UNMC College of Public Health ECHO

May 26, 2021

AHRQ ECHO National Nursing Home
COVID-19 Action Network

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AHRQ Agency for Healthcare Research and Quality

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Welcome and Announcements

Deborah Levy

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Announcements

- Please type your ***name, email, and facility name*** in the chat box for us and ECHO Institute to capture your attendance – **this is for training center accountability**
- 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
- **Today we are continuing with the core domain "Emotional and Organizational Support for Staff"**

Week 4 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1215	COVID-19 Update	Deborah Levy
1215 - 1300	Emotional and Organizational Support	Matt Beacom Peg Bradke
1300 - 1330	Continued Discussion and Q&A (Optional)	Public Health Core Team

Core Domains

Content – Core Domains

“What do Nursing Homes need to implement systems that help prevent, manage, and improve COVID-19 outcomes?”

1. Post-vaccination practices – visitation policies, PPE practices
2. Ongoing COVID-19 identification and treatment – plan for recognizing patients with COVID, post-COVID syndromes, testing, treatment, and cohorting
3. **Emotional and organizational support for staff**
4. Vaccinations – vaccine confidence, testing, logistics, ongoing compliance and complications
5. Addressing and supporting the needs of resident and families or care partners – isolation, family communications
6. Stopping the spread (infection control) – building sustainable infection control practices
7. Leadership communication for COVID-19 – huddles, rounding, etc.
8. Leadership behaviors to support teams during COVID-19 – teamwork, roles, and psychological safety

Current State of the Pandemic

Nebraska and Nationally

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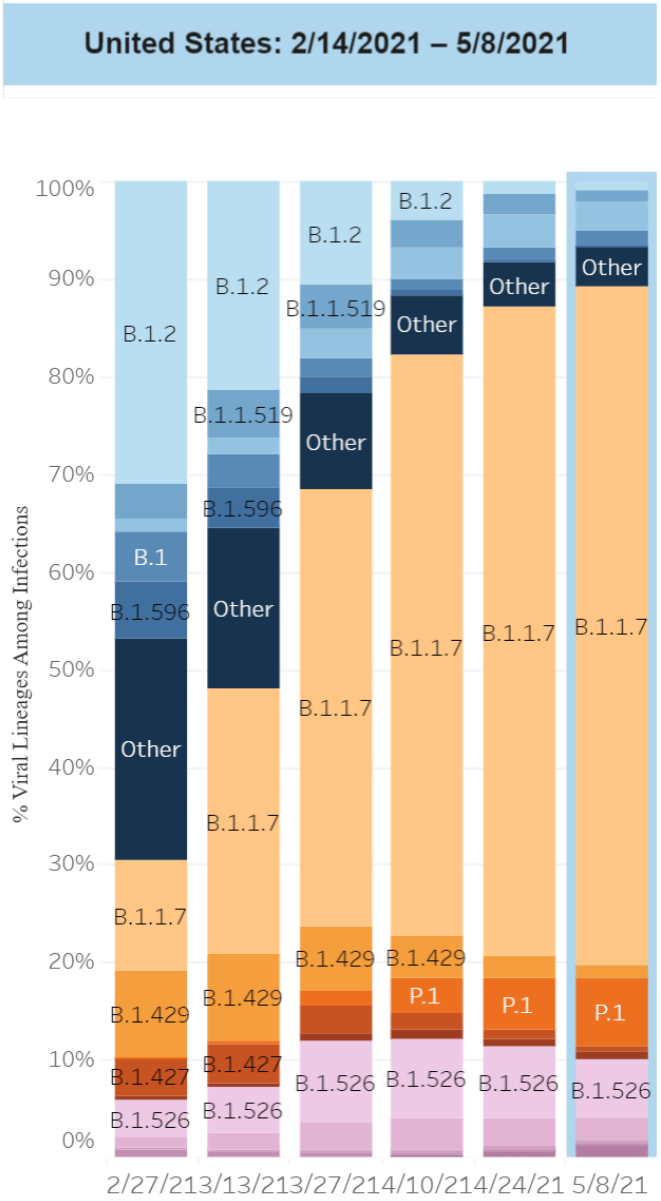
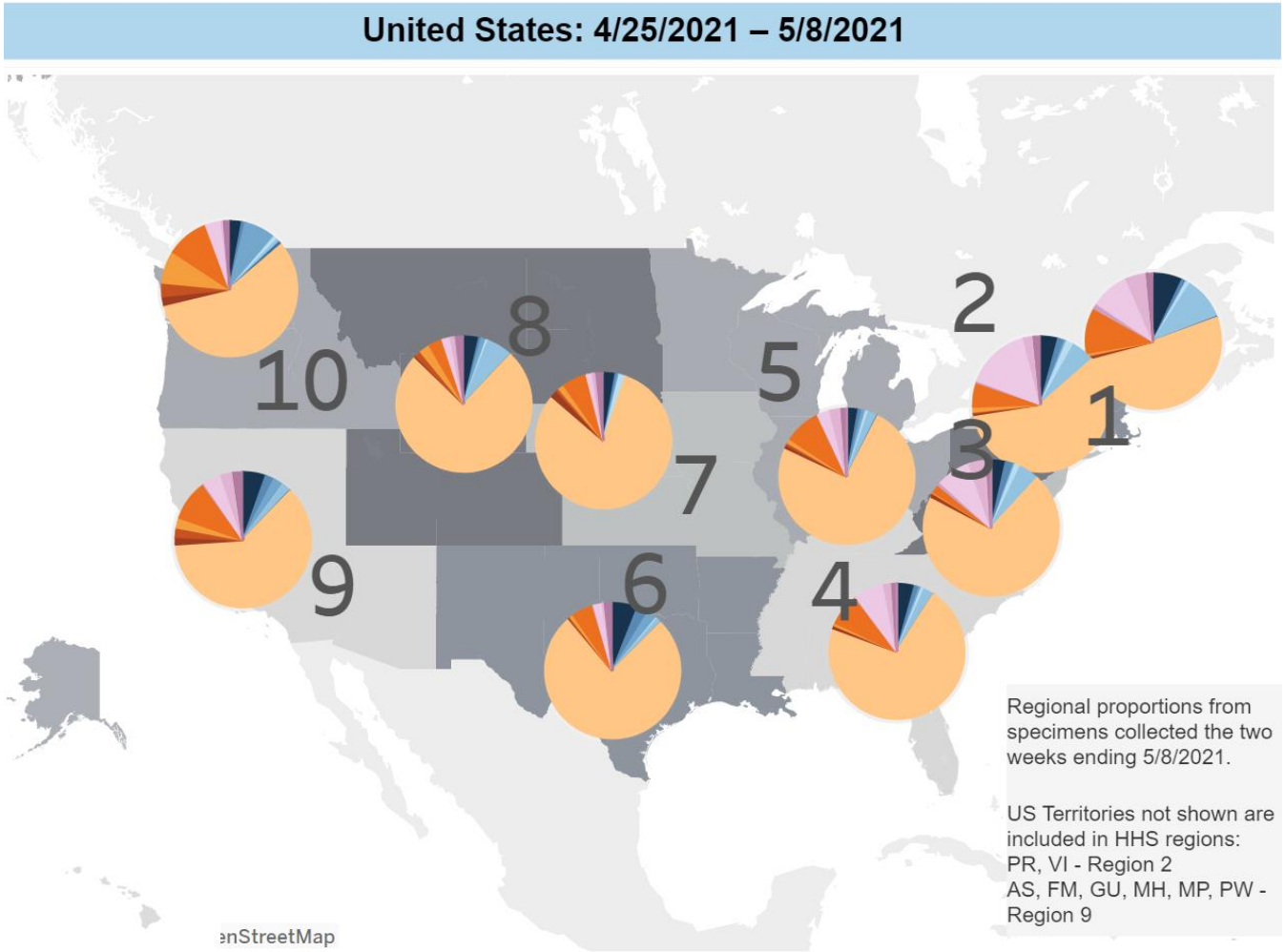
COVID-19 Update – State of Nebraska as of 5/25/2021

- **Data on number of cases, hospitalizations, and vaccinations were presented**

Percent Viral Lineages – CDC



Regional Proportions – CDC



US Number of People Vaccinated – CDC 5/25/2021

Total Vaccine Doses

Delivered	359,004,955
Administered	287,788,872

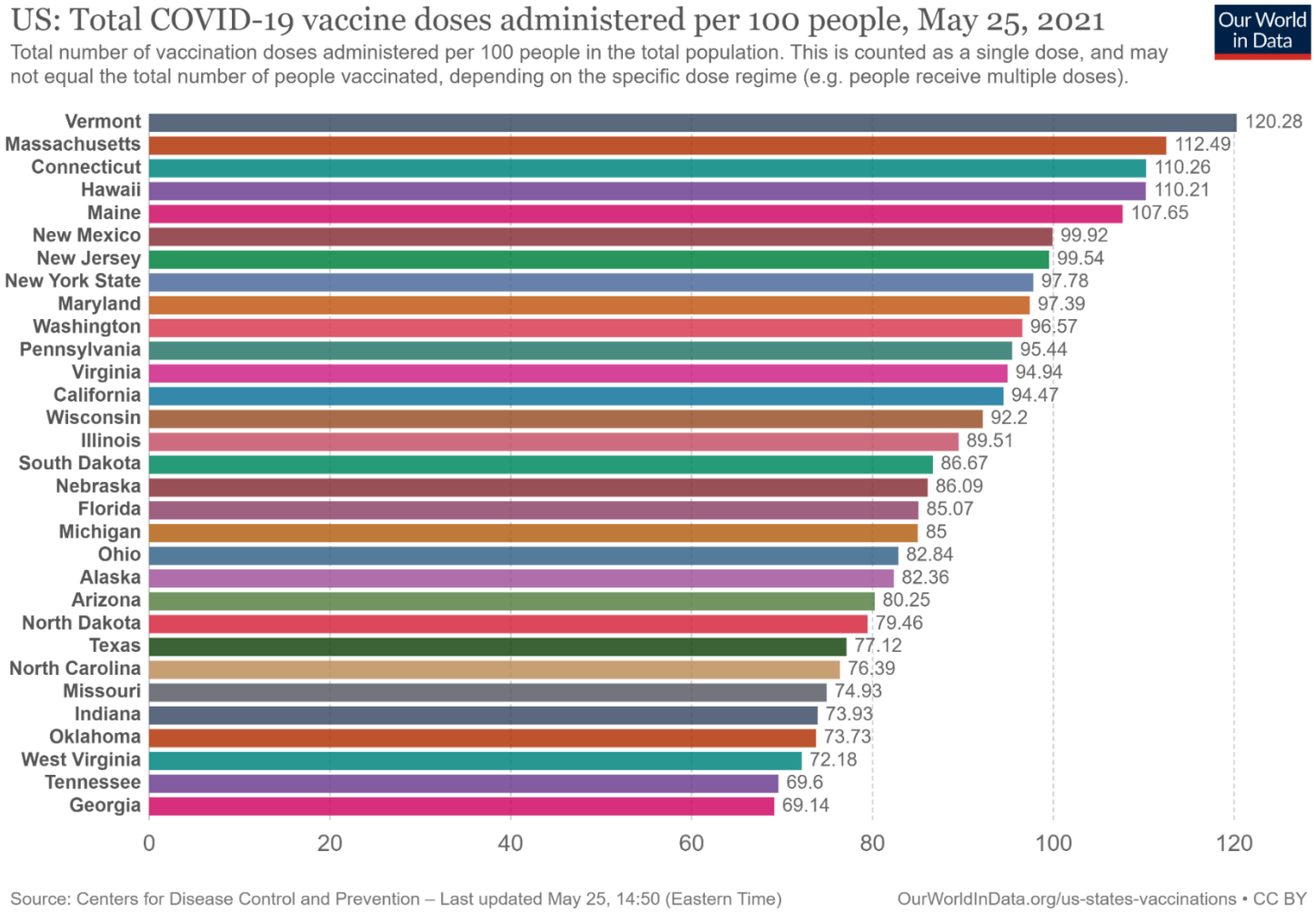
Learn more about the distribution of vaccines.

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	164,378,258	131,078,608
% of Total Population	49.5%	39.5%
Population ≥ 12 Years of Age	164,272,277	131,070,055
% of Population ≥ 12 Years of Age	58.6%	46.8%
Population ≥ 18 Years of Age	158,954,785	129,054,480
% of Population ≥ 18 Years of Age	61.6%	50%
Population ≥ 65 Years of Age	46,674,798	40,443,453
% of Population ≥ 65 Years of Age	85.3%	73.9%

About these data

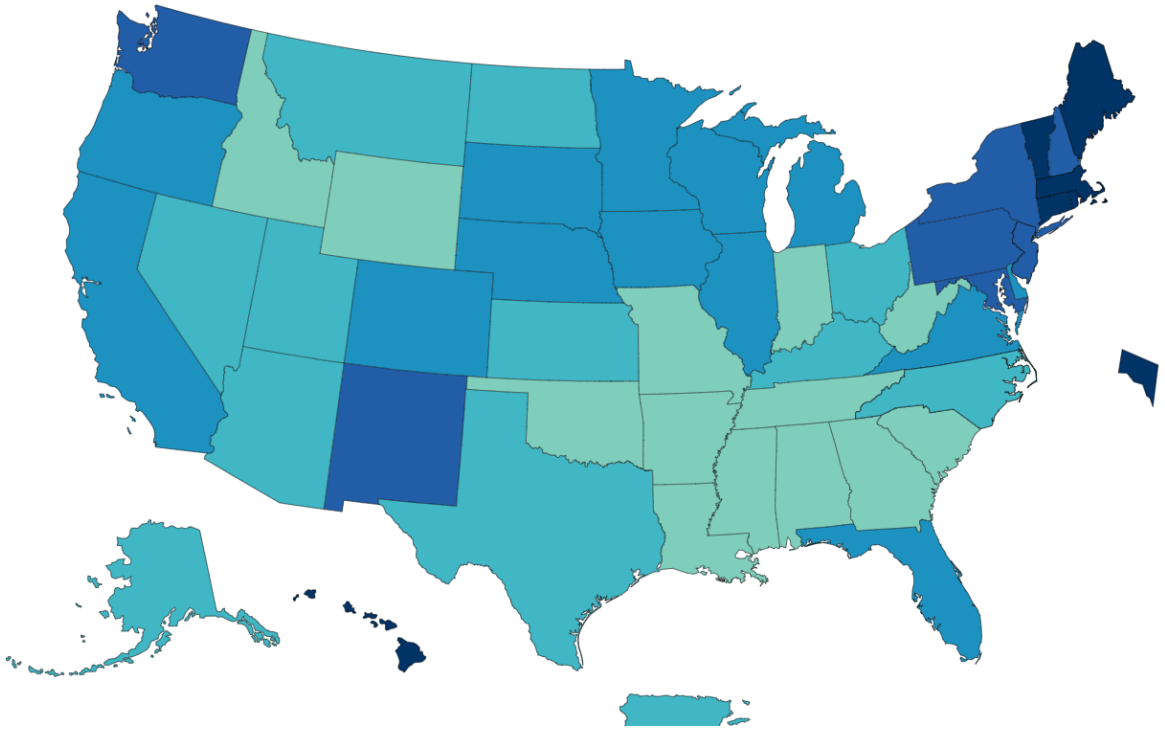
CDC | Data as of: May 25, 2021 6:00am ET. Posted: Tuesday, May 25, 2021 2:18 PM ET

US Total COVID-19 Vaccine Dose Rate



US % People Fully Vaccinated – CDC 5/25/2021

Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population



Territories

GU AS RP FM MP MH VI

Total Doses Administered per 100,000

No Data | 0 | 1 - 75,000 | 75,001 - 85,000 | 85,001 - 95,000 | 95,001 - 105,000 | 105,001+

COVID-19 Vaccine Update – CDC MMWR

- **COVID-19 Vaccine Breakthrough Infections Reported to CDC — United States, January 1–April 30, 2021**
  - Vaccine breakthrough infection definition: detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person ≥14 days after receipt of all recommended doses of an FDA-authorized COVID-19 vaccine
  - A total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021
  - Among these cases, 6,446 (63%) occurred in females, and the median patient age was 58 years (interquartile range = 40–74 years)
  - Based on preliminary data, 2,725 (27%) vaccine breakthrough infections were asymptomatic, 995 (10%) patients were known to be hospitalized, and 160 (2%) patients died
  - Among the 995 hospitalized patients, 289 (29%) were asymptomatic or hospitalized for a reason unrelated to COVID-19
  - The median age of patients who died was 82 years (interquartile range = 71–89 years); 28 (18%) decedents were asymptomatic or died from a cause unrelated to COVID-19
  - Sequence data were available from 555 (5%) reported cases, 356 (64%) of which were identified as SARS-CoV-2 variants of concern, including B.1.1.7 (199; 56%), B.1.429 (88; 25%), B.1.427 (28; 8%), P.1 (28; 8%), and B.1.351 (13; 4%)
  - Two limitations: number of reported COVID-19 vaccine breakthrough cases is likely a substantial undercount of all SARS-CoV-2 infections among fully vaccinated persons; and SARS-CoV-2 sequence data are available for only a small proportion of the reported cases

COVID-19 Vaccine Update – Public Health England

- Pfizer-BioNTech vaccine may be effective against a more transmissible variant of the infection first detected in India
- Study conducted from April 5 to May 16 of more than 1,000 individuals known to have been infected with the B.1.617.2 variant
- Pfizer-BioNTech shot was 88% effective at preventing symptomatic cases of COVID-19 two weeks after the second dose
- Comparatively, the same shot is about 93% effective against the B.1.1.7 variant, currently considered the dominant variant in the U.K.
- Two other studies published earlier this month indicated that the vaccine is highly effective at preventing both minor and severe cases of infection from the B.1.1.7 and the B.1.351 variants
    - Qatar study: based on data from more than 200,000 people, estimated 89.5% effectiveness against any infection with the B.1.1.7 variant and 75% effectiveness for the B.1.351 variant; effectiveness was even higher for preventing more severe illnesses from the variants, at 97.4% for both B.1.1.7 and B.1.351
    - Israel study: based on data from more than 230,000 people, 95% effective at preventing infection, hospitalization, and death as a result of the more infectious variants in individuals 16 and older

Emotional and Organization Support

Week 3 - The Language of Feelings and Needs and the Correlation with Wellbeing

What are we mourning?

- Deaths, illness, loss of friendships and connections (e.g., to a resident's family when their special person dies)
- Loss of 'normalcy' or at least processes as we understood them, predictability
- Loss of agency, feeling out of control
- Loss of sense of purpose, feelings of insecurity
- Feelings and tenderness around guilt, especially around illness and death, lingering effects of COVID
- Questioning our desire to stay in healthcare and wondering what we would do differently

The gift of permission

- *Gifting* ourselves and each other permission to grieve and to mourn
- Normalize these expressions
  - Acknowledge feelings of loss, name them and claim them
  - For residents, gently inquire about grief in daily interactions and assessments
- Radical acceptance includes making room for discomfort, pain, and sadness
- Provide psychoeducation on grief and mourning.
  - Make materials available for staff, residents, and families

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

Session 4 – How to Integrate a Practice of Mourning

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Follow up from last week call…… Please chat in

- Ask 5 staff in different roles to share their feelings around visitation.
  - When you think about families visiting residents, what feelings bubble up for you?

- What did you learn? What surprised you?

Huddle Agenda

- Staff kudos and shout outs
- New staff members - introductions
- New admissions,
- planned discharges, rehospitalizations
- “At Risk” residents and residents on the watch list
- Point of care staff observations/requests/needs
- Point of care staff follow up from previous huddle
- Clinical focus areas, update on QAPI PIPs
- New guidance changes, news, announcements

Huddle Results

- Improved Efficiencies and Quality of
- Information sharing
- Accountability
- Sense of Community
- Culture of Collaboration
- Collective awareness leading to
- enhanced safety environment.

What are We Mourning? It's Not Only Death...

- Deaths, illness, loss of friendships and connections (e.g., to a resident's family when their special person dies)
- **Loss of 'normalcy' or at least processes as we understood them, predictability**
- **Reliving the trauma** of this past year, e.g., surveys, lawsuits, questions/doubts
- **Loss of agency, feeling out of control**
- **Loss of sense of purpose, feelings of insecurity**
- Feelings and tenderness around guilt, especially around illness and death, lingering effects of COVID
- Questioning our desire to stay in healthcare and wondering what we would do differently

How a Mourning Practice Can be Supported Through Debriefing and Peer Support

- Peer support is a fundamental TIC principle
  - "You are not alone."
  - Personal agency and control
  - Feeling of being part of a team
  - Shared sense purpose to oneself, team, and residents
- Providing time and space for staff to grieve, reminisce and gather after a death, loss, or distressing news.
  - How might we do this?
- Debriefing is one example of a formal support where staff can discuss what went well and what can be improved

What's in a Debrief?

What Debriefs are:

- Safe, constructive, sharing, and active listening of feelings in a way that meets staff's needs
- Objective and non-blaming identification of what's going well and what is not
- Reinforce shared purpose and personal agency
- Focus on incorporation of learning into systems

What Debriefs are not:

- Blaming, judging, and criticizing of staff, residents, and families--present and not
- One-sided venting and complaining about aspects out of one's control
- A time to try to "fix" feelings or outcomes

Where to Start: Is a Mourning Practice Supported in Your Nursing Home? What currently happens when a resident dies vs. what could happen when a mourning process is in place?

5 Why's:

- Who does it? (who has the strengths to facilitate)
- When is it done? (is it done regularly, is a time set aside)
- Where is it done? (already a space or where is the best space:
- How is it done? (is there structure to support participation by all)
- What is needed to have that time for mourning? (materials, team members)

Wellbeing and Mourning Practice

- How do staff learn about a resident's death (e.g., when they come back on the job for their next shift or hear from a coworker)?
- How does the organization use the language of feelings and needs to mourn and support staff?
- What would success look like? How do we know if our mourning practices are successful? (feedback/measures)
- What could you try before our next call? (Plan, Study, Do, Act)

What Can We Do This Week? Pick 1.

- Can we ask 5 staff:
  - Do staff feel supported to grieve?
  - Would they like to participate in a mourning practice?

- What do we learn from the feedback provided from staff? How do we integrate it into a mourning practice that honors feelings, provides emotional support, and builds trust?

Resources

- It's OK to be OK: how to stop feeling 'survivor guilt' during COVID-19, https://theconversation.com/its-ok-to-be-ok-how-to-stop-feeling-survivor-guilt-during-covid-19-143457
- The Covid-19 Symptoms No One Talks About, https://elemental.medium.com/the-covid-19-symptoms-no-one-talks-about-ffdfa8895acb
- The Trouble with Mourning, https://thefearlessheart.org/the-trouble-with-mourning/
- Grief Support For Staff, http://palliativealliance.ca/assets/files/Alliance_Reources/Org_Change/Grief_toolkit-Oct._11.pdf

Resources and References

- COVID-19 Vaccine Breakthrough Infections Reported to CDC — United States, January 1–April 30, 2021

https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm?s_cid=mm7021e3_e&ACSTrackingID=USCDC_921-DM58119&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20May%2025%2C%202021&deliveryName=USCDC_921-DM58119

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.

Thank you!