

UNMC College of Public Health ECHO

March 3, 2021

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



Welcome and Announcements

Deborah Levy

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



Announcements

- Please type your ***name, email, and facility name*** in the chat box for us and ECHO Institute to capture your attendance
- Please type your questions in the chat box, and they will be addressed during the situation discussion and/or the Q&A
- The materials from the sessions are available for you to download from our website
- The recording of the sessions, which are required by AHRQ and ECHO Institute, are available only for special circumstances and a request must be made to Krista Brown
- Throughout the week, if you have questions, concerns, or issues to raise, please send Krista an email at Krista.Brown@unmc.edu
- **ECHO Institute requires all facilities to complete a compensation packet that includes the submission of contracts and W9s in order to receive participation credit**
- **We are waiting for information from ECHO Institute regarding the details and expectations for Phase II of the NNHCAN initiative**

CME and CNE Credits

- These sessions have been approved for both Physician and Nursing credits
- 1.5 credits will be awarded per session
- Approval is based on attending the 30 minutes of discussion and Q&A at the end of the formal 60 minutes
- You will be ***required to complete 2 evaluations*** to receive your continuing education credits
 - After the first 8 weeks
 - **At the end of the 16 weeks**
- You must type your ***name, email, and facility name*** in the chat box to be recognized as attending the session
- If you have questions or issues about these credits, please send Barbara Dodge an email at bdodge@unmc.edu

Week 16 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1220	Leadership and Communication During COVID-19 by David Farrell	Keith Hansen and Deborah Levy
1220 -1255	QAPI Review, Video, Case Scenario, and Discussion	Reid Haase
1255 - 1300	Weekly Poll	Krista Brown
1300 - 1330	Continued Discussion, Waterfall Exercise, and Phase I Wrap-Up	Public Health Core Team

16-Week Curriculum Overview

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



16-Week Curriculum Overview – 1

- Preventing and Limiting the Spread of COVID-19 in Nursing Homes ✓
- Guidance and Practical Approaches for Use of Personal Protective Equipment (PPE) during COVID-19 ✓
- Approaches to Cohorting during COVID-19 ✓
- Promoting Solutions for Making the Built Environment Safer during COVID-19 ✓
- Guidance for Cleaning & Disinfecting during COVID-19 ✓
- COVID-19 Testing for Nursing Homes ✓
- COVID-19 Community Transmission and Nursing Home Screening Strategies ✓
- Staff Returning to Work Safely during COVID-19 ✓

16-Week Curriculum Overview – 2

- Interprofessional Team Management of Mild Cases of COVID-19 ✓
- Advance Care Planning in the Time of COVID-19 ✓
- Promoting Safe Care Transitions during COVID-19: Admissions, Discharges, and Transfers ✓
- Promoting Safe Visitation and Nursing Home Re-opening during COVID-19 ✓
- The Role of Certified Nursing Assistants (CNAs) in Managing and Supporting Residents and Families during COVID-19 ✓
- Managing Social Isolation during COVID 19: Perspectives on Staff and Residents ✓
- Supporting the Emotional Well-being of Staff Caring for Residents during COVID-19 ✓
- **Effective Leadership and Communication during COVID-19**

Effective Leadership and Communication during COVID-19

- **Learning Objectives**
 - Understand how QAPI can create more effective leadership strategies
 - Describe the elements of purposeful rounding
 - Explore strategies to improve staff engagement

Leadership and Communication During COVID-19

David Farrell, MSW, LNHA

How Do You Want to be Remembered After This?

- “Be the leader that the staff needs me to be”
- Validate, support, encourage
- Act calm
- Share everything that you know
- Cite sources and data
- Predictability

Person-Centered Care Leadership

Balancing Performance with Compassion

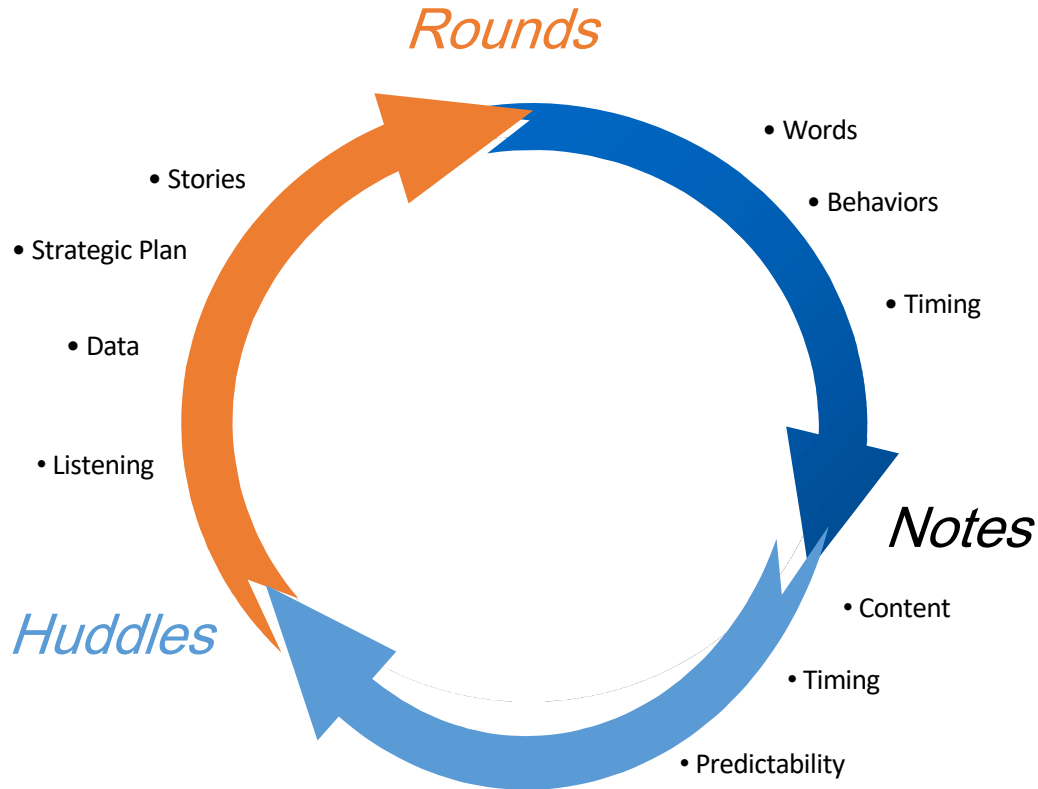


Prescient *adjective*

- Having or showing knowledge of events before they take place; having foresight.
 - *The prescient Administrator had all her staff wearing surgical masks three weeks prior to the state mandate.*
 - *The prescient DON made sure to order the flu vaccine early and had all of the residents vaccinated in early September.”*

Bundle of Leadership Best Practices

Creating the Right Conditions – Leadership Practices



Five Key Questions to Ask When Making Rounds

- **Relationship building**

- “How is your family and how are your beautiful kids doing?”

- **Focus on the positive**

- “What is working well to keep everyone safe today?”

- **Positive feedback loop**

- “Is there anybody that you are working with who has gone above and beyond the call of duty today?”

- **QI – Infection Control**

- “Is there anything we can do better to keep the virus out today?”

- **Needs**

- “Do you have the PPE, enough coworkers and the right equipment to do your job well today?”

Why do People Follow?

- **Gallup surveyed over 10,000 people**
 - Trust
 - Engagement of 1 in 12 vs. 1 in 2
 - Compassion
 - When supervisor or someone at work "cares for me as a person", retention, engagement, productivity and profitability go up
 - Stability
 - Nothing creates stability as quickly as transparency
 - Hope
 - Employees that "feel enthusiastic about the future" 1% vs. 69% engagement

**Are you reacting to the needs of the day,
or initiating for the future?**

Highlights from prior QAPI / QI content
+
QAPI Aspects of Leadership During COVID-19
(Video, Case Scenario, Conversation)

Stratis Health Quality Improvement Basics Course



Quality Improvement Basics

This QI Basics course is designed to equip professionals with the knowledge and tools to start quality improvement projects at their facilities. The course may be completed in sequence, or individual modules and tools may be used for stand-alone training and review.

<https://stratishealth.org/quality-improvement-basics/>

Stratis Health Quality Improvement Basics Course

- QI Foundational Concepts
- Team Concepts
- Communication and Facilitation
- Change Management Basics
- Change Management Models & Tools
- The Model for Improvement and PDSA
- Process Mapping
- Data Basics and Data Collection
- Data Analysis and Data Display Methods
- Pulling It All Together

<https://stratishealth.org/quality-improvement-basics/>

The Model for Improvement and PDSA

Focuses on The Model for Improvement as a quality improvement framework and using the Plan Do Study Act (PDSA) tool to complete rapid-cycle tests of change.

[The Model for Improvement and PDSA](#) (30-minute video)

[The Model for Improvement and PDSA slides](#) (18-page PDF)

[The Model for Improvement and PDSA transcript](#) (13-page PDF)

[5 Whys Worksheet](#) (3-page Word doc)

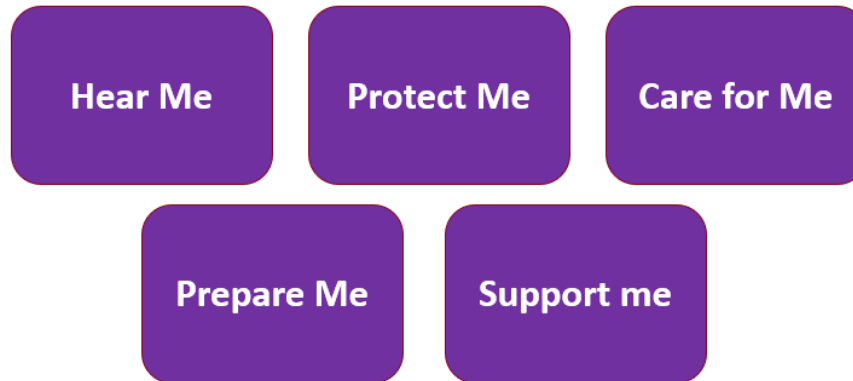
[PDSA Worksheet](#) (8-page Word doc)

Quality Improvement Templates and Tools

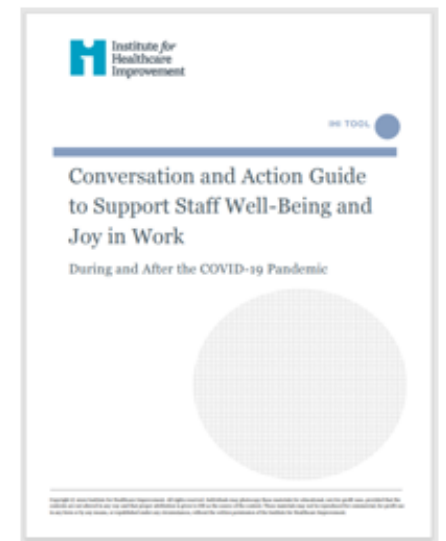
- [5 Whys Worksheet](#) (3-page Word doc)
- [Communication Plan](#) (3-page Word doc)
- [Data Collection Plan](#) (3-page Word doc)
- [Force Field Analysis](#) (5-page Word doc)
- [Measure Collection and Monitoring Plan](#) (3-page Word doc)
- [PDSA Worksheet](#) (8-page Word doc)
- [PICK Prioritization Matrix](#) (5-page Word doc)
- [Project Charter](#) (3-page Word doc)
- [Team Roles and Responsibilities](#) (5-page Word doc)
- [Work Plan](#) (3-page Word doc)

QI IHI/ECHO Refresher

- Psychological Safety (Session 4)




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



QI IHI/ECHO Refresher

- Reliable Processes (Session 5)
- Common and Infrequent process issues
- Ask 5 staff
 - WHO does it
 - WHEN should it be done
 - WHERE is it done
 - HOW is it done
 - WHAT is needed to do it



NATIONAL NURSING HOME COVID-19 ACTION NETWORK

HOW TO STOP THE SPREAD OF COVID-19 IN NURSING FACILITIES

HOW TO MAKE CHANGE STICK

- Focus initially on **KEY PROCESS** rather than on benchmarked outcomes.
- Evaluate if staff **KNOW** the process.
- **KEEP** it SIMPLE.
- Commit to be a **LEARNING ORGANIZATION**.

REASSESS THE GOAL

- The goal is 95% performance.
- **WHY?** 95% or better means it is likely to be **SUSTAINABLE** over time.

KEEP IT SIMPLE

- It is more important that the process be **STANDARD** than it be perfect.
- When you design for perfection - you often get overly complex protocols, planning for every contingency.
- A policy and procedure make look great

FOCUS ON PROCESS

If you think a **PROCESS** works pretty well, test the **FIVE ATTRIBUTES**

5

- WHO does it
- WHEN should it be done
- WHERE is it done
- HOW is it done
- WHAT is needed to do it

- Ask **5 staff** to describe the 5 attributes.
- If 5 direct care staff can describe the work with the 5 attributes, you have a good chance to achieve 95% performance and **SUSTAIN** the performance over time.
- If they can't determine which attribute they can't describe and develop a simple process for improvement.

5

If you have a process that does **NOT** work so well

- Determine if it is a **COMMON** or **INFREQUENT** failure.
- Observation of **ONE PERSON** does not mean it is a common failure.
- Fix **ONE Attribute** (who, when, where, how, what) at a time.

COMMON

- Don't rely too heavily on education as **THE FIX**.
- Get **CURIOUS** to determine **WHY** this is occurring.
- Inform staff on the **WHY**:
 - **WHY** is this process important.
 - **WHY** do we do it this way.
- Get **CURIOUS** - **WHY** are they **NOT** following the process.
- Develop a plan to fix **ONE** process, test and refine.
- Keep it **SIMPLE**!

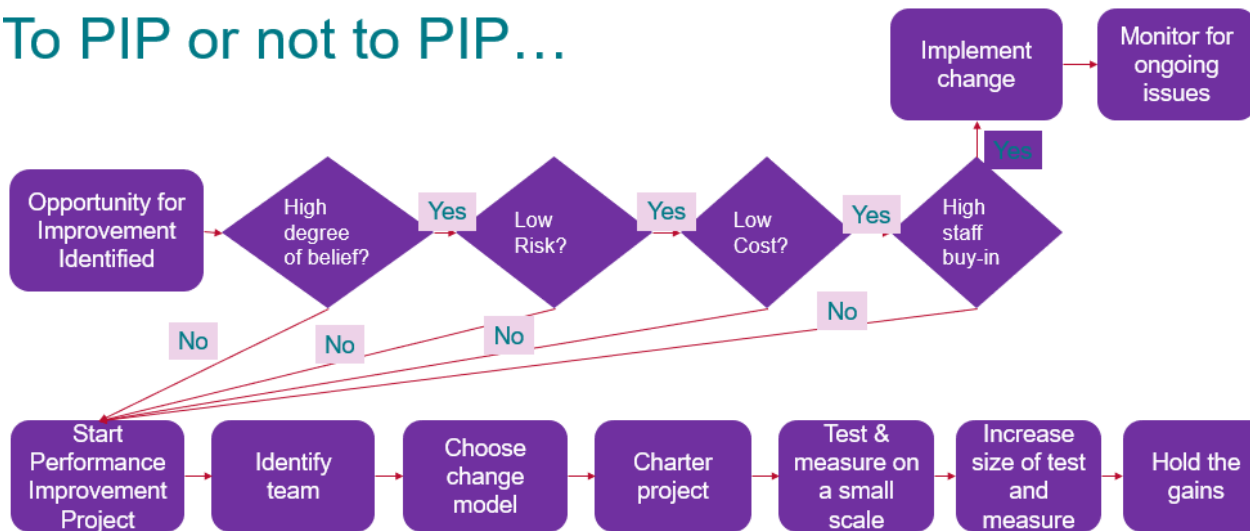
INFREQUENT

- Infrequent does **NOT** mean you have a bad process.
- Don't try to make it perfect - you will use up too many precious resources.
- Talk to that one person to reeducate or determine **WHY** it is occurring.
- Accept defeat & **MOVE ON** to focus on another process.

QI IHI/ECHO Refresher

- Deciding on whether to do a PIP (Session 6)

To PIP or not to PIP...



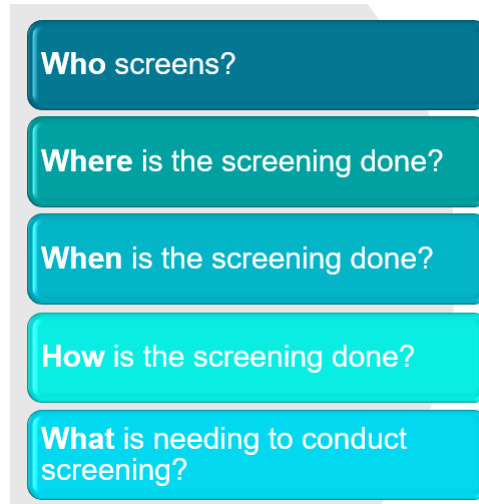
QI IHI/ECHO Refresher

- High level flow charts for reliable design (Session 7)

Each box in a flow chart has 5 attributes

(Example: Screen Visitors)

Complexity is the **enemy** of reliable design



Project ECHO

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 boots
- 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

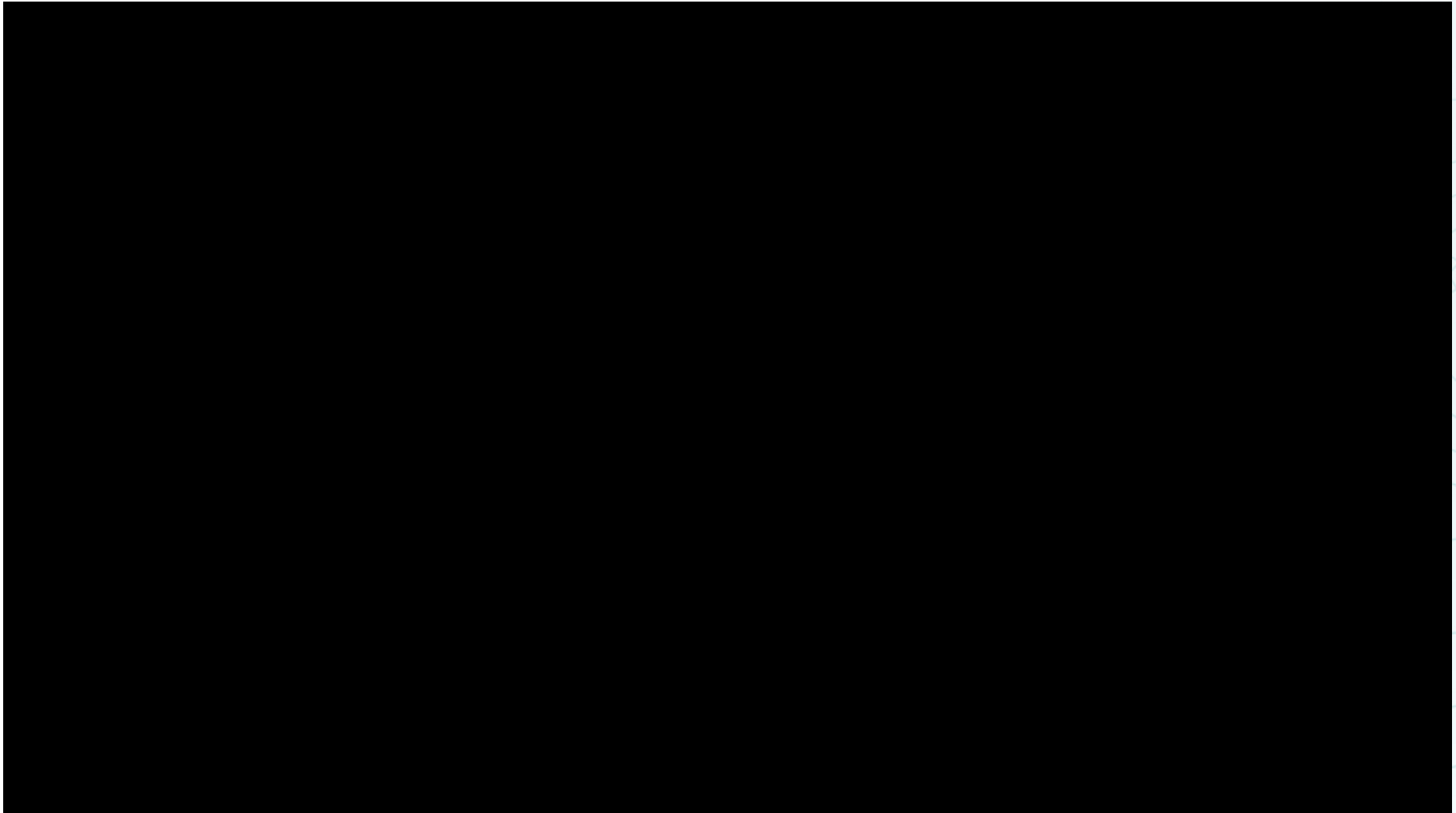
- If the flow diagram doesn't seem TOO SIMPLE, complexity has already crept into your design.
- Complexity is the enemy of reliable design because 5 direct care staff will be less likely to be able to articulate the 5 attributes.

High Level Flow Charts for Reliable Design by Roger Resar and Frank Federico, IHI, Maria DeVries, THE GREEN HOUSE® Project, and Arkansas COVID-19 Action Network

Case Scenario: the Berkley, CA NH facility experience

- Watch the video and focus on **how** the administrator is utilizing the QAPI approach and toolset to address Covid19 at his facility.
- As he describes some of the key pillars of his work such as Structural, Process and Outcome Measures of Quality, do you have any recommendation for him that you have implemented at your facility?
 - Listen for lessons learned and techniques that you may wish to apply at yours.
- Have you used visuals in the way he did to share data over time about the facility with your staff? (Storytelling with data!)

David Farrell, NH Administrator, Berkley, CA



Case Scenario: the Berkley, CA NH facility experience

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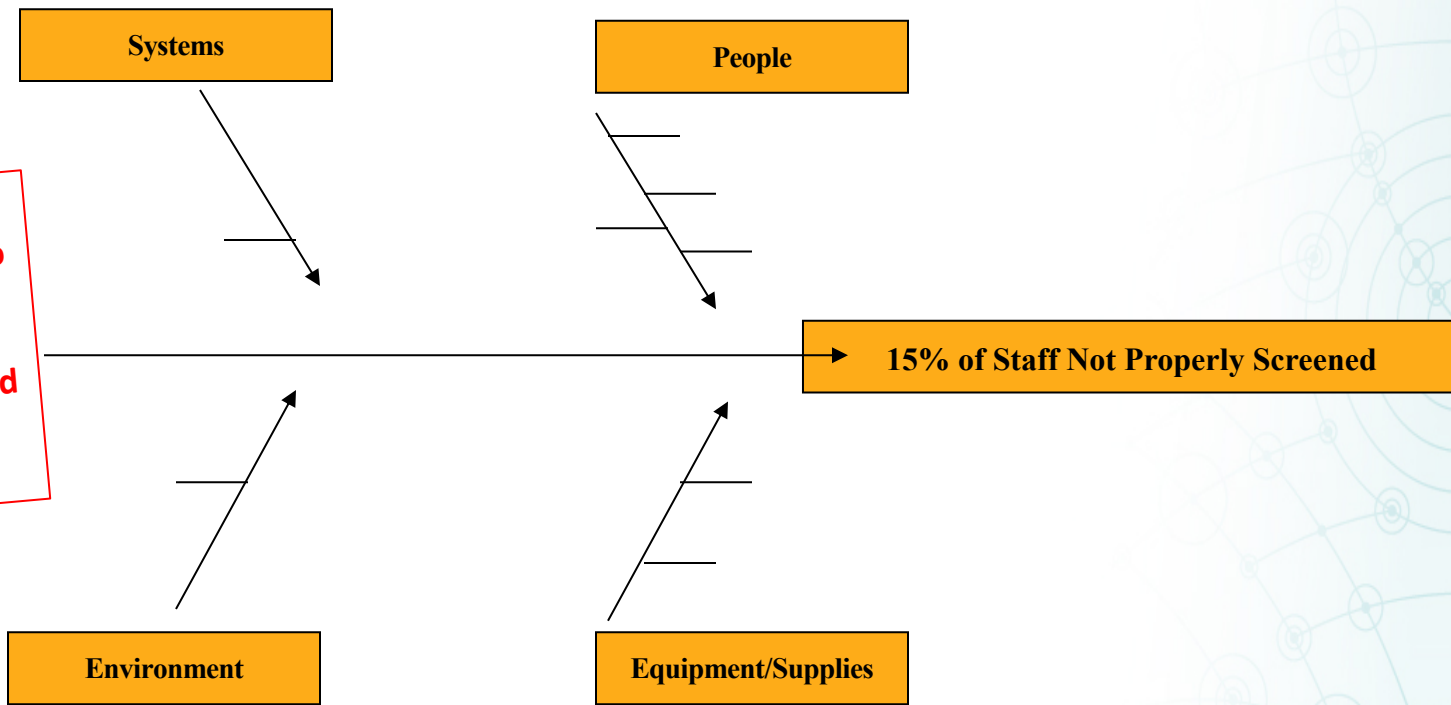
Process Measures (Story Telling with Data!)

Percentage of Staff Properly Screened Before Clocking In



Q: When you have your outcome and process measures, how have you been utilizing / sharing them with staff? If you have a PIP project to prevent or mitigate Covid19 in your facility, how did you use the measures to 'tell the story' or motivate staff to focus on improvement...or celebrate success?

Q: Did you utilize the Root Cause(s) Analysis to assist your team in resolving/improving ongoing issues generated by Covid19? Share as brief story if so!



QAPI Steering Committee Identifies Priorities

- Carefully monitors metrics
- Utilizes a formal method of prioritization
- Reflects on potential Scope and Severity of problem
- Considers residents, families, staff, customers
- Selects and assigns PIPs based on prioritization
- Ensures staff are engaged in root cause analysis, identifying solutions

Q: Pick one or a combination of these bullet points and share a brief story or comment about how the QAPI toolset helped you improve or prevent Covid19 from taking hold or spreading within your facility?

PIP Workgroup Tests Changes to Fix Causes

1. Plans what to change
2. Carries out a change
3. Determines if it worked
4. Tweaks it to make it even better
5. Carries out a refined change
6. Determines if it worked, if it did...
7. Shares the successful PIP with QAPI Steering Committee
8. Implements plan and then spreads the successful change

Q: Can you share a story of a PIP that follows the eight-step process?

QAPI Is Important During COVID-19

- A checklist for effective leadership
- Enhances competence
- Promotes collaborative effort
- Triggers leaders to include staff
- Keeps leaders humble
- Improves outcomes / saves lives

Q: Do you agree with the speaker's reasons why he finds QAPI helpful? Any items you would add to this list that were not mentioned?

Small Changes Matter

“If you can’t change something big, change something small.”

Don Berwick

Q: True statement? Can you share an example of a small change that had disproportionately large impact?

Weekly Poll

Krista Brown

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Continued Discussion, Waterfall Exercise, and Phase I Wrap Up

UNMC Public Health Core Team

**AHRQ ECHO National Nursing
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Where have we been and where are we going?

Waterfall Exercise

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Group 1: First initial of your last name is A-M

Chat in your response to this question...

What has been most helpful from our 16 weeks together?

(i.e., an aspect of the community, a specific topic or moment that stands out)

Group 2: First initial of your last name is N-Z

Chat in your response to this question...

What questions still remain for you in responding to the COVID-19 pandemic within your facility?

Key Take-aways

- Create and sustain effective infection prevention and control practices and surveillance
- Provide the tools and resources that staff need to effectively care for COVID-19 positive residents and to prevent the spread of COVID-19 in their facility
- Support the physical and emotional well-being of staff
- Address the physical and emotional needs of residents in partnership with families and care partners
- Leaders need support, too

Resource Links – 1

Videos

Video: Session16_Presentation 1_Leadership and Communication

<https://www.youtube.com/watch?v=K6QjDI95EOI&feature=youtu.be>

Video: Session 16_Presentation 2_QAPI Aspects of Leadership

https://www.youtube.com/watch?v=-a_VgaFTLAM

Slide Resource Links

<https://stratishealth.org/quality-improvement-basics/>

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

Resource Links – 2

Additional Resources

MMWR Weekly COVID-19 Briefing: <https://www.cdc.gov/mmwr/mmwrpodcasts.html>

The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Janssen COVID-19 Vaccine – United States, February 2021

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7009e4.htm>

Suspected Recurrent SARS-CoV-2 Infections Among Residents of a Skilled Nursing Facility During a Second COVID-19 Outbreak – Kentucky, July–November 2020

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7008a3.htm>

First Identified Cases of SARS-CoV-2 Variant B.1.1.7 in Minnesota – December 2020–January 2021

https://www.cdc.gov/mmwr/volumes/70/wr/mm7008e1.htm?s_cid=mm7008e1_e

Resource Links – 3

Additional Resources

Detection of B.1.351 SARS-CoV-2 Variant Strain — Zambia, December 2020

https://www.cdc.gov/mmwr/volumes/70/wr/mm7008e2.htm?s_cid=mm7008e2_x

First Month of COVID-19 Vaccine Safety Monitoring — United States, December 14, 2020–January 13, 2021

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7008e3.htm#:~:text=%3B%20SAS%20Institute\).-,%20During%20December%2014%2C%202020%20E2%80%93January%2013%2C%202021%2C%20a,adverse%20events%20during%20this%20period](https://www.cdc.gov/mmwr/volumes/70/wr/mm7008e3.htm#:~:text=%3B%20SAS%20Institute).-,%20During%20December%2014%2C%202020%20E2%80%93January%2013%2C%202021%2C%20a,adverse%20events%20during%20this%20period)

Clusters of SARS-CoV-2 Infection Among Elementary School Educators and Students in One School District — Georgia, December 2020–January 2021

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7008e4.htm>



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