UNMC College of Public Health ECHO

July 21, 2021

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 the module of "*Addressing and Supporting Needs of Residents, Families, and Care Partners*"**

- **Next week we would like to include a discussion of Adam Grant's NY Times article on "languishing"**

Week 14 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1215	COVID-19 Update	Deborah Levy
1215 - 1300	Addressing & Supporting Needs of Residents, Families, and Care Partners	Peg Bradke Matt Beacom
1300 - 1330	Optional Q&A, Discussion, and Coaching	Public Health Core Team

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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 ✅

Chat Waterfall

- What is top of mind for you?

- Has anything been particularly challenging or frustrating that you would like help advancing?

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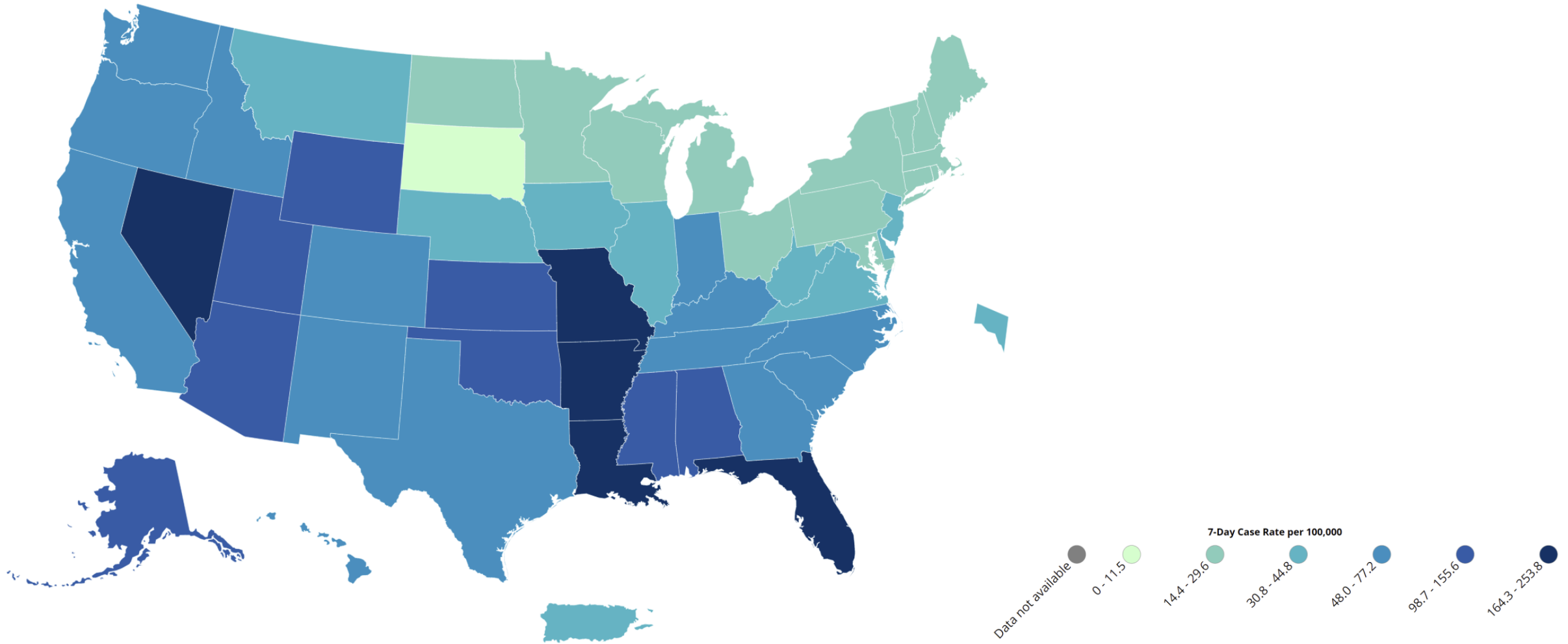
Current State of the Pandemic

COVID-19 Update – State of Nebraska as of 7/20/2021

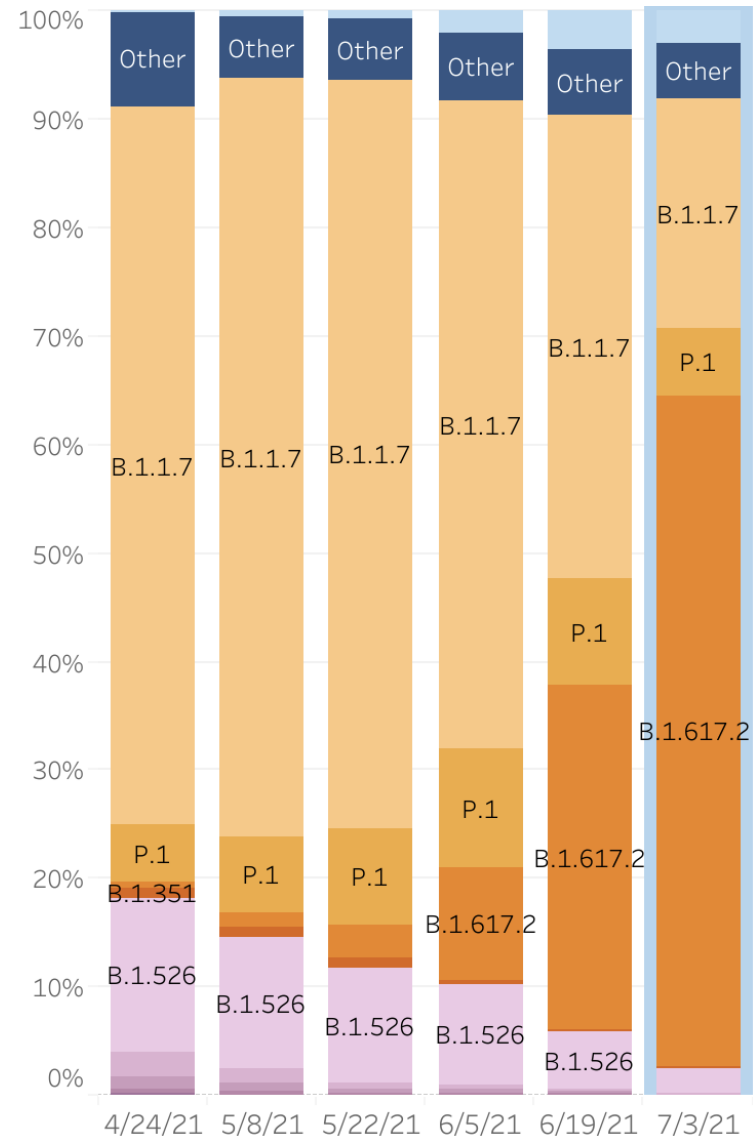- Data on Nebraska COVID-19 rates were presented

COVID-19 Update – US

- Region 7 – 91.9% Delta and 6.9% Alpha variants

- Case numbers are 10% higher than the previous week in 48 states

- Los Angeles County cases are up 300% since July 4

- In Alabama, which has among the lowest vaccination rates, just 11 people turned up to a 3.5 hour vaccination event

- COVID-19 wards may be less packed, but patients are trending younger and sicker

- For health workers, the hamster wheel of exhausting routines continues, but the difference is that treating the willfully unvaccinated is a new strain of demoralizing

- 99.5% of deaths in people not vaccinated

- HHS announces $103 Million from American Rescue Plan to strengthen resiliency and address burnout in the health workforce, with particular consideration of the needs of rural and medically underserved communities

- U.S. Surgeon General issues advisory during COVID-19 vaccination push warning American public about the threat of health misinformation

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US COVID-19 7-Day Case Rate per 100,000, by State/Territory

7-Day Case Rate per 100,000

Data not available | 0 - 11.5 | 14.4 - 29.6 | 30.8 - 44.8 | 48.0 - 77.2 | 98.7 - 155.6 | 164.3 - 253.8

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CDC – Percent Viral Lineages as of 7/20/2021

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CDC – Regional Proportions as of 7/20/2021

United States: 6/6/2021 – 6/19/2021

Regional proportions from specimens collected the two weeks ending 6/19/2021.

US Territories not shown are included in HHS regions:
PR, VI - Region 2
AS, FM, GU, MH, MP, PW - Region 9
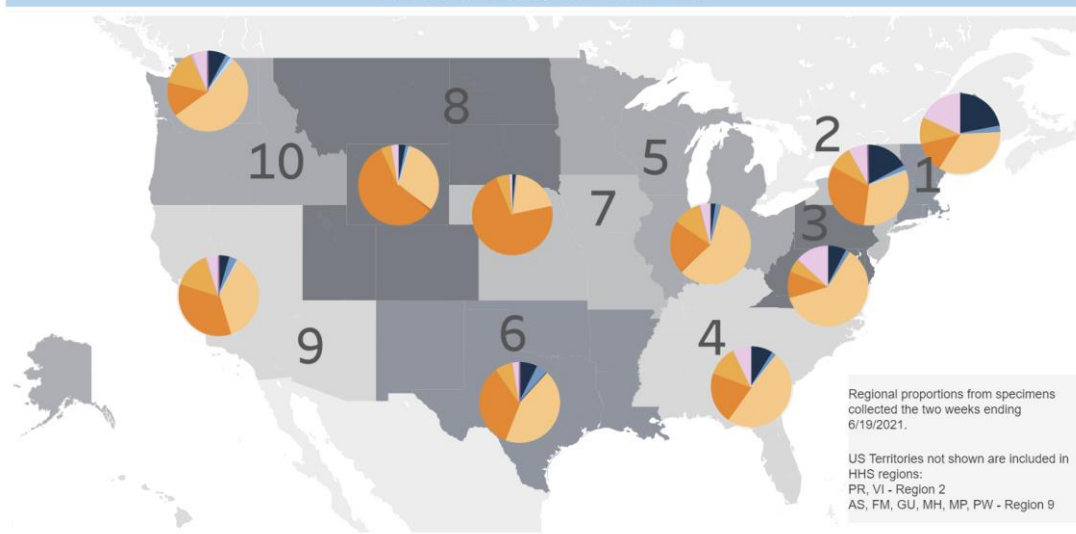
Updated July 6, 2021

United States: 6/20/2021 – 7/3/2021

Regional proportions from specimens collected the two weeks ending 7/3/2021.

US Territories not shown are included in HHS regions:
PR, VI - Region 2
AS, FM, GU, MH, MP, PW - Region 9

Updated July 20, 2021

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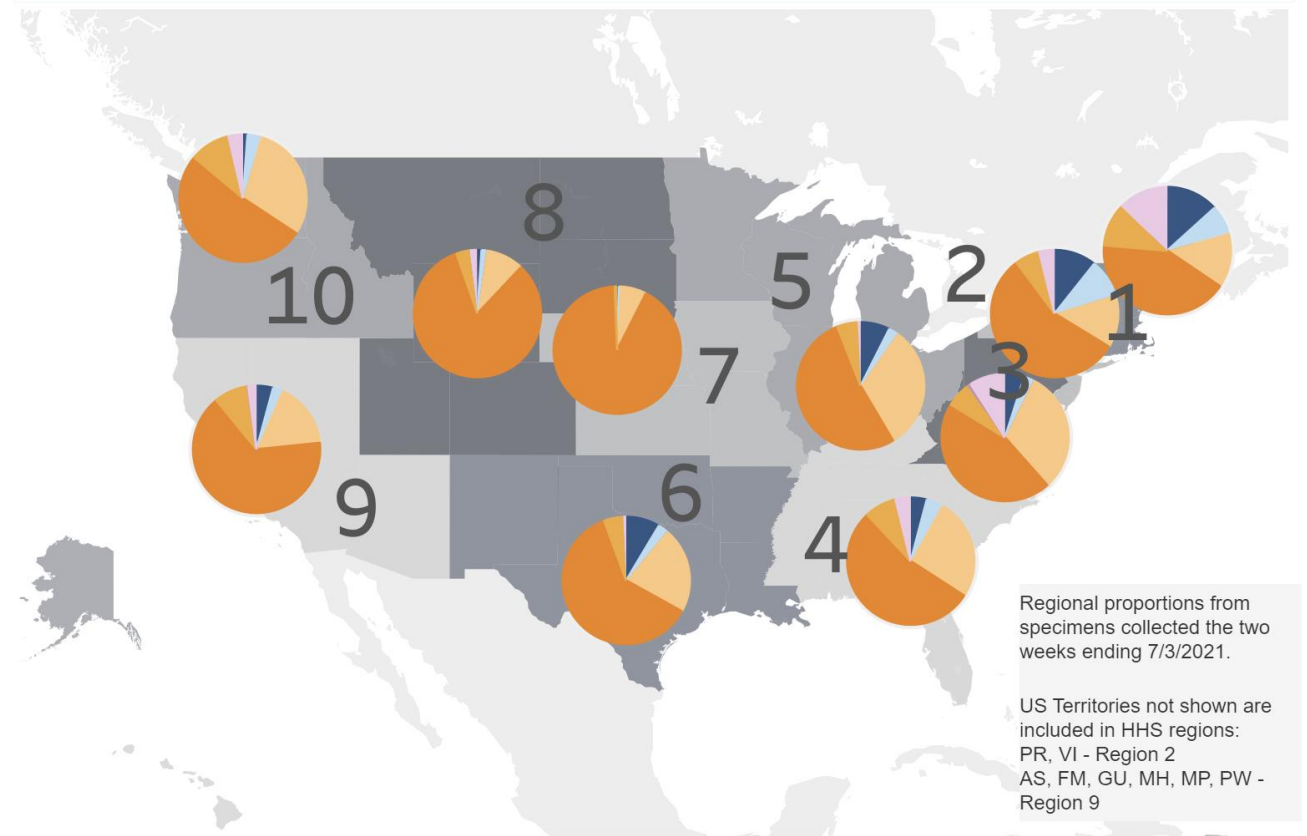
Johns Hopkins – Spread of COVID-19 Delta Variant

Spread of SARS-CoV-2 Delta Variant in the United States

Proportion of Delta Variant from Cases Sequenced

- 0 - 0.1
- 0.1 - 0.2
- 0.2 - 0.3
- 0.3 - 0.4
- 0.4 - 0.5
- 0.5 - 0.6
- 0.6 - 0.7
- 0.7 - 0.8
- 0.8 - 0.9
- 0.9 - 1

May 3-17, 2021

June 14-28, 2021

Data source: GISAID and covariants.org

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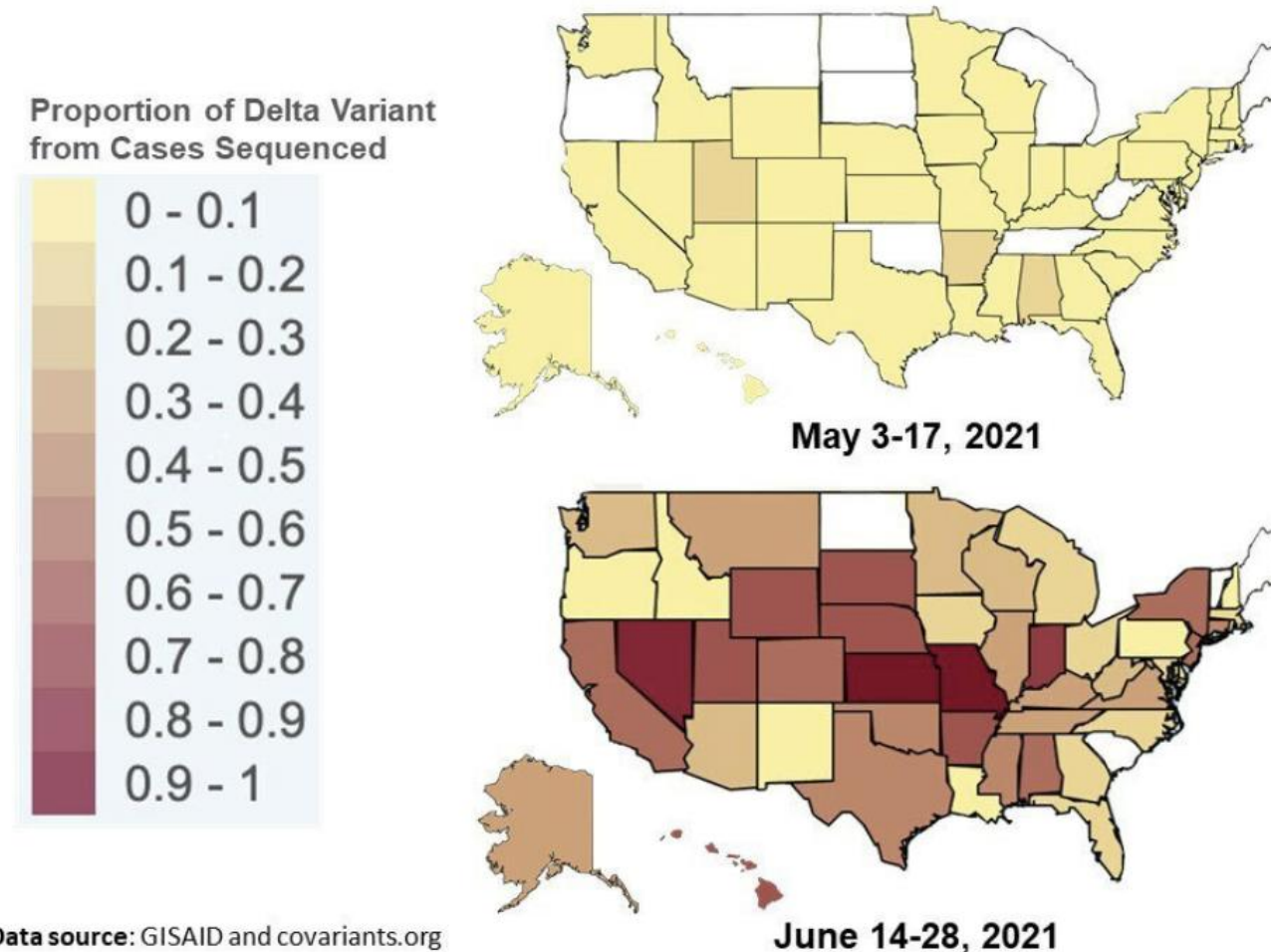
CDC – Number Vaccinated as of 7/20/2021

Total Vaccine Doses

Delivered	390,735,975
Administered	338,491,374

Learn more about the distribution of vaccines.

161.6M

People fully vaccinated

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	186,474,836	161,631,676
% of Total Population	56.2%	48.7%
Population ≥ 12 Years of Age	186,252,728	161,502,704
% of Population ≥ 12 Years of Age	65.7%	57%
Population ≥ 18 Years of Age	176,445,130	153,816,147
% of Population ≥ 18 Years of Age	68.3%	59.6%
Population ≥ 65 Years of Age	48,728,390	43,476,539
% of Population ≥ 65 Years of Age	89.1%	79.5%

ⓘ About these data

CDC | Data as of: July 20, 2021 6:00am ET. Posted: Tuesday, July 20, 2021 7:19 PM ET

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COVID-19 Update – Recent Publications (1)

- Transmission Dynamics of Severe Acute Respiratory Syndrome Coronavirus 2 in High-Density Settings, Minnesota, USA, March–June 2020
  - To determine the transmission patterns SARS-CoV-2 in these settings, whole-genome sequencing and phylogenetic analysis were performed on 319 (14.4%) samples from 2,222 cases associated with 8 outbreaks in Minnesota
  - Virus spread in 3 long-term care facilities and 2 correctional facilities was associated with a **single genetic sequence** and that in a fourth long-term care facility, outbreak cases were associated with 2 distinct sequences
  - In contrast, cases associated with outbreaks in 2 meat-processing plants were associated with multiple SARS-CoV-2 sequences
  - These results suggest that a single introduction of SARS-CoV-2 into a facility can result in a widespread outbreak
  - Early identification and cohorting (segregating) of virus-positive persons in these settings, along with continued vigilance with infection prevention and control measures, is imperative

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COVID-19 Update – Recent Publications (2)

- Outbreak of SARS-CoV-2 B.1.1.7 Lineage after Vaccination in Long-Term Care Facility, Germany, February–March 2021
  - One week after second vaccinations were administered, an outbreak of B.1.1.7 lineage COVID-19 occurred in a long-term care facility in Berlin, Germany
  - 16/20 vaccinated and 4/4 unvaccinated residents were affected
  - Despite considerable viral loads, vaccinated residents experienced mild symptoms and faster time to negative test results

- COVID-19 and the Consequences of Anchoring Bias
  - Suspicion of coronavirus disease in febrile patients might lead to anchoring bias, causing misdiagnosis of other infections for which epidemiologic risks are present
  - This bias has potentially severe consequences, illustrated by cases of human granulocytic anaplasmosis and Lyme disease

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From a Broken 4-Legged Chair to a Stable 3-Legged Stool

- Staffing Challenges

- Economic Constraints

- Pleasing Residents and their Families

- Compassionate Care

COVID-19 Addressing and Supporting the Needs of Residents and Families or Care Partners

Reframing Expressions of Distress as Feelings and Unmet Needs

Chat Waterfall

- How does your facility define your person/family centered care?

- Are there unmet needs with your visitation policies?

- When are you at your best providing person/family centered care?

- Who is accountable for the person-centered experience?

"*Are residents and their families... someone to whom we provide care? Or, Are they active partners in managing and redesigning their care?*"

Donald Berwick, M.D. *Plenty*, 2002 IHI Forum Plenary

How can we honor person-centered care for medical diagnoses and the "Person"?

Who Is THIS Person?

- Consider your screening and assessment tools or forms - do they include these types of questions?
  - Who is *this* person, not the disease?
  - What is most important?
  - What are their values and beliefs?
  - What helps support their comfort? Brings sadness? Joy?

- Involve Families and Care Partners to complete the story

What do Residents/Families want?

- Dignity/Respect

- Compassion/Empathy

- Safe – no needless harm or deaths

- Equitable – for all

- Effective – no needless pain or suffering

- Being present/listened to

- Trusting Relationship with **connections**

What they want is not rocket science. We should never overlook the simple and basic.

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Basic Human Need of *Connection*

Connection Includes:

- To be heard
- To be seen
- To be understood

Categories of Resource States (*coping strategies*)

- Personality traits

- Skills/things you do well

- Experiences/Successes/Proud moments: building something, completing an education program, finishing a painting, fostering a pet

- Hobbies

- Spirituality / Faith

- Values: compassion, community, integrity, relationships, creativity

- Emotional strengths: <u>**FAMILY**</u>, courage, patience, gratitude, faith

Nonviolent Communication (NVC) ➡ Compassionate Communication

- If violent means acting in ways that result in harm, then some of our communications could indeed be called violent. (e.g., with moralistic judgement, evaluating, demands, coercion, labels of right vs. wrong, blaming, criticizing, labeling, commanding threatening, accusing)

- We may be unaware of the impact we have

  - Speaking or thinking this way often leads to inner wounds which can evolve into depression, anger or physical violence

- NVC concepts are designed to help us think, listen, and speak in ways that awakens compassion/empathy

- NVC helps us interact in ways that leave each of us feeling more whole and connected"

Compassionate Communication

- Offers a way to listen (and observe) more deeply

- NVC has four components
  - Observation
  - **Identifying Feelings**
  - **Identifying Needs**
  - Request

Helps us move toward person-centered care with the language of feelings and needs rather than "behaviors"

Needs

Physical well-being
air
food
water
shelter
protection (emotional)
safety
movement
rest
sleep
touch
sexual expression
health
comfort
warmth

Harmony
peace
tranquility
relaxation
beauty
order
ease
predictability
familiarity
stability
balance
completion
wholeness

Autonomy
choice
freedom
time
space
independence

Power
self-esteem
confidence
dignity
inner power
empowerment
competence
effectiveness

Pleasure
to celebrate
to mourn
flow
humor
laughter
vitality
challenge
stimulation

Connection
collaboration
reciprocity
communication
company
to belong
durability
continuity
to give
to receive
to see / to be seen
to hear / to be heard
to understand
to be understood

Liveliness
to discover
adventure
passion
spontaneity
play

Authenticity
honesty
integrity
transparency
openness
self-expression

Meaning
to learn
growth
to contribute
to enrich life
hope
creativity
inspiration
purpose
clarity
awareness
liberation
transformation
to matter
participate
to be present
simplicity

Love and attention
love
compassion
care
attention
acceptance
appreciation
reassurance
affection
trust
involvement
respect
care
support
nearness
intimacy
tenderness
softness
sensitivity
friendliness

www.cupofempathy.com

https://cupofempathy.com/get-the-empathy-toolkit/

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Feelings when my needs are fulfilled

Physical feelings
relaxed
comfortable
energetic
centered
balanced
big
soft
strong
lively
in flow
full
free

Well-rested
refreshed
restored
recharged
awake
alert

Peaceful
calm
quiet
bright
zen
at ease
relieved
serene
carefree
unconcerned

Satisfied
fulfilled
satisfied
content

Cheerful
happy
amused
joyous
cheerful
delighted
ecstatic

Enthusiastic
excited
adventurous
playful
lively
eager
passionate
thrilled
radiant

Loving
tender
warm
openhearted
compassionate
friendly
sympathatic
touched

Thankful
grateful
moved
touched

Amazed
surprised
flabbergasted

Hopeful
heartened
encouraged
desirous
optimistic

Curious
fascinated
interested
engaged
involved
inspired

Confident
resolute
confident
powerful
open
proud
safe

Feelings when my needs are not fulfilled

Physical feelings
pain
limp
empty
small
smothered
short of breath
tense
wretched
sick

Sad
disappointed
dispirited
melancholic
depressed
down
gloomy
desirous
nostalgic

Regret
guilty
repentance

Worried
tense
nervous
anxious

Pain
hurt
lonely
wretched
mourning

Vulnerable
fragile
uncertain
sensitive

Tired
defeated
burnt-out
exhausted
sleepy
weary

Withdrawn
bored
detached
isolated
alienated
apathetic
cold
numb
impatient

Ashamed
guilty
embarrassed
shy

Desperate
helpless
hopeless
powerless
uncertain

Skeptical
torn
lost
bewildered
perplexed
confused

Scared
afraid
suspicious
panic
paralyzed
startled
anxious

Uncomfortable
troubled
nervous
restless
uncertain
insecure

Envious
jealous

Shocked
startled
upset
surprised
disturbed
alert
panic
overwhelmed

Frustrated
irritated
annoyed
impatient
embittered
irritable

Rage
angry
mad
upset
furious
resentful

Hate
hostile
aversion
bitter
loathing
contempt

https://cupofempathy.com/get-the-empathy-toolkit/

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Identifying and naming feelings and needs is powerful

- I feel resentful (*feeling*) that I'm not involved (*need to contribute, to collaborate*) with the discussion and decision

- I'm afraid (*feeling*) and need safety (*need*)

- I'm grateful (*feeling*) that she listened (*need to be heard*) to me

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Empathy (Attuned Listening)

- In the context of being present with a resident/family in a state of distress
  - Look for the humanity *even if you do not like or agree*
  - Seeing our shared humanity means seeing that we all have the same needs (we may just choose to get them met in different ways)

- Sending the message verbally and non-verbally to the speaker that you want to hear them
  - I'm here, I care, and I have time (*to listen*)

- What is this person yearning for?
  - Listening to the feelings and needs; not the words

Kathy Simon,
https://www.kathysimonphd.com/

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Connect BEFORE Problem-Solving

- We are socialized to react or respond immediately
  - We are so used to reacting immediately, it takes intentionality and practice *to slow down and listen fully* before responding

- Empathy is the SKILL to move from conflict to connection
  - Take the time to see what is really going on with the other person before I choose to express myself or to engage in any type of problem-solving

- Separation between listening and expressing - we must slow down

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Dementia Friendly Empathy

- *Authenticity*: Do you want to say or do what's really in your heart?

- *Care*: Do you want to know that I care?

- *Compassion*: Would you like to know that others have a sense of how hard this is for you?

- *Contribution*: Would you like to be able to help?

- *Mourning*: Do you want to show how sad you feel?

- *Inclusion*: Would you like to be part of what is happening?

- *Purpose*: Do you want to know what this is for?

- *Play*: Do you want to have fun?

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Visitation Empathy (CMS)

- Facilities should allow for responsible indoor visitation at all times and for all residents, regardless of vaccination status of the resident, or visitor, unless certain scenarios arise that would limit visitation for:……..

Compassionate Care Visits

- Visits for compassionate care, such as an end-of-life situation or a residents in decline or distress should be allowed at all times for any resident (vaccinated or unvaccinated), regardless of the above scenarios. In addition, facilities and visitors should continue all infection prevention and control practices

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Grief and Mourning

- **Grief** is internal – sadness, anxiety, anger, longing to be with someone, thoughts, and memories

- **Mourning** is external, something that is shared with others in some type of action, symbol, ceremony, or ritual that activates social support

To mourn is a basic human need

https://www.funeralbasics.org/what-is-the-difference-between-grief-and-mourning/

https://www.therecoveryvillage.com/mental-health/grief/related/grief-vs-mourning/

Being Present with Grief

- Gently inquire about grief in interactions with residents/families
  - Acknowledge feelings of loss
    - Are you sad, worried, shocked, angry?

- When resident/family is in struggle (e.g., grieving or mourning):
  - Offer calm and quiet presence (relaxed posture, model breathing)
  - Focus on listening, not fixing/solving
  - Allow unhurried time for response and expression
  - Acknowledge the struggle, "This hurts so much."
  - Allow for tears and other expressions of grief
  - Ask what the grief feels like, e.g., "Is the grief like a wave?"

Tendency to Minimize or Trivialize Grief (Mourning)

General discomfort for expressions of grief (mourning) and ways that we use language to stop our own or others' mourning:

- Changing the subject

- Trying to see the bright side, "The gift in this is…"

- Offering reframes, "Look at it this way..."

- Offering advice

- Dismissing, "Snap out of it"

- Minimizing, "It's not that bad"

- Reassuring, "You're going to be fine"

- Diagnosing, "You're depressed" or "You have PTSD"

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Vulnerability

- It's okay to show emotion (e.g., tears) and emotional turmoil, grief over shared losses, authentic feelings about loss

- Bearing witness is powerful

  - "The essence is presence"

- No need to "fix" anything

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COVID-19 Supporting the Psychosocial Wellbeing of Residents, Families, and Care Partners

Reframing Expressions of suffering as Feelings and Unmet Needs

Build Partnerships and Trust Through Conversations and Identification of Needs

- How do staff **identify/communicate residents and families specific needs (emotionally and physically)**?

- Do you see behaviors associated with loneliness or isolation that give pause for new tests related to visitation?

- What are your nursing facilities' rituals or routines that provide space for sharing during suffering/trauma/grief/mourning?

- Have you observed times of avoidance or trivializing another person suffering?

ASK "What Matters and What are your Needs?...Now?"

LISTEN to "What Matters and What is Needed...Now."

DO "What Matters and What is Needed...Now."

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Avoidable Suffering Enhances our Empathy

- For some, the word "suffering" may sound harsh, but many people can identify a level of personal suffering they themselves have experienced with healthcare

- "Unavoidable" suffering is associated with diagnosis and treatment, but "avoidable" suffering comes from dysfunction in care delivery

- Healthcare workers may see this as a part of every-day life, but people we serve do not

(Harvard Business Review 2013, *Framework for reducing suffering in healthcare*)

Examples

- Warm blanket request

- Missed walking resident to dining room for dinner

- Poor communication to resident after wife called in to say they go home safely–not relayed to husband

Can you think of an avoidable suffering?

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Patient/Family Engagement

- Doing **to** our residents
    We say/you do, we determine what and when, not sharing information

  - Doing **for** our residents
      We share information, we include patient in designing processes, improvement efforts made

    - Doing **with** our residents

        Build on "for" and move beyond, Mutual decisions, safety and well-being guide

      - **Doing with residents and <u>their families"</u>**

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Your Turn

- Reflect on a previous health care encounter…..

  - What felt like "doing **To**"

  - What felt like "doing **For**"

  - What felt like "doing **With** you and Your family"

Doing <u>to</u> me:

Probing, sticking, shaking, pushing
Nurse saying, "You are doing fine."
Physician saying, "Here is what needs to be done."
"We know what is best"

Doing <u>for</u> me:

Physical Therapy
Making me move and repositioning me in bed
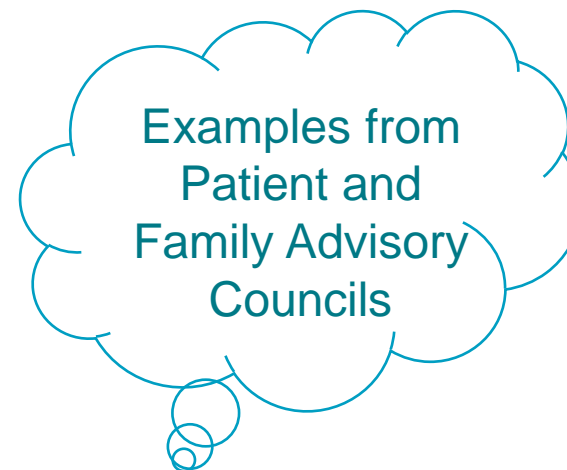Hygienic measures
Walking me to the Dining Room

Doing <u>with</u> me and my family

Taking time to calm me and really talk with and learn about me
Asking Me what I need; asking family members as well
Sharing facts - being transparent (shared decision-making)
Always updating the plan of care with patient & family

Examples from Patient and Family Advisory Councils

UnityPoint Health
St. Luke's Hospital

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Are we ASKING THE RIGHT QUESTIONS?

- **What matters most to you?**

  - Genuine interest in understanding more deeply what is important to our resident/families

  - http://www.ihi.org/Topics/WhatMatters/Pages/default.aspx

- *Tell me what you care most about in life.*

- *How do you hope your life will be different a few months from now?"*

- *What are your greatest concerns or worries?*

- *What is important for me to know about you?*

- *Who do you want involved in your care?*

Simply……………
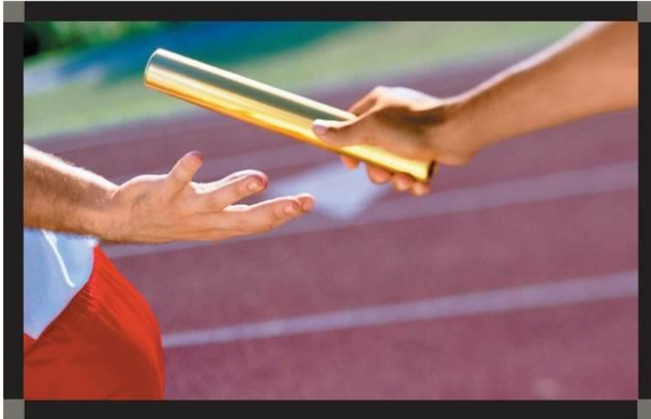
What do we know about the resident/family that will help another team member provide care for the resident/family in a way that meets their needs?
How are we communicating that?

Are we building this information and communication into our daily work ?

End Results = Trust and Engagement

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Closing Thoughts on Person Centered Care

- Moments that matter happen all the time

- No one individual can "just work harder" to address this person-centered experience – it is everyone's responsibility

- Residents/families get hurt when we are not working or acting as a team

- The last word is **listen**…. If you don't, you will probably miss the last word

Leave in Action: Practicing NVC with Residents and Families

Might you ask 2 residents or family members to share their feelings and needs as we recover from Covid?

What surprises you?

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

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Slide Resources

- https://cupofempathy.com/get-the-empathy-toolkit/

- Kathy Simon, https://www.kathysimonphd.com/

- Bielak-Smith P. *Dementia Together – How to Communicate to Connect.* Encinitas, CA: PuddleDancer Press; 2020. https://www.bielaksmith.com/

- https://www.funeralbasics.org/what-is-the-difference-between-grief-and-mourning/

- https://www.therecoveryvillage.com/mental-health/grief/related/grief-vs-mourning

- The Trouble with Mourning by Sarah Peyton https://thefearlessheart.org/the-trouble-with-mourning/

- (Harvard Business Review 2013, *Framework for reducing suffering in healthcare)*

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Information and Resources

HHS Announces $103 Million from American Rescue Plan to Strengthen Resiliency and Address Burnout in the Health Workforce
https://www.hhs.gov/about/news/2021/07/16/hhs-announces-103-million-arp-funding-to-address-health-workforce-burnout.html

HHS – US Surgeon General: Health Misinformation Reports and Publications
https://www.hhs.gov/surgeongeneral/reports-and-publications/health-misinformation/index.html

Transmission Dynamics of Severe Acute Respiratory Syndrome Coronavirus 2 in High-Density Settings, Minnesota, USA, March–June 2020
https://wwwnc.cdc.gov/eid/article/27/8/20-4838_article

Outbreak of SARS-CoV-2 B.1.1.7 Lineage after Vaccination in Long-Term Care Facility, Germany, February–March 2021
https://wwwnc.cdc.gov/eid/article/27/8/21-0887_article

COVID-19 and the Consequences of Anchoring Bias
https://wwwnc.cdc.gov/eid/article/27/8/21-1107_article

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Thank you!