UNMC College of Public Health ECHO

April 21, 2021

Welcome and Announcements

Deborah Levy

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

- **IHI does not have a Quality Improvement Certification and the opportunity for additional federal funding is unclear given the change in the White House administration**

- **As requested last week, we will be discussing Post Vaccination Practices today with a format that is flexible, and that will be adjusted with your feedback to meet your needs**

Week 1 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1215	Session Content Query	Deborah Levy
1215 - 1230	Post Vaccination Strategies: PPE and Risk Mitigation	Matt Beacom
1230 -1255	Scenario Presentation and Discussion/Waterfall Exercise	Public Health Core Team
1255 - 1300	Weekly Poll	Krista Brown
1300 - 1330	Continued Discussion and Q&A	Public Health Core Team

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Core Domains and Content Query

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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

COVID in Nebraska

Nebraska Statistics

Week	Daily New Cases	Infection Rate	Positive Test Rate	ICU Capacity Used	Vaccinated
	X	Y	Z		

https://covidactnow.org/?s=1712636

Where are we? Where are we going? Where were we?

Daily new cases per 100k population ⓘ
NEW JERSEY

Over the last week, New Jersey has averaged 4,214 new confirmed cases per day
(**47.4** for every 100,000 residents).

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	4690	50
B.1.351	143	25
P.1	25	10

Emerging Variant Cases in the United States*†

Number of Cases

- 0 to 0
- 1 to 150
- 151 to 300
- 301 to 450
- 601 to 750

Filters

Variant B.1.1.7

Territories AS GU MH FM MP PW PR VI
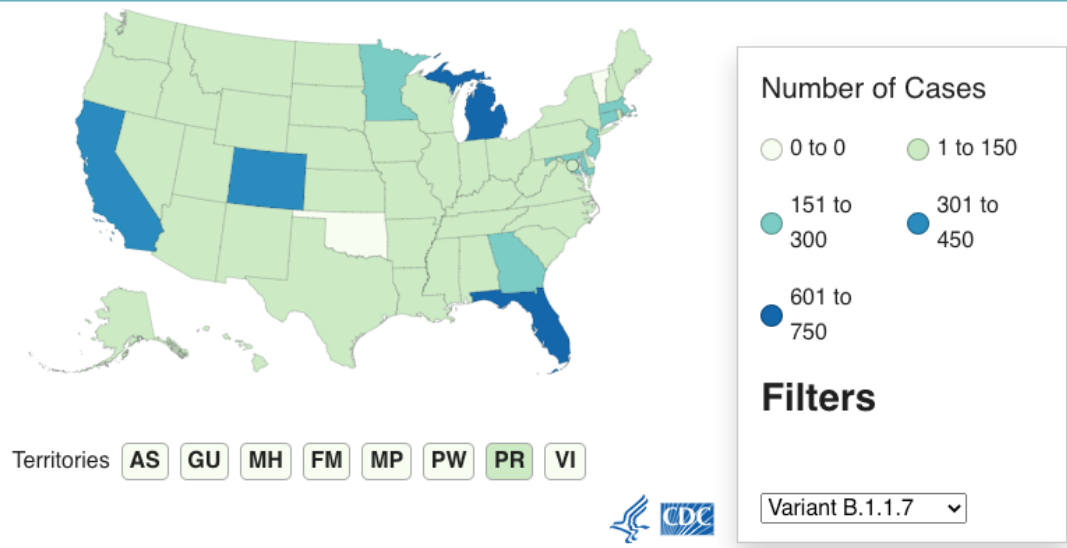
CDC

US COVID-19 Cases Caused by Variants

New Jersey
- B.1.1.7 Variant: 160
- P.1 Variant: 2
- B.1.351 Variant: 1

New York
- B.1.1.7 Variant: 136
- P.1 Variant: 0
- B.1.351 Variant: 1

Pennsylvania
- B.1.1.7 Variant: 68
- P.1 Variant: 0
- B.1.351 Variant: 1

COVID-19 Updates

- Vaccine Updates:

- Variant Updates:

- Research Updates:

- CDC Updates:

- State DOH Updates:

- Regulatory Updates:

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Follow-up from Last Week

- Elements to continue discussing and challenges to address

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:

Question or challenge that we need to address?

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Personal Protective Equipment (PPE) Protocols for Post Vaccination Practices

PPE Optimization Strategies

- Current inventory

- Community prevalence

- Anticipated PPE needs

- Optimize if indicated

Conventional Capacity
strategies that should already be in place as part of general infection prevention and control plans in healthcare settings

Contingency Capacity
strategies that can be used during periods of anticipated PPE shortages

Crisis Capacity*
strategies that can be used when supplies cannot meet the facility's current or anticipated PPE utilization rate
*Not commensurate with U.S. standards of care

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html

Face Mask Fatigue

- Mouth and nose

- Location on face

- Storage

- Fit

Discussion: Learning from Other Circumstances

- Where did we see mask wearing go well outside of healthcare?
  - What made those populations or situations capable of great mask wearing?

- How can we apply what we saw elsewhere to our facilities?

The Basis for Testing and Learning
Model for Improvement: IHI and API

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do
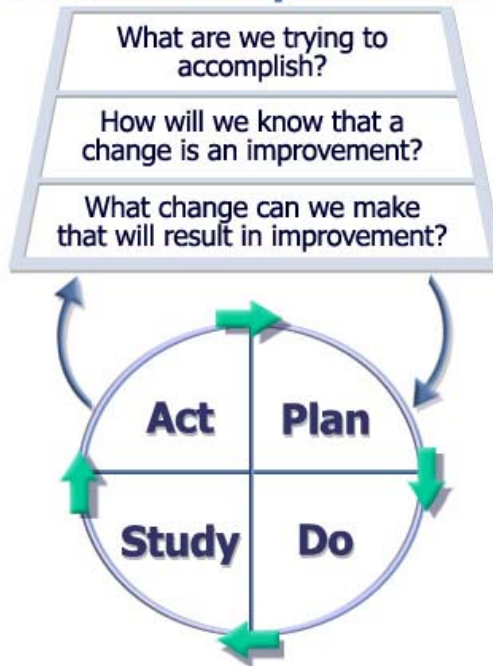
Learn in Small Doses

- 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

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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**

Keep to a yes/no format

Small samples rather than all

Person/persons responsible for the design should do the data collection

Process reliability data used to refine the process until 95% reliability is reached

For a process thought to be reliable spot checks need to be made and defects studied

Adapted from Roger Resar

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Strategies for Risk Mitigation and Adherence to Core Principles of COVID-19 Infection Prevention

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Humans are Unreliable

- **The Human Factor**
  - Memory Failure:
    - Humans can hold somewhere between 4 and 7 items in their short-term memory
  - Fatigue:
    - Physical and mental exhaustion
  - Boredom:
    - The repeat nature of some of the things we need to do can lead to boredom with the task
  - Overload:
    - Constantly deluge of new information and additional work for nursing home staff
  - Distraction:
    - New policies, procedures
  - Stress:
    - Emotional, financial, family stress
  - Lack of Routine Practice:
    - Staff in new/different roles

Discussion: Failure Opportunities for Screening

- What makes screening difficult?
  - Does COVID look the same every time?
  - Do all people who have COVID show symptoms?
  - Do COVID symptoms mirror other conditions that we don't worry about?

- How does stress effect screening?
  - People are desperate to see loved ones and recapture lost time from last year.
  - Financial stress could make someone less likely to report a symptom (it isn't malicious) if they don't really feel sick.

- What have you seen?
  - Come off mute or chat in where you have seen screening fail.

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5 Attributes Example

- Let's build the five attributes for the change in the use of N95 respirators

Attribute	Description for change in N95 respirator use
1. Who does it?	
2. When should it be done?	
3. Where is it done?	
4. How is it done?	
5. What is needed to do it?	

Ask 5…About 5

- Ask 5 staff involved in the process to describe the five attribute of the process
  - IF 5 direct staff can describe the work with the 5 attributes then:
    - You know you have a process in place that people know about
    - You have a good chance that you can achieve 95% performance AND sustain the process over time
  - IF 5 direct staff cannot describe the work with the 5 attributes then:
    - Determine if all 5 cannot describe the work (is there a training/education problem.
      - Determine if it is a COMMON or INFREQUENT failure.
      - Observation of ONE PERSON does not mean it is a common failure.
    - Determine which of the attributes are problematic and work to improve that aspect

Addressing Gaps: Common vs. Infrequent Failure

Common

(More than 1 of the 5 Cannot Articulate the Attribute or Process)

- 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 attribute
- Keep it SIMPLE!

Infrequent

(Only 1 of the 5 Cannot Articulate the Attribute or Process)

- 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.
  - Determine if there is a simple fix
- MOVE ON to focus on another process

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Situation Presentation and Discussion Waterfall Exercise

Weekly Poll

Open Q&A, Problem Solving, and Wrap-up

- Any questions or problems?

- Any topics you would like the faculty to work on for next week?

- We want to continue to learn from you: please share your successes, tests of changes, PPE tests, etc. by emailing Krista.Brown@unmc.edu

Resource Links – 1

- Centers for Disease Control and Prevention. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. Updated Mar. 10, 2021: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#Visitation

- Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV2 Spread in Nursing Homes, Updated Mar. 29, 2021:. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#ppe

- Centers for Disease Control and Prevention. Personal Protective Equipment (PPE) Burn Rate Calculator. Updated March 24, 2021: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

Resource Links – 2

- Centers for Medicare & Medicaid Services. Nursing Home Visitation-COVID-19 (Revised). QSO-20-39-NH, September 17, 2020, Revised 03/10/2021: https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

- Centers for Medicare & Medicaid Services. Data.CMS.gov. COVID-19 Nursing Home Data: https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

- Agency for Healthcare Research. Observation Audits. A Pathway to Improving Infection Prevention and Preventing the Spread of COVID-19. https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/observational-audits.pdf

Resource Links – 3

- Centers for Disease Control and Prevention. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. Updated Mar. 10, 2021: https://www.CDC.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#Visitation

- Centers for Medicare & Medicaid Services. Nursing Home Visitation-COVID-19 (Revised). QSO-20-39-NH, September 17, 2020, Revised 03/10/2021: https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

- Centers for Disease Control and Prevention. COVID-19. Symptoms of Coronavirus, Updated Feb. 22, 2021: https://www.CDC.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Resource Links – 4

- Centers for Disease Control and Prevention. COVID-19. Hand Hygiene Recommendations. Guidance for Healthcare Providers about Hand Hygiene and COVID-19. Updated May 17, 2020: https://www.CDC.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html

- Centers for Disease Control and Prevention. COVID-19. Social Distancing. Keep a Safe Distance to Slow the Spread. Updated Nov. 17, 2020: https://www.CDC.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

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Thank you!