

# UNMC College of Public Health ECHO

July 7, 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 – **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](mailto:Krista.Brown@unmc.edu)
- **Today we are wrapping up the " Leadership Communications " content and will ask you to vote for the content you would prefer to address next – there are 4 choices.**

# Week 12 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1215	COVID-19 Update	Deborah Levy
1215 - 1220	Poll Question: Voting for Next Core Domain	Krista Brown
1220 - 1300	Intentional Rounds & Technology Leadership Communication	Peg Bradke Kristi Sanger
1300 - 1330	Optional Q&A, Discussion, and Coaching	Public Health Core Team

# Core Domains

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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 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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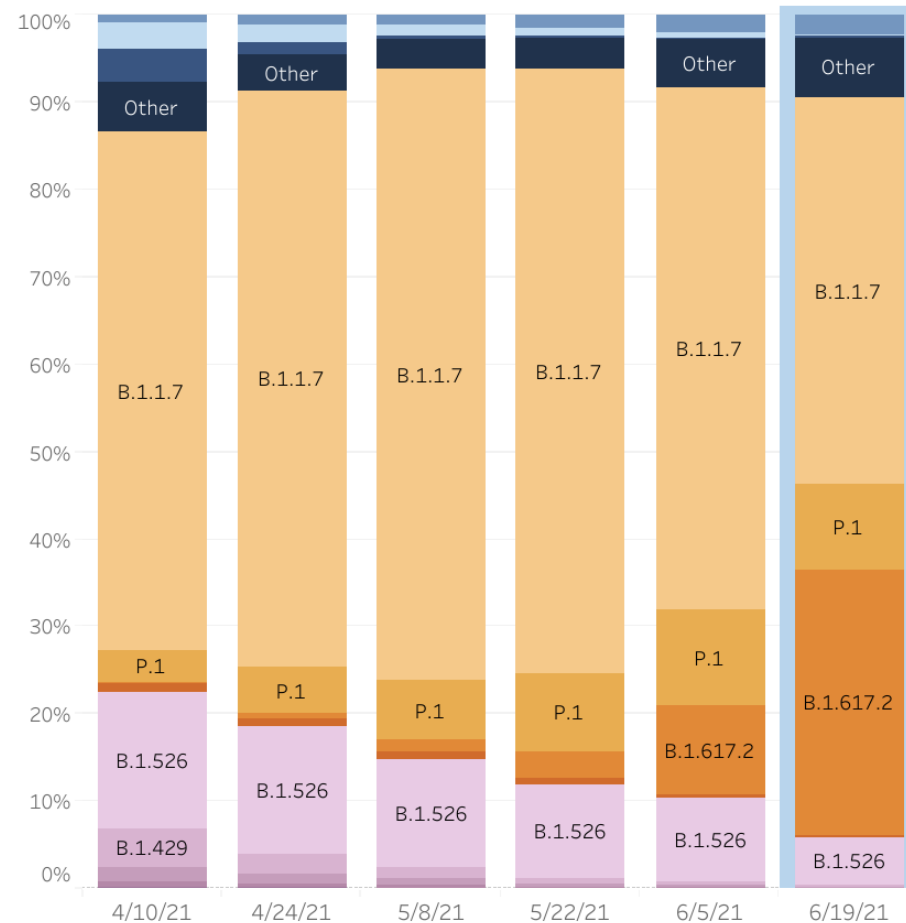
# COVID-19 Update – State of Nebraska as of 7/6/2021

- COVID-19 rates were presented

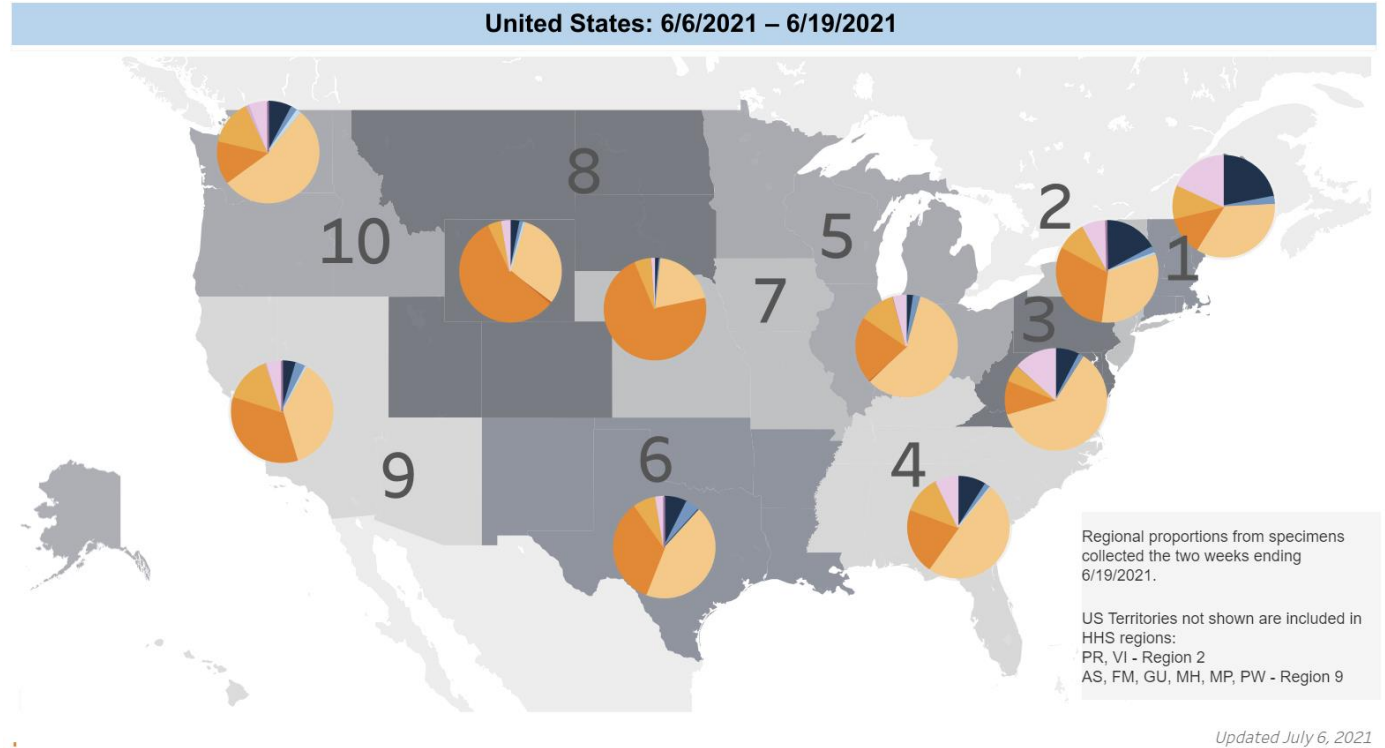
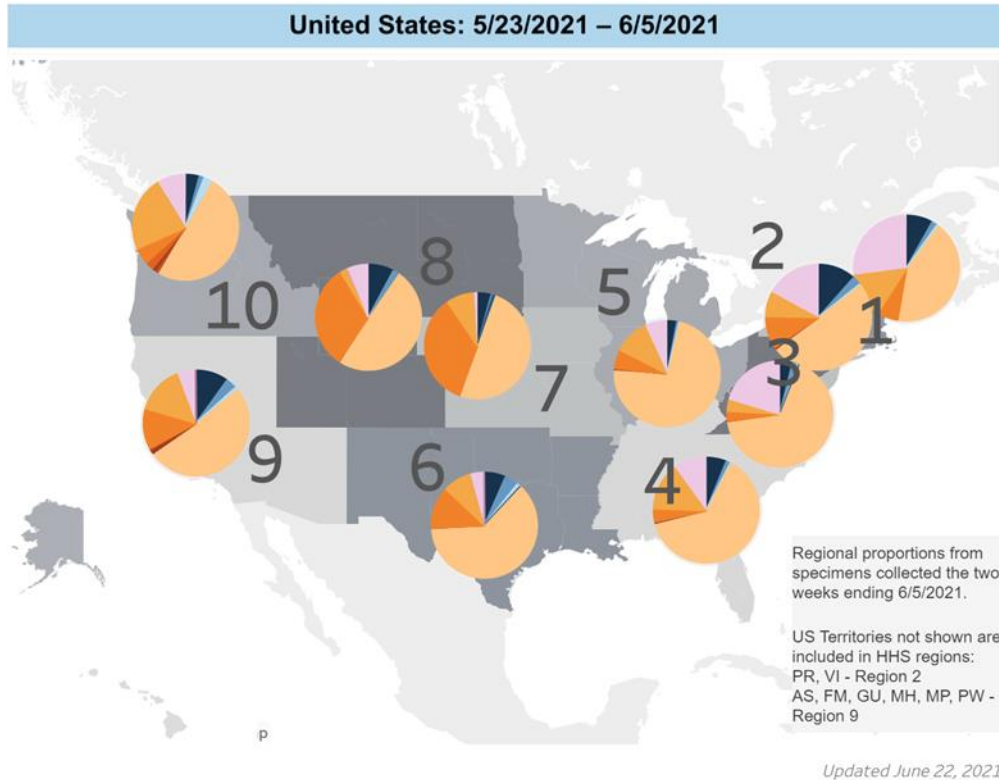


# CDC – Percent Viral Lineages as of 7/6/2021

United States: 3/28/2021 – 6/19/2021



# CDC – Regional Proportions as of 7/6/2021



# COVID-19 Update – US and Israel

## ■ US

- Delta variant accounts for 72.0%, Alpha for 20.1%, and Gamma for 5.1% in Region 7
- Delta variant likely to trigger another moderate surge of infections through many parts of the US because of pockets of unvaccinated people
- Ten states have seen a 25% increase in COVID-19 cases
- South, Southwest, and Midwest have 3x higher rates of new cases than the US overall
- Delta and Gamma variants are causing the majority of vaccine breakthrough cases

## ■ Israel

- Pfizer-BioNTech vaccine effectiveness in preventing infection appears to have fallen to 64%
- Multiple experts questioned these findings but acknowledged vaccine's effectiveness is likely much lower than the 91% efficacy that Israel reported in March
- Delta variant is now responsible for 90% of the COVID-19 cases in Israel

# CDC – Number Vaccinated as of 7/6/2021

## Total Vaccine Doses


Delivered 383,068,840

Administered 331,214,347

**Learn more about the distribution of vaccines.**

**157.6M**  
People fully vaccinated

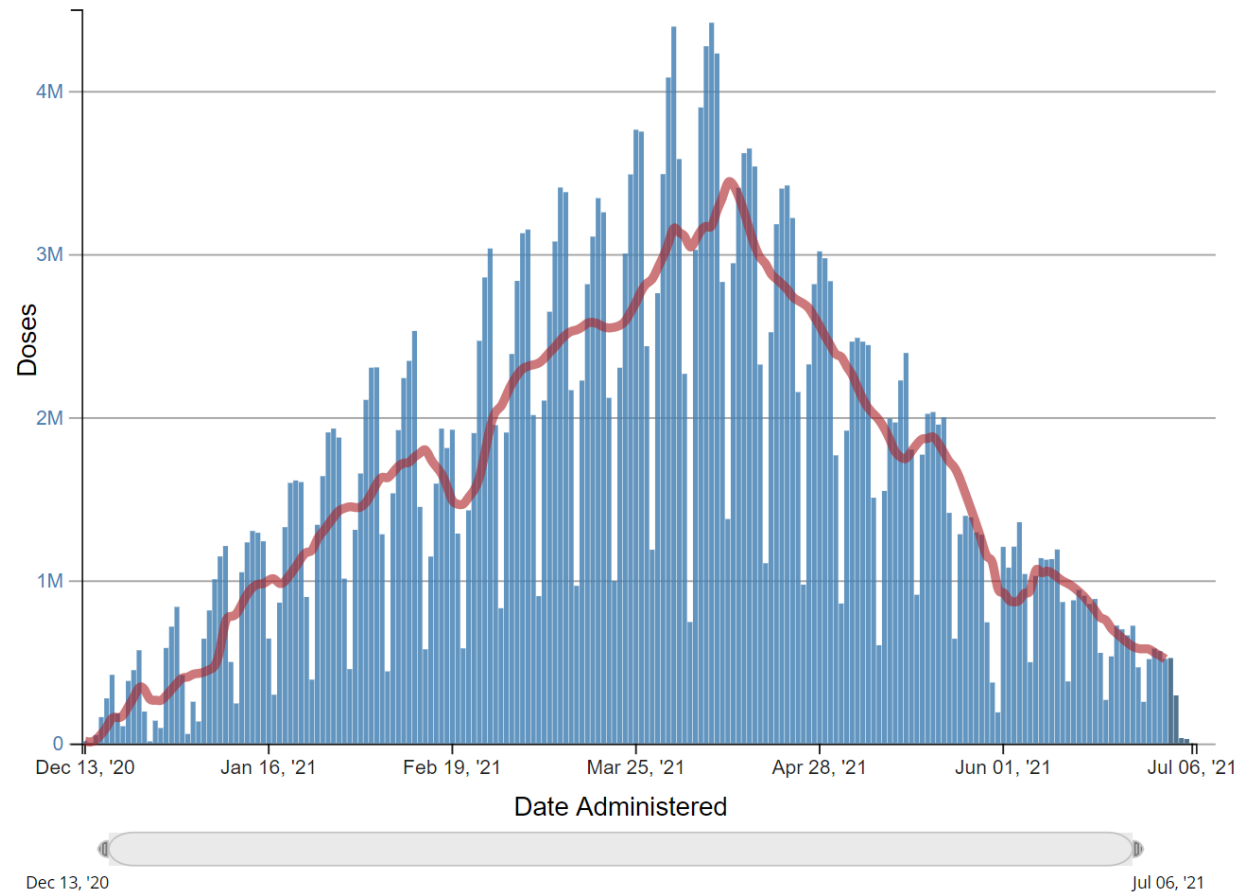
People Vaccinated	At Least One Dose	Fully Vaccinated
Total	182,714,064	157,636,088
% of Total Population	55%	47.5%
Population ≥ 12 Years of Age	182,491,459	157,508,254
% of Population ≥ 12 Years of Age	64.4%	55.5%
Population ≥ 18 Years of Age	173,415,466	150,566,265
% of Population ≥ 18 Years of Age	67.1%	58.3%
Population ≥ 65 Years of Age	48,356,201	43,018,851
% of Population ≥ 65 Years of Age	88.4%	78.6%

 About these data

CDC | Data as of: July 6, 2021 6:00am ET. Posted: Tuesday, July 6, 2021 3:36 PM ET

# CDC – Daily Count of Total Vaccine Doses Administered as of 7/6/2021

Daily Count of Total Doses Administered and Reported to the CDC by Date Administered, United States



# Poll Question

Krista Brown

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# Poll Question: Select our Next Module

## 1. Ongoing COVID-19 identification and treatment

**Objectives:** Create a reliable process for the daily monitoring and assessment of residents, staff, and visitors for COVID-19. • Create a reliable process for communicating changes in resident risk of COVID-19 among care providers. • Create a reliable process for rapid response to COVID-19 exposure, risk, or diagnosis. • Improve and revise the reliability of your facility's COVID-19 outbreak response plan. • Improve processes to rapidly identify the treatment options most appropriate for residents with a new COVID-19 diagnosis.

## 3. Vaccinations – testing, vaccine confidence, ongoing compliance

**Objectives:** Share the most up-to-date facts about the current COVID-19 vaccines using recent data. • Teach staff ways to build trust with those still hesitant to get the vaccine, address barriers, and use evidence-based techniques to lead effective conversations on vaccine hesitancy. • Address current, common questions about the available vaccines so that staff can share accurate information with peers and other team members, residents, and families. • Offer practical strategies to address the misinformation and disinformation spread via social media that acts as a barrier to vaccine acceptance. • Provide key steps for developing a vaccination continuation program in long-term care.

## 2. Stopping the Spread: Sustainable Infection Prevention

**Objectives:** Provide clear leadership and adequate resources to support infection control. • Promote and monitor for reliable processes around Hand hygiene. • Create reliable systems and processes around Infection surveillance. • Promote immunizations and engage employees in infection prevention and control best practices. • Implement reliable processes around antibiotic/antiviral stewardship.

## 4. Addressing & supporting the needs of residents and families

**Objectives:** Emphasize person-centered care as the foundation to discover what is important to residents and families. • Integrate trauma screening to identify post-traumatic stress and triggers in order to avoid retraumatizing residents. • Engage staff in strategies to respond to expressions of distress by identifying feelings and needs with the language of Nonviolent Communication (NVC). • Support person-centered care by enhancing staff capacity and comfort to be present with grief. • Support residents' needs for connection, to matter, and to be understood by building resource enhancement grounded in person-centered care into daily interactions.

# Huddles Follow up, Rounds, & Technology

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# Follow up - Huddles

- How are Huddles going?
- Did you change anything or implement anything new from the Huddle module information?

# Leadership Rounds/Observations

David Farrell, MSW, LNHA

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# Opening Waterfall Question

- Please share from the last week:
  - One challenge  
and
  - One silver lining moment
- How did you communicate to staff and residents the challenge and silver lining?

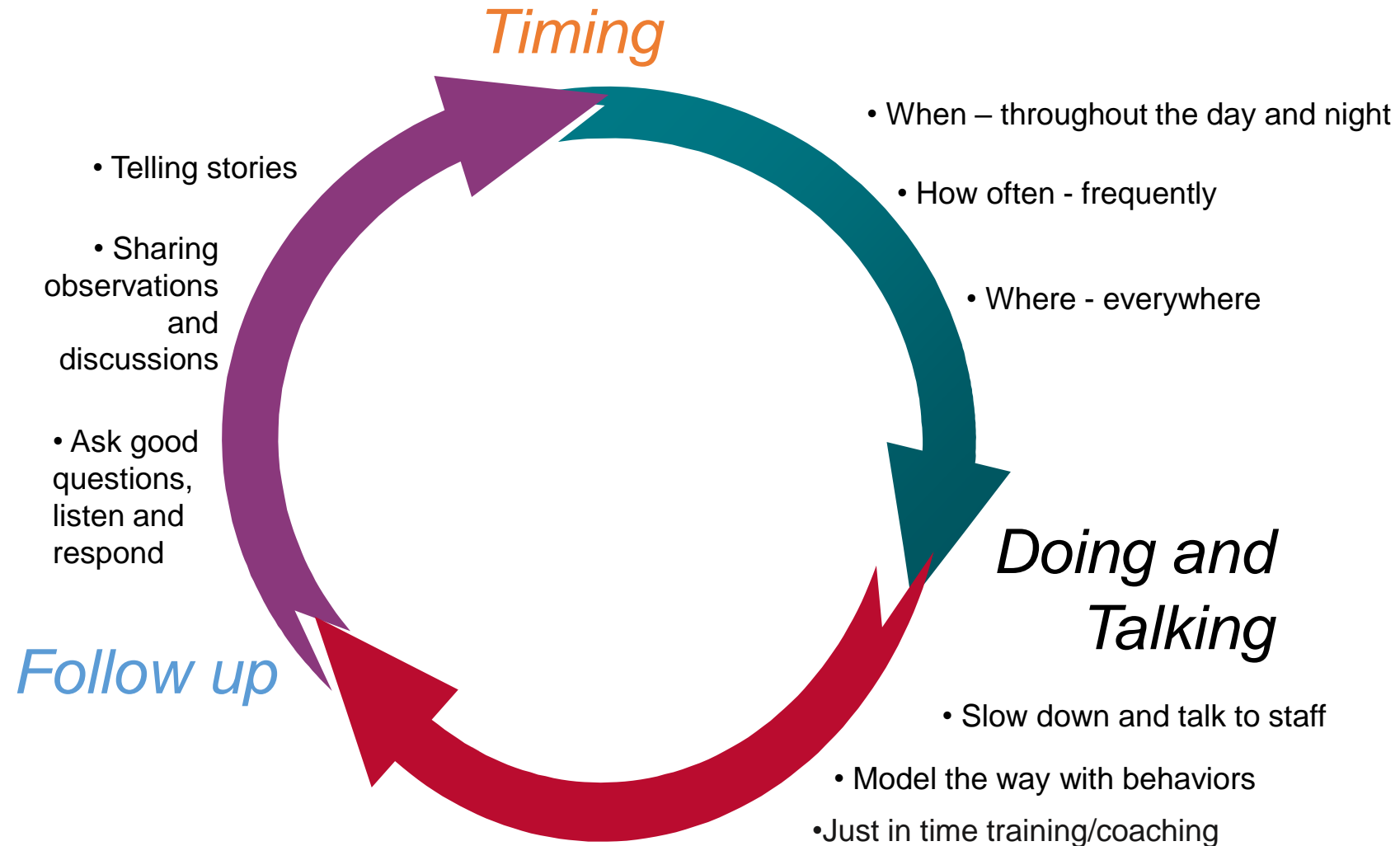
# Leadership Rounds

Establish consistent and effective leadership rounds throughout the facility as a critical method to observe care being delivered, connect with staff and residents.

## Balancing Performance with Compassion



# Effective Leadership Rounds



# Rounds – What You Say and Do

Trigger higher performance -

- Say - “I am worried about...I am proud about...thanks for helping her with that...that was nice of you...the residents really love you...I notice that you really care...thanks for being here today...I really like working with you”
- Do – Answer call lights...hold doors open...sit in the break room... don the PPE and sit at the end of a resident's bed and talk to them...carry a leftover food tray back to the kitchen...move a linen barrel to the right spot...slow down...go look everywhere...

# Key Questions to Ask Staff During Rounds

- **Relationship building**
  - “How is your family and how are your beautiful kids doing?”
  - “What talents/interests do you have we have not tapped into?”
- **Focus on the positive**
  - “What is working well to keep everyone safe today?”
  - “How do you like to be recognized?” or “What makes you feel valued here at work?”
- **Positive feedback loop**
  - “Is there anybody that you are working with who has gone above and beyond the call of duty today?”
  - What can I do, more or less, of as your manager?”
- **QI – Infection Control**
  - “Is there anything we can do better to keep this virus or other safety risks out or contained today?”
- **Needs**
  - “Do you have the PPE, enough coworkers and the right information to do your job well today?”
  - “Is there anything you could stop doing that won’t be missed or impact our quality of care?”

# Observation Tips

- Let them know what you are observing and the “Why”  
“I’m here to observe and problem-solve with you to ensure that we achieve consistency.”
- Identify what went well and one area of opportunity  
“What did you think went well? What would you do differently next time?”  
“ I would agree with you and add”
- Ask for commitment to the improvement  
“What is the most important thing to work on right now?”  
“Will you commit to working on \_\_\_\_\_”



Always close with a thank you and when you will be checking in again



# Follow Up After Leadership Rounds

- Keep handwritten notes during rounds
- Let staff know that they were heard and they are instrumental to the success of the facility
- Next time you see the person, update them
- Bring certain issues raised by individuals to the larger group during huddles
- Invite staff who helped identify an issue to join a PIP team
- Assure they feel connected:
  - Emotionally
  - Socially
  - Spiritually

# Discussion

- When conducting rounds, where do you go, what do you do, and who do you generally speak with?
- How many members of the leadership team make regular rounds?
- What do team members share when they see a leader making rounds?

# QI Minute: From Rounds to PIPs

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# Implementation Science: Coaching Your Team

- **Role model**
- **Observe**
- **Mentor**
- **Reward**



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# Observation and PIPs

## Why Observation?

- What actually happens Vs what we think/wish happened
- Be visible and present (combine with inquiry with residents and staff)
- Get others involved
- Focused on learning not judgement

## What we're looking for?

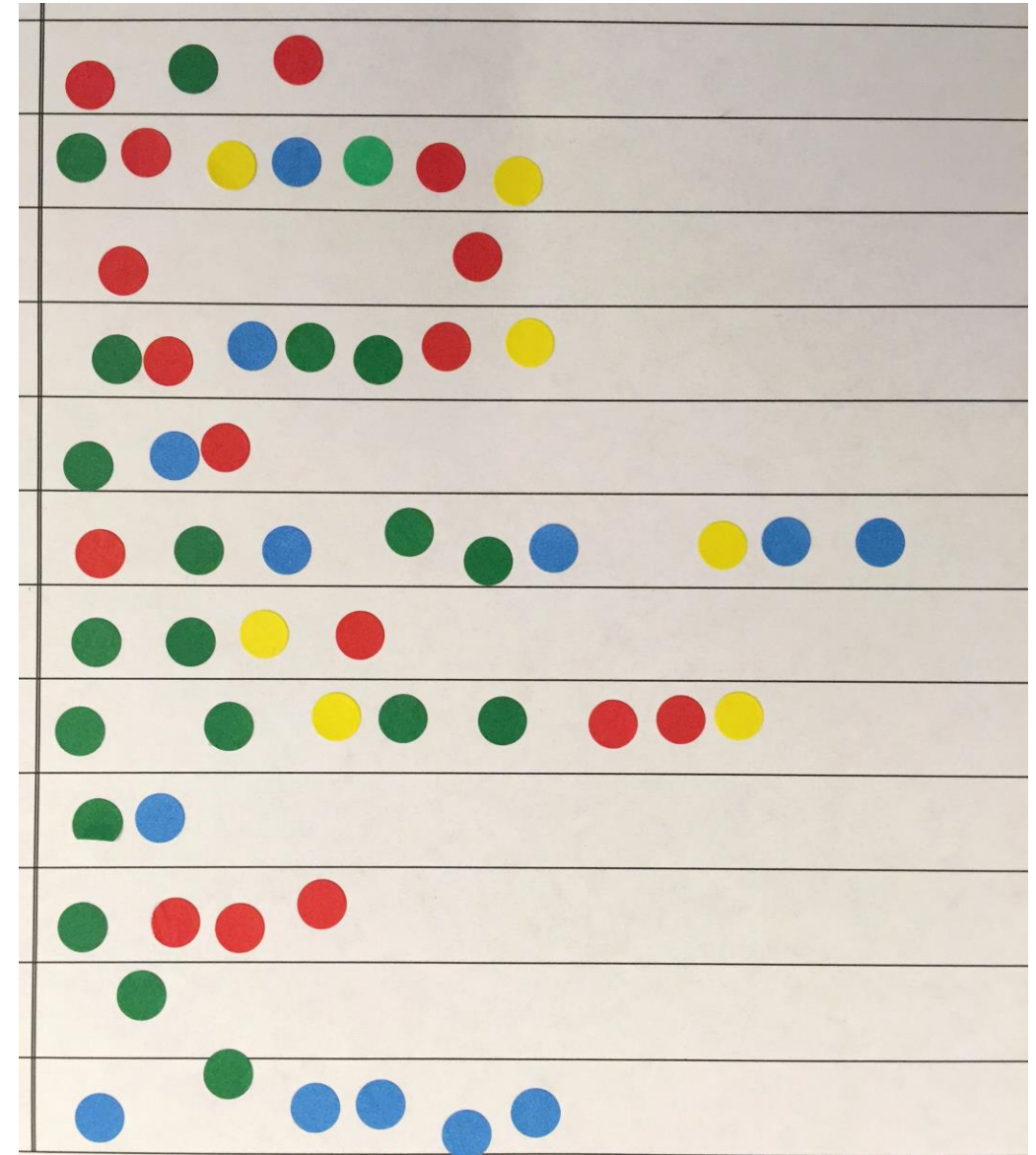
- What was unfolding was expected?
- What was a surprise?
- Could you identify any potential improvements?
- What were the reactions to your observation?

# Tracking what you see and hear

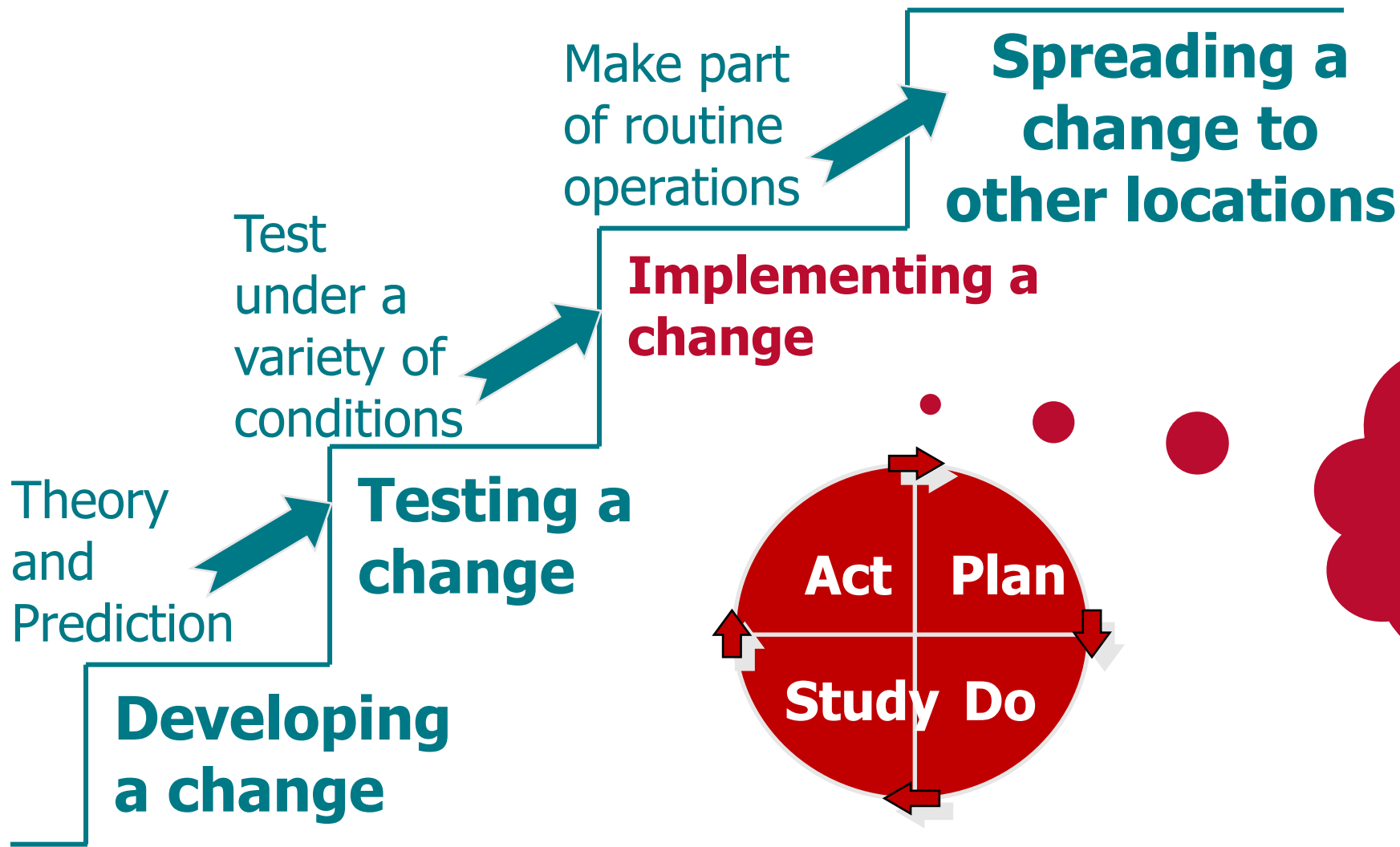
- Rounds are the perfect time to track themes in what you see and hear
  - What are the most common issues that you observe related to covid-19 response
  - What the most common ‘pebbles in the shoe’ of staff
  - What are some ideas that are brought forward by residents and staff that could become a PIP?
- How are you tracking these to bring back to staff at huddles and discuss?
- How are you using this information to inform future PIPs?

# Dot voting

- Simple list of options
- Give everyone a set number of dots
- Allow them to indicate preference
- Review as a group and discuss next steps







# Laying the groundwork during testing

- Testing under a wide range of conditions
  - If change is successful under different circumstances, we are more confident it will hold over time
- Reduce the likelihood of mistake or error
  - Is there a way to alter the system so that the correct way is the only way
  - Are we using any technology triggers we can (reminders etc.)
  - Do we have ways of providing immediate feedback if action not done correctly

# Testing VS Implementation

## Testing

Not Permanent  
Minimal supporting  
process changes needed  
Focus on learning  
at minimal risk  
Failure expected-even  
planned  
May not effect everyone

## Implementation

- Become part of routine
- Supporting processes changed (improved)
- Performance should be close to predictions (less learning)
- Greater people impacted
- Can take longer

IG pg 174



**Leadership is not  
wielding authority;  
it's empowering  
people.**

*Becky Brodin*

# Leave in Action: 3 things to try this week

1. Review your current practice re: rounds
  - What's working well?
  - What could be improved?
2. If you don't already, test rounding 2-3 days next week. If you already engage in daily rounds, see if you can add any of the suggestions from today to your process
3. Pick a central process in your facility to observe for 10min in the next week. See what you can learn for future tests of change.

# A New Frontier: Technology

Leverage technology to support effective and timely communication

Content contributions from Janine Finck-Boyle, MBA/HCA, LNHA  
Vice President, Regulatory Affairs, LeadingAge

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# Chat Waterfall



What is one new technology practice that emerged during covid that you want to keep moving forward?



# Pandemic 1135 Waivers – CMP Grants

- 1135 Waivers during the PHE issued in 2020
  - Clinical practice
  - Social isolation
  - Visitation
  - Regulatory aspects of survey
  
- Civil Monetary Penalties Grant Funding during COVID-19



# A Journey to Telehealth in Nursing Homes

- Know the rules, regulations, and timeframes
- What network needs do we need
- Policies and procedures
- Resources
- Education
- Testing
- Privacy

Major Benefit for MD face to face time:

- Decrease ED Visits
- Decrease EMS calls
- Decrease Readmissions.

# Challenges

- Staffing
- Infrastructure
- Funding
- Equipment
- Support

# Processes to Consider

- What are your documentation standards? Is it standardized and reliable?
  - EMR remote access has been a great benefit, but the correct information must be in the EMR
- Is staff well educated/trained on the process to facilitate virtual? What is our process for care conferences? How do we schedule/facilitate?
  - Virtual technology allows for new ways enhance family involvement but mostly like will take a little more staff time
- How do we assure quality/efficient virtual calls to our medical directors?
  - Virtual technology allows increase face to face time and access to medical directors. We don't want to abuse, so are we using SBAR communications
- What is process to conduct virtual pharmacy reviews?
- What is appropriate for virtual vs face to face?
- How do you structure visits?
- When is it appropriate for resident to leave for an appt. vs doing virtual?

# Simple Steps towards Best Practices



Telehealth liaison



Workload



Creativity



Funding

# Discussion

- Did your organization implement new (or capitalize on existing) technology during the pandemic?
- What were the outcomes? Solutions and challenges?
- How do you monitor the effectiveness?

# Wrap Up

- What have you been focused on improving in the last week?
- What has your leadership been struggling with? What has been a success?
- Did you have a challenge in the last week you would like to share – Was there a solution?
- Could you share a silver lining moment? – How did you communicate to staff and residents the silver lining?

# Vaccine Resources and References

Use of mRNA COVID-19 Vaccine After Reports of Myocarditis Among Vaccine Recipients:  
Update from the Advisory Committee on Immunization Practices — United States, June 2021  
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm>

ACIP Presentation Slides: June 23-25, 2021 Meeting  
<https://www.cdc.gov/vaccines/acip/meetings/slides-2021-06.html>

# Thank you!

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