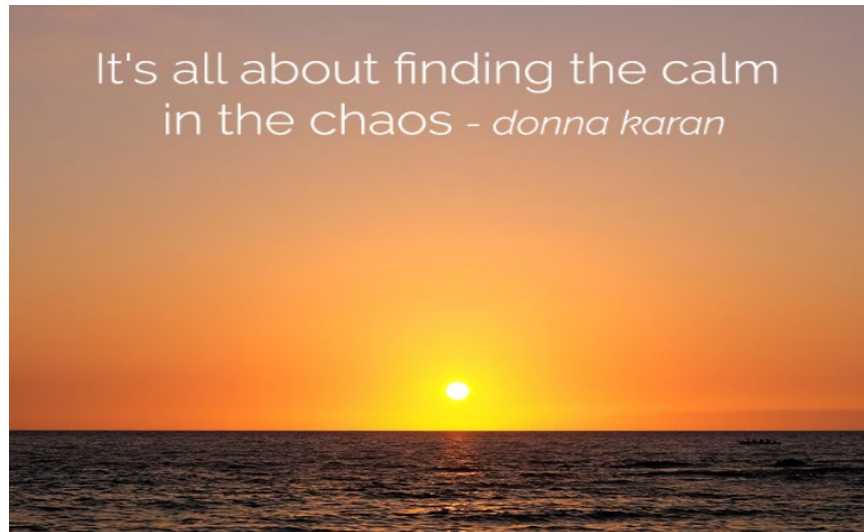


1. Not a static transition
2. Ok to transition between zones
3. Reaction depends on situation

<https://themindsjournal.com/who-do-i-want-to-be-during-covid-19/>

Two strategies to support *individual* growth

1. Calm, safe place resource
2. Personal safety plan



Calm, safe place

- A resource to help ground (balance, calm) an individual when feeling anxious, stressed, angry, fearful, etc.
- Identify a calm, safe place:
 - Where do you have fun?
 - Where do you go to relax?
- When you think of this place, what comes to mind?
 - What is your strongest memory of it?
 - What images, sounds, emotions, and smells accompany it?
 - Where do you notice these sensations in your body?

Michael Keller, LSCSW
Center for Psychological Trauma, LLC

Personal safety plan

- The personal safety plan is a strategy to manage stress/distress in the moment.
- When *beginning* to feel overwhelmed (“catching” the stress response), intentionally engage your safety plan to feel more charge of yourself and how you want to react in the situation
 - We have choices!
- What are three things that you can do to help you self-regulate, to regain balance, and to increase a sense of calm and agency?

Grounding is a coping strategy to connect us
with the present moment.

How do you connect with the present moment?

Chat or unmute to share any techniques that you use.

Grounding ideas to include on your safety plan

- Rapid bursts of movement like jumping jacks or running stairs to discharge stress and quiet the body/mind
- Gentle movement like wiggling in your chair and tapping your feet on the floor to reconnect with the present moment
- Breath work (box breathing, 4-7-8 technique, etc.), elicit a yawn!
- Laughter, jokes, silliness, fun!
- Music (releases flushes of dopamine, a happiness-inducing chemical)
- Mantras like “A hard moment does not mean a hard rest of the day”
- Compassionate self-talk

Personal safety plan

The plan is different for each person. May have a work plan and a home plan.

- What do you enjoy doing to relax and recenter?
- *Ideas to come...*

Share the safety plans at work (with team members), help support each other.

- Normalize using strategies that support wellbeing
- Some staff may not feel comfortable sharing

Make the plans visible and accessible

- Laminate cards, attach to back of ID badge, paste on clipboard, attach to car dashboard



My Personal Safety Plan

If I am feeling overwhelmed,
I will:

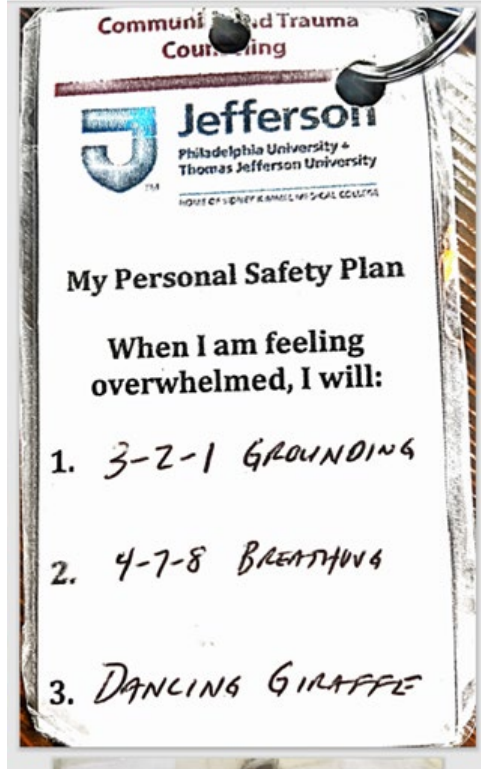
1. Exhale deeply and inhale, elicit a yawn
2. Soften the muscle in my face and belly
3. Get up and move around, go outside if possible
4. Hold my dog

My Mantra: May there be joy in this moment!!

Sanctuary Model

Sample ID Badge with Safety Plan

Front



Back



Supporting Staff Wellbeing

Gratitude and Recognition

Gratitude practices, two ideas

1. **Send a letter to staff member's family** thanking them for sharing their special person at work. If possible, enclose a gift card for something that the family can do together.
1. **Create an “Employee Care Plan”** and identify the person's strengths, what gets them excited about work, routines that are important to them, how they prefer to be recognized, and fun things like their favorite soda and candy.

Ideas courtesy of Jeff Barrett, RN, MHA, NHA

Is there a difference between recognition and appreciation?

- **Appreciation** is a pizza party.
 - Everyone is included.
 - Pizza parties are good! Yummy, too.
- **Recognition** is identifying specific actions of one person or a group of people.
 - Individualized to the situation

Saying “thank you” in Nonviolent Communication (NVC) Language

NVC distinguishes three components in the expression of appreciation:

1. The actions that have contributed to our well-being
2. The particular needs of ours that have been fulfilled
3. The pleasurable feelings engendered by the fulfillment of those needs

This is what you did;

this is what I feel;

this is the need of mine that was met.

Rosenberg M. Nonviolent Communication. Encinitas, CA: PuddleDancer Press; 2015.

Abu



Melissa



Abu called my husband (a geriatrician) and said that the transportation didn't show up again to take one of the residents to dialysis. She was crying. Abu and Melissa solved the problem by wheeling the resident to the dialysis center about 2 blocks away. In August in Tucson, it's already in the 90's, even early in the morning. Truly an extraordinary effort!

The administrator/DON/supervisor could say, "Thanks for being a team player!" or "Thanks for all you did today!"

Appreciation story in NVC language:
"Abu and Melissa, when I learned that you took the time to take the resident to dialysis when her transportation didn't show up, I felt grateful because I value upholding residents' dignity and working in a place that encourages creativity and compassion."

ures used with permission from Abu and Melissa

Recognition Stories

- A well-written recognition story connects employees to the business with three components.
 1. Action – describe what they did
 1. Focus – relate this event to a company value
 1. Impact – describe the result, potential savings or other impact

“Increasing Employee Engagement Through Strategic Recognition” by Josh Bersin

What recognition might be important to you?!

RECOGNITION

Joyful Dinosaurs

Seguesauraus



[Gray Fossil Site - Official Page](#) | [Gray Fossil Site at Hands On! Discovery Center \(visithandson.org\)](#)

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

Session 5 – How Active (Attuned) Listening and Learning Support Growth and Wellbeing

Foster a Culture of Attuned Listening and Learning to Build Trust

- What are processes for staff to **share feelings** and **build trust**?

- Employee Rounds
- Employee Huddles
- Debriefs
- Pulse Surveys
- Town Halls



ASK “What Matters...Now?”



LISTEN to “What Matters...Now.”



DO “What Matters...Now.”

Questions for Leaders to Support Post Traumatic Growth

Development of deeper relationships

- What can we learn from other organizations that have survived similar traumas? Does our community feel they can trust and rely on us during crisis? Do we engage our community in open, **honest 2-way communication**?

Openness to new possibilities

- Where have inertia and tradition prevented us from considering new ways of delivering care to better serve our patients? **Can this disruption propel our innovation and improvement?**

Greater sense of strength

- What strength did our organization display in surviving this trauma? How can we leverage this quality to bring about necessary change in other areas?

Stronger sense of spirituality

- What are our true mission, vision, and values? Are we authentically serving our community and patients?

Greater appreciation

- Are we taking care of the well-being of the people of our organization to the extent we should?



ASK “What Matters...Now?”

Hear Me

Prepare Me

Hear Me

Support me

Protect Me

Care for Me

Olsen et al. (2020). *Pandemic-Driven Posttraumatic Growth for Organizations and Individuals*. JAMA 32 4(18).

How do we Recover and Grow...Together?

- Focus on **personal stories** from residents/families and point of care and operational staff that reinforce **shared** purpose
- Create a **learning culture: Ask. Listen. Do** in every day activities. Incorporate learning and do what staff, residents, and families say matters most
 - Culture change and behavior change takes time!
- Support a **culture of staff growth**, wellbeing, and development of point of care “champions”
 - How might you use buddy systems in processes?
- Tap into **creativity of staff** and enhance teamwork/communication through incorporating improvement activities, tools, and training into everyday processes
- Promote **joy and celebration at work** and healthy relationships between staff and residents/families through direct observation, building empathy, and re-imagining the “new normal” together

Types of Questions to Bring About Conversation:

Q: What is meaningful in your daily work?

Goal: Reinforce shared purpose

Q: What are the “pebbles in your shoes?” (What could be improved?)

Goal: Acknowledge human fallibility, ideas for improvement, how to bring about change

- Personal agency, share individual voices, get curious about the process

Q: How do you feel recognized at work?

Goal: Understand feelings and needs

Q: Who do you want to thank and why? How would you like to recognize them?

Goal: Meet the need for recognition and contribution



**LISTEN to
“What
Matters...Now.”**

Improvement Tool(s): How to: Institute for Healthcare Improvement Conversation and Action Guide

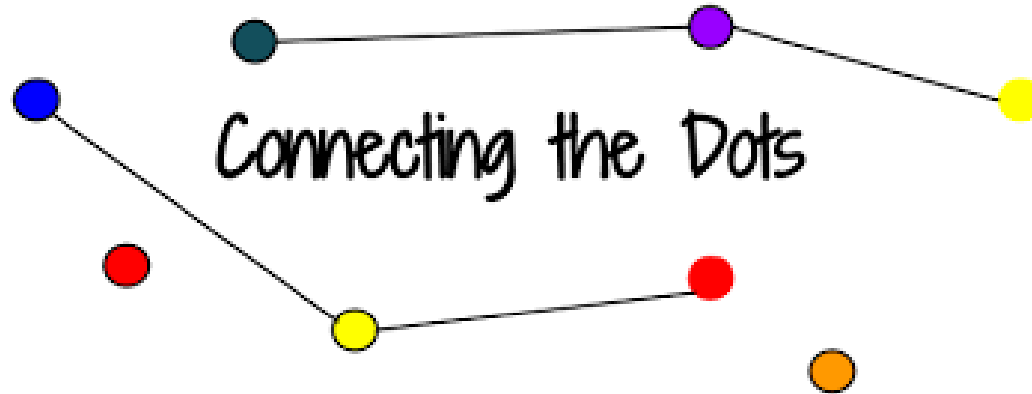
Celebration Question:

- What has been your greatest accomplishment in the last 6 months?

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.

Pulling Module 3 Sessions Together



A 5-Week Odyssey

Week 1: The pandemic as a source of emotional trauma

Week 2: Leveraging emotional intelligence to recognize stress responses

Week 3: Reframing stress by identifying needs and wants with the language of non-violent communication

Week 4: Coming to grips with loss

Week 5: Towards a new normal and growth

Going Forward



How will you use information from the past 5 weeks to foster emotional and organizational support for staff?

*Unmute or
chat*



VCU

Open Discussion

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

Additional Resources

- Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic
<https://jamanetwork.com/journals/jama/fullarticle/2764380>
- Pandemic-Driven Posttraumatic Growth for Organizations and Individuals
<https://jamanetwork.com/journals/jama/fullarticle/2771807>
- Stress First Aid Toolkit for Long-Term Care Staff
<https://www.ithaca.edu/gerontology-institute/finger-lakes-geriatric-education-center/stress-first-aid>

Announcements

Next Week

Ensure reliable processes around antibiotic/antiviral stewardship

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 / Website

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



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Education

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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.

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