UNMC College of Public Health ECHO

June 23, 2021

AHRQ ECHO National Nursing Home COVID-19 Action Network

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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 starting the "Leadership Communications" content. Next week we will continue covering this content but will be weaving in CMS preparedness information.**

Week 10 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1215	COVID-19 Update	Deborah Levy
1215 - 1300	Leadership Communication for COVID-19	Matt Beacom Peg Bradke
1300 - 1330	Optional Q&A, Discussion, and Coaching	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 practices and behaviors to support teams during COVID-19 – teamwork, roles, and psychological safety ✓

Current State of the Pandemic

Nebraska and Nationally

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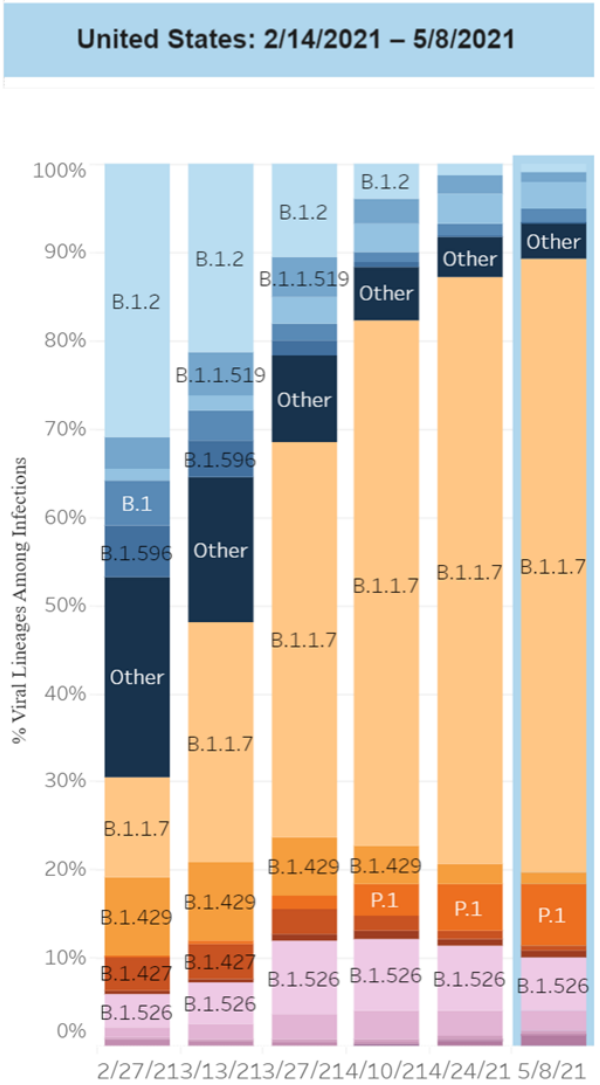
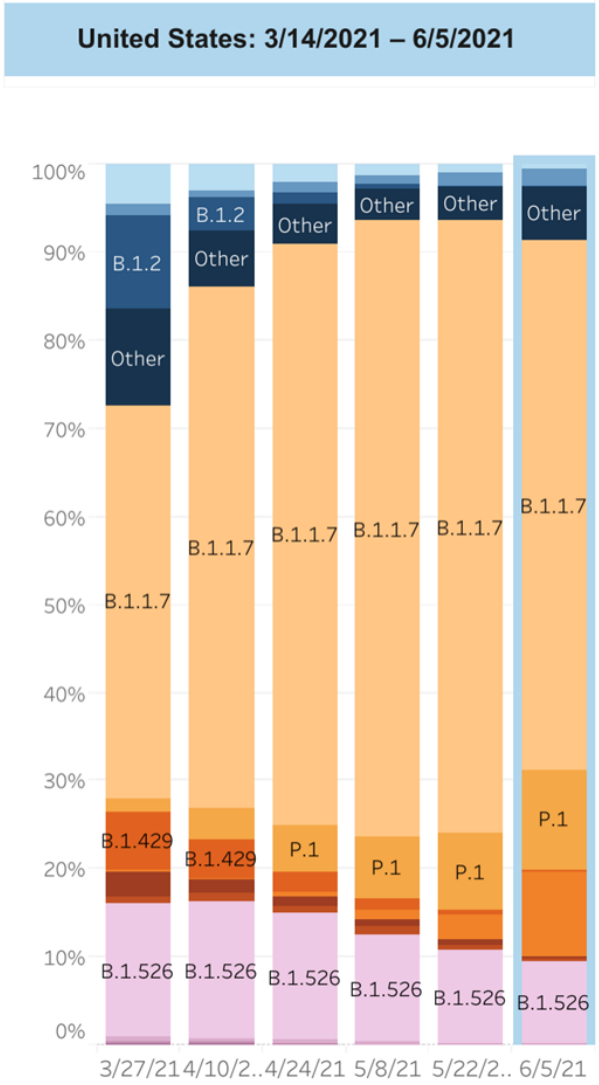
COVID-19 Update – State of Nebraska as of 6/22/2021

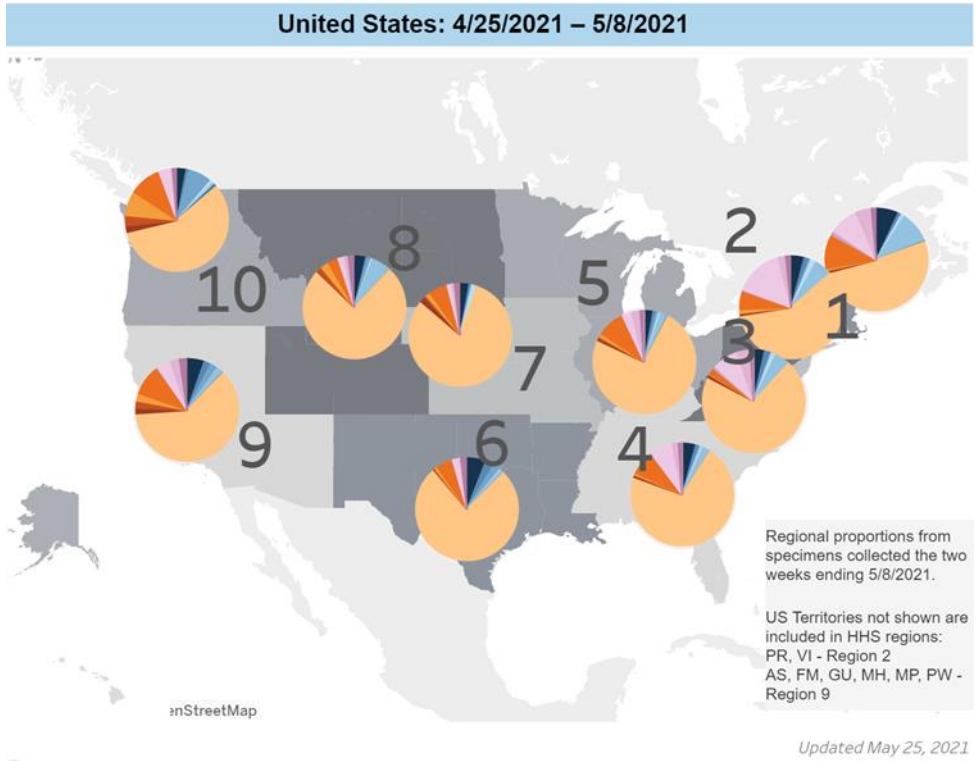
- Data pertaining to Nebraska COVID-19 rates were presented

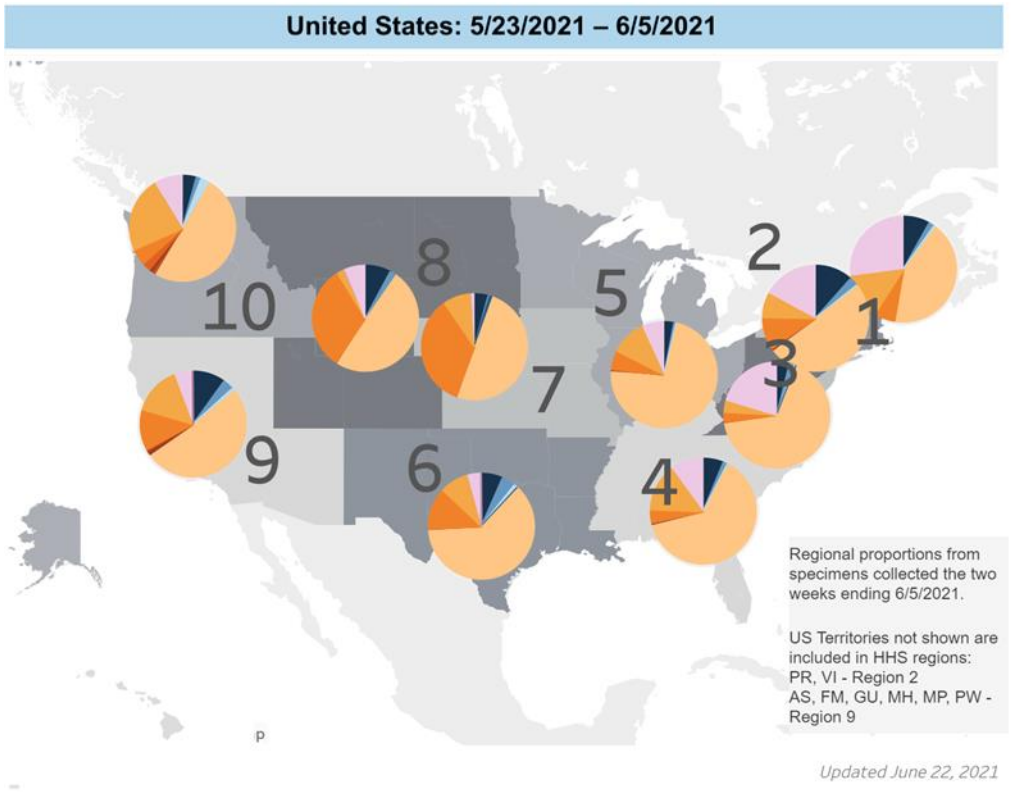
Percent Viral Lineages – CDC





Regional Proportions – CDC





COVID-19 Update – Delta (B.1.617.2) Variant

- Delta variant spreading so quickly in the US that it's likely to become predominant in the nation within weeks
- Dr. Fauci said on Tuesday that 20.6% of new cases in the US are due to the Delta variant
- Other scientists agree and say it is on track to become the dominant variant in the US
- Delta is the most contagious thus far, and among those not yet vaccinated, may trigger serious illness in more people than the other variants
- Anecdotal reports that it causes more runny noses, which could help it spread
- Delta variant is currently considered to be the greatest threat in the US' attempt to eliminate COVID-19
- Delta variant could trigger yet another moderate surge of infections through many parts of the US because of pockets of unvaccinated people

COVID-19 Update – Delta (B.1.617.2) Variant

- B.1.1.7 is rapidly being displaced and is no longer responsible for the majority of new cases
- Percentage of SARS-CoV-2 positive cases that are B.1.1.7 dropped from 70% in April 2021 to 42% in just 6 weeks
- Analysis showed rapid growth of variants B.1.617.2 and P.1 as the primary drivers for this displacement
- Currently, the growth rate of B.1.617.2 was higher than P.1 in the US (0.61 vs. 0.22), which is consistent with reports from other countries
- Data showed that B.1.617.2 was growing faster in counties with a lower vaccination rate

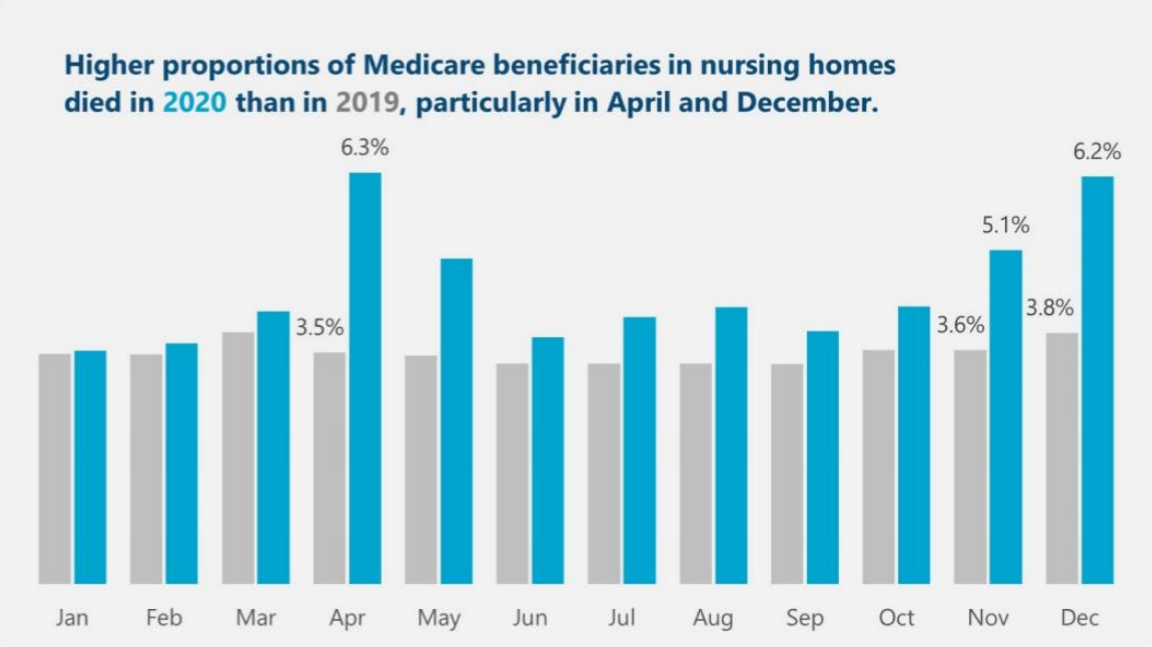
https://www.medrxiv.org/content/10.1101/2021.06.20.21259195v1

HHS IG Report on COVID-19 Impact on Nursing Homes (1)

- 2 in 5 Medicare beneficiaries in nursing homes were diagnosed with COVID-19 or likely COVID-19 in 2020
- Number of infected beneficiaries in nursing homes grew exponentially in spring of 2020
- Overall mortality rate in nursing homes rose 32% in 2020
- Almost 1,000 more beneficiaries died per day in April 2020 than in the previous year
- About half of Black, Hispanic, and Asian beneficiaries in nursing homes had or likely had COVID-19 in 2020
- Age and gender do not appear to be factors in rates of COVID-19 infections
- Dually eligible beneficiaries—those enrolled in both Medicare and Medicaid—were much more likely than Medicare-only beneficiaries to contract COVID-19 (56% vs 29%)
- Mortality rates were different across the age groups, but all increased during the pandemic

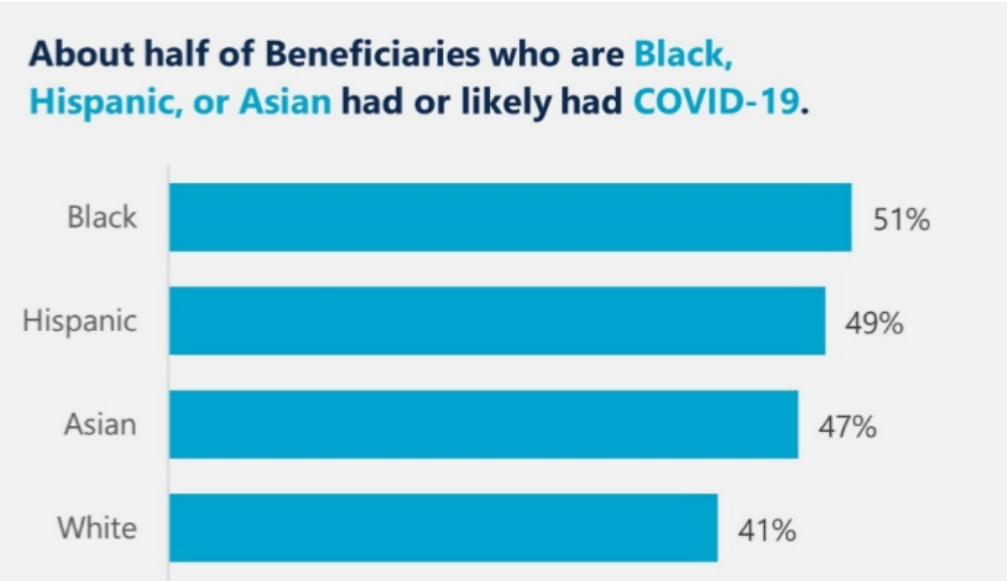
HHS IG Report on COVID-19 Impact on Nursing Homes (2)

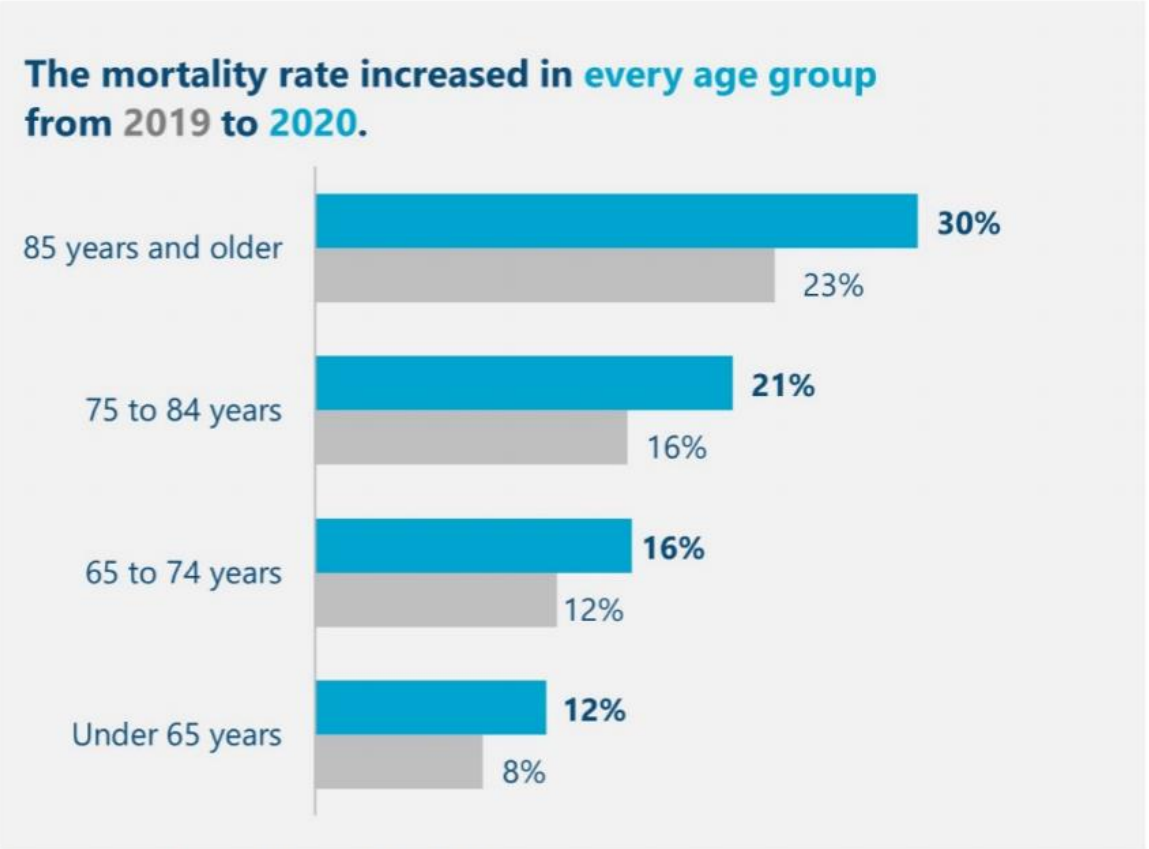
Source: OIG analysis of Medicare data, 2021.



Source: OIG analysis of Medicare data, 2021.

HHS IG Report on COVID-19 Impact on Nursing Homes (3)





Source: OIG analysis of Medicare data, 2021.

Leadership Communication:

Create a System of Communication

David Farrell, MSW, LNHA

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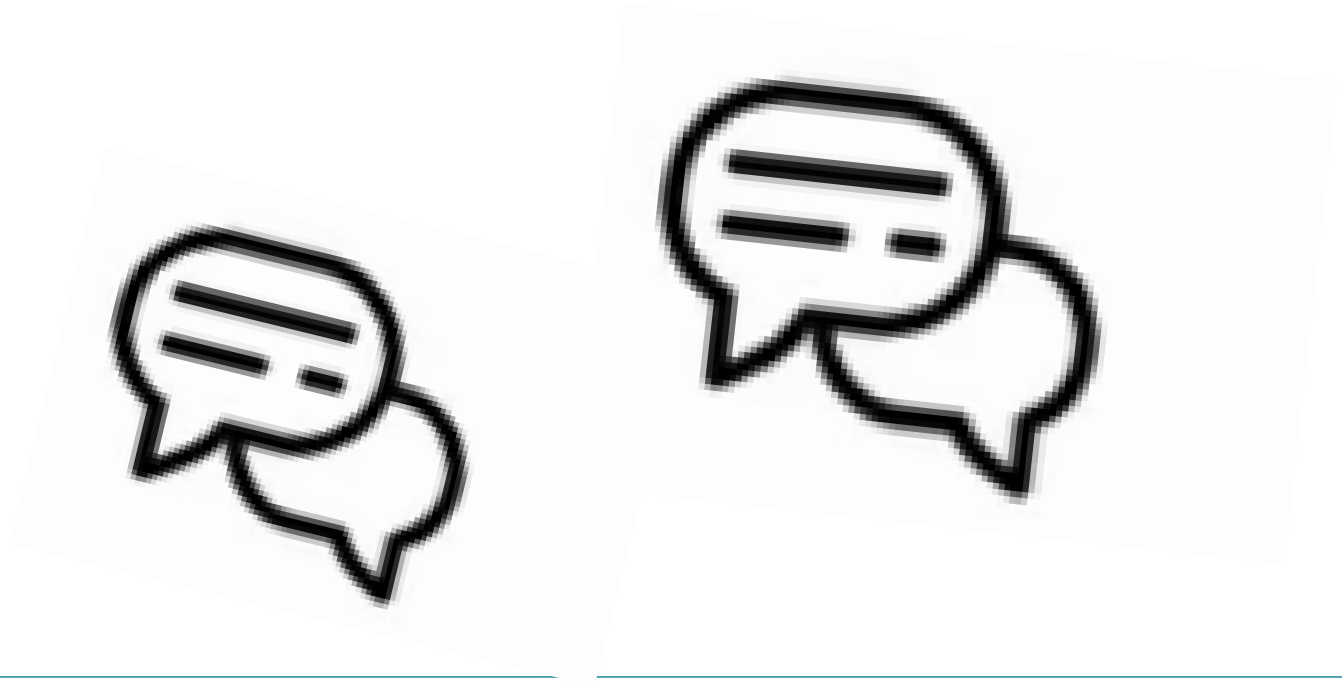
Waterfall question

- What has been your biggest wins/challenges in communication over the past year in your Nursing Facility?



Critical Change Opportunities

Create a system of communication - necessary information at the right time

1) Leverage huddles - share and receive critical information with point of care staff
2) Communication mechanisms - accurate and reliable during an emergency
3) Effective leadership rounds - observe care being delivered, connect and pitch in
4) Leverage technology - support effective and timely communication

Critical Change Opportunity - Huddles

Leverage huddles to share critical information with point of care staff and hear their observations, concerns, and ideas for improvement

Effective Huddles

- How long:
  - 10 - 15 minutes – varies according to issues
  - Lead by Unit/Department Leaders
  - Start with a positive and end with a positive
- How to do it:
  - Start at a time that works best for the most point of care staff
  - Start at same time and at same place
  - Position the point of care staff in the middle of huddle
  - Point of care staff provide relevant information about their residents
  - IDT listens and provides additional information and context
  - Designated staff cover call lights for CNAs
  - Problem-solve together and make a game plan

Huddle Agenda

- Staff kudos and shout outs
- New staff members - introductions
- Current State
  - New or readmissions, planned discharges
  - Unplanned discharges, rehospitalizations
  - “At Risk” residents and residents on the watch list
  - Incidents, Accidents, Safety hazards
- Point of care staff observations - changes in condition
- Point of care staff needs – equipment, supplies, PPE, staffing
- Follow up from previous huddle
- Clinical focus areas, update on QAPI PIPs
- New guidance changes, news, announcements
- Positive Story –Thanks staff for contributions, let them know they were heard

➤ New Idea: Add an Avoidable Suffering

Change 4

What is "Avoidable Suffering?"

In order to get to "avoidable suffering," let's talk about suffering. For some, the word "suffering" may sound harsh, but many people can identify a level of personal suffering they themselves have experienced with healthcare. The types of suffering experienced in healthcare are described well in a Harvard Business Review article published online in 2013, titled *Framework for reducing suffering in healthcare.* They separate "Unavoidable" from "avoidable." (See chart below.) The article suggests that "unavoidable" suffering is associated with diagnosis and treatment, but "avoidable" suffering comes from dysfunction in healthcare delivery. Healthcare workers may see this as a part of every-day life, but people we serve do not.

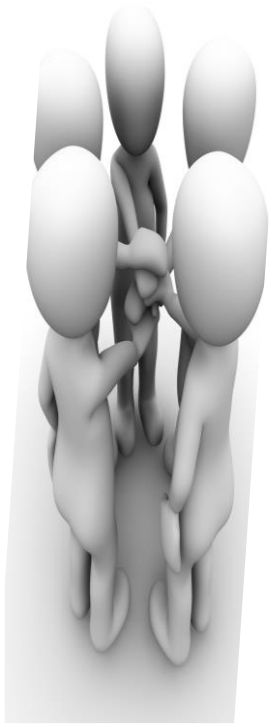
That's why we've added sharing an example of avoidable suffering at daily safety huddle. Recognizing these events will help us to have an awareness of suffering and improve our ability to reduce it. If you/your team identify an avoidable suffering scenario, consider sharing it at safety huddle as a learning opportunity for us all.

Example

- Warm blanket request
- Missed walking resident to dining room for dinner
- Poor communication to resident after wife called in to say they got home safely– not relayed to husband

Can you think of an avoidable suffering?

Facilitation of Huddle



- In the beginning, the facilitator needs to be in a leadership position
- The long-term goal is to train other leadership team and staff members to lead the huddles
- Coach the Team through facilitation - Provide support and feedback
- Leaders need to continue to regularly attend huddles, to coach facilitators, communicate huddle's importance, and monitor huddle process for standardized agenda

Huddle Facilitation Skills

- Be on time
- Keep it short
- Hear from everyone (“You work with him everyday, what do you see?”; use go-rounds)
- Probe (“Tell me more…”)
- Redirect diversions (“let’s take a deeper dive on that right after the huddle”)
- Be the guardian of the process
- Appreciate relevant information

Successful Huddles

- Consistent and reliable
- Share data
- Tell stories – from percentages to people
- Stop rumors and provide facts
- Offer teachable moments
- Are uplifting
- Well facilitated

Huddles

- Ensure everyone has the same information
  - *Everyone feels informed and up to date*
  - *Everyone knows who tested positive or negative and who is on the resident watch list*
  - *Everyone knows the latest guidance*
- Promote communication and relationships between point of care staff and leadership teams
  - *Everyone's input is requested*
  - *Everyone is a part of identifying issues, sharing unique perspectives and participating in group problem-solving*
  - *Everyone knows they are being heard and are valued*

Waterfall question

As you think about the information presented, reflect back on how your current communication mechanisms/huddles with your point of care staff compare to the huddles best-practices just presented ?
What would you want to work on?
What is working? What is not working?

Maybe you are only doing huddles with leadership team, if so how has this information made you consider a different approach?

QI Minute: Testing Huddles using PDSA

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Plan Do Study Act

PDSA: Learn in Small Doses

- Try out the idea on one day with a small number of staff/residents, gather and incorporate the feedback.
- Use **staff feedback** to **iterate and improve the idea**; Stack the deck in your favor so that the idea is most likely to succeed and gain the buy in.
- **Communicate the plan** and next steps. Learn from small samples, get your process working, and then spread.
- **Celebrate** and share successes; **learn from failures**. Acknowledge that the process and humans are imperfect...and that's ok. Thank staff for sharing their feedback and openness to change.

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

Testing Huddles

Plan: on Monday we will test the new huddle format at 9:00am with staff on Birch Neighborhood. Huddle will be run by DON for 15min at the nursing station. All available staff invited.

Agenda will include:

- Staff shout outs
- Current State
- Point of care staff observations, needs and requests
- Follow Up
- New Guidelines, News or Announcements
- PIP Update
- End with Positive story

Testing huddles

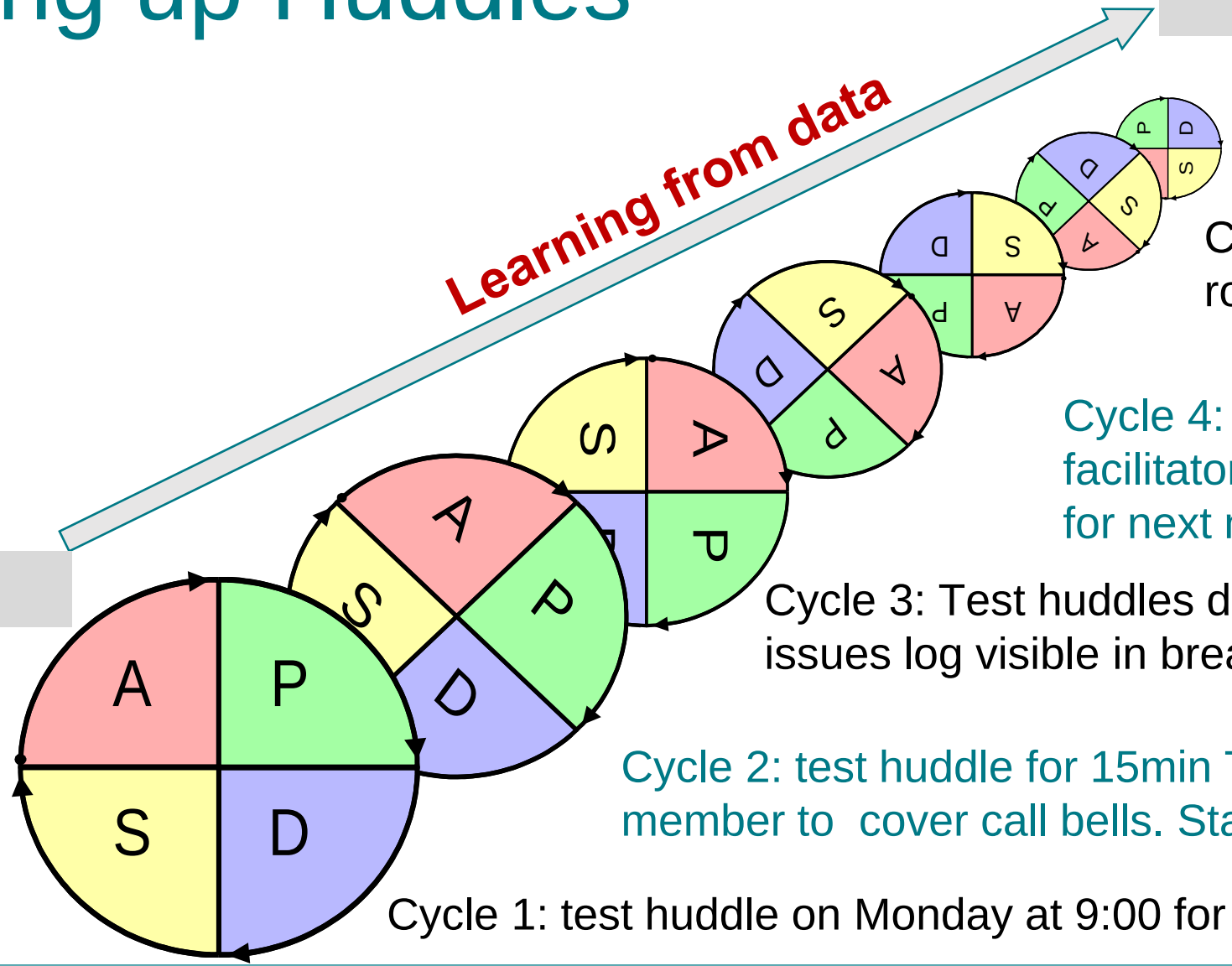
Do: Test was run but staff were pulled away from huddle to answer call bells. Meting went over as we got pulled into a conversation around a specific resident.

Study: Huddle was a great way to engage staff and allowed leaders to convey key information quickly. Staff were distracted by residents needs during the huddle and we found we needed a way to plan for follow-up conversations for longer discussions.

Act: Repeat huddle on Tuesday at 9am. 2 staff will be designated to cover residents needs during huddle so point of care staff can participate. Ideas and Issues log will be started.

Scaling up Huddles

Reliable Daily huddles



Cycle 5: make part of daily routine

Cycle 4: Rotate huddle leader facilitator, time keeping and continue for next month.

Cycle 3: Test huddles daily for next week, make issues log visible in break room. Assign timekeeper

Cycle 2: test huddle for 15min Tuesday, Designate team member to cover call bells. Start ideas and issues log

Cycle 1: test huddle on Monday at 9:00 for 15min

No huddles

Current Huddle Outline Version

Reminder: Huddles are a time for leaders to engage the frontline. So try to "Ask, not tell". Thanks for all you're doing to make this successful!

Opening

- ☐ Introductions
- ☐ Shout Outs and recognitions

Our Team (Foster Unity)

- ☐ Announcements
- ☐ Recruitment updates
- ☐ Employee safety issues
- ☐ Tools/supplies

Our Patients &families (Own the Moment)

- ☐ Patient and family safety issues
- ☐ Patient and family clinical issues
- ☐ Patient and family experience issues
- ☐ Avoidable suffering

Continuous Improvement (Champion Excellence)

- ☐ Metrics
- ☐ Were you able to_____?
- ☐ Remember to_____?

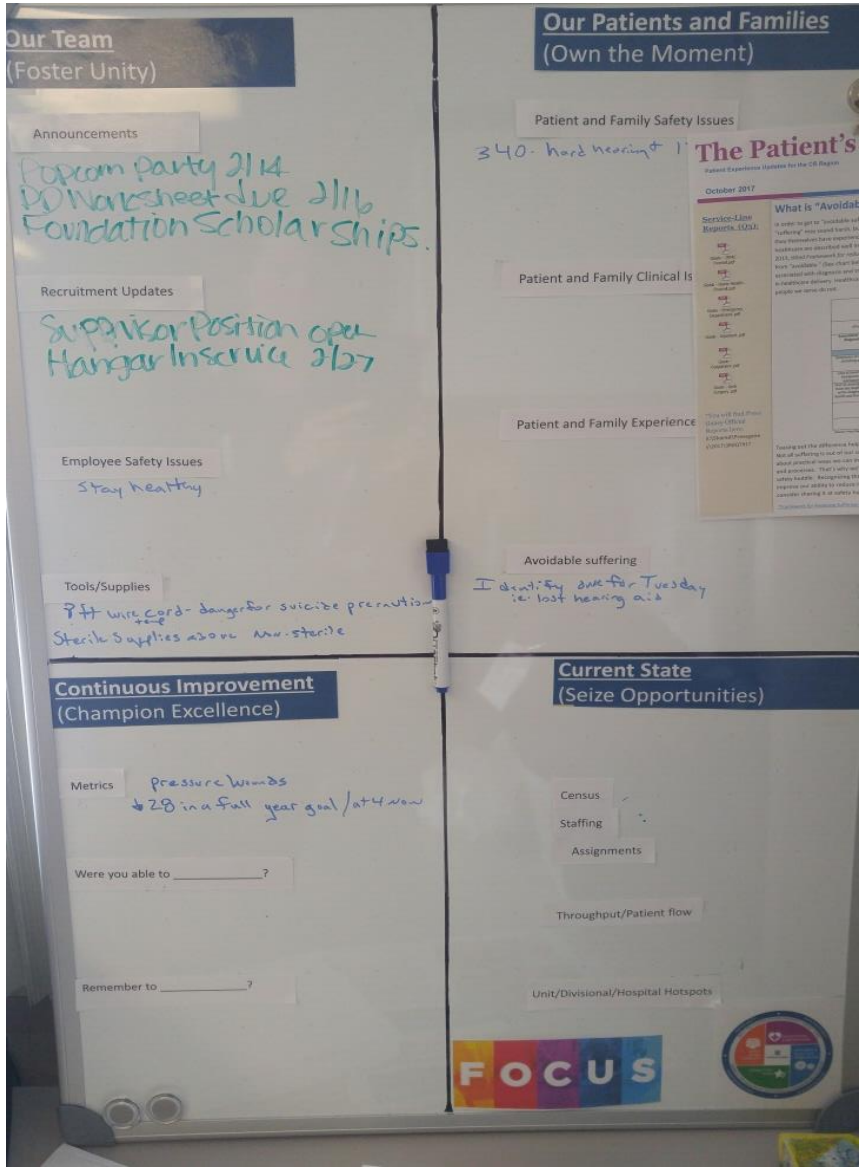
Current State (Seize Opportunities)

- ☐ Census
- ☐ Staffing
- ☐ Assignments
- ☐ Throughput/Patient Flow
- ☐ Unit/Divisional/Hospital hotspots

Closing

- ☐ What matters most to you today?
- ☐ Positive send-off

Using Visual Boards



Short Term Win

- Initial PDSA's with One Department
  - Department leaders quickly saw the teamwork enhanced with the improved communication. (Shout out's very positive) e.g., Asked staff what matter most to them today- pies- and they got pies later in the day
  - Survey results
  - Staff attendance - now a norm and staff excited and others want to attend
  - Over time there was more asking not telling
  - More robust bidirectional communication
  - Better understanding of environment

How will we know that a change is an improvement?

- Outcome measures
  - Huddles improved staff communication on the unit
  - Huddles fostered a sense of empowerment on the unit
  - Huddles created an improved sense of community on the unit
  - Huddles improved efficiency and quality of information sharing
- Process Measures
- Percent of huddles that addressed all key elements of content bundle Goal: 90%

Testing Changes and Designing Reliable Processes

- Keep tests small, be specific. Remember- one test of change informs the next
- Specify the who, what, when, where and how for the process (standard work)
- Understand common failures to redesign the process to eliminate those failures
- Learn what really happens compared to what is described
  - Observe and ask “why?”
  - Get to the root causes of current performance
- Expand test conditions to determine whether a change will work at different times (e.g., day and night shifts, weekends, holidays, when the unit is adequately staffed, in times of staffing challenges)

Influencing Your Team: The Value of Small Tests of Change

"Go slow to go fast!"

- The more series of testing cycles teams complete, the more teams learn
- The more teams work through learning, the more they are capable of making improvements
- If you are not abandoning some tests, you are not testing enough
- There is a lot to learn from a failed test

Leave in Action: 3 things to try this week

- Review your current practice re: huddles
  - What's working well?
  - What could be improved?
- Try a huddle with a set agenda based on the guidance provided
  - *Tip: insure everyone stays standing to keep them quick, 10-20min MAX!*
- Connect with staff in the huddle to ask what they thought of the new format

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.

Slide Resources

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

Resources and References

Rapid displacement of SARS-CoV-2 variant B.1.1.7 by B.1.617.2 and P.1 in the United States
https://www.medrxiv.org/content/10.1101/2021.06.20.21259195v1

COVID-19 Had a Devastating Impact on Medicare Beneficiaries in Nursing Homes During 2020
https://oig.hhs.gov/oei/reports/OEI-02-20-00490.asp

Thank you!