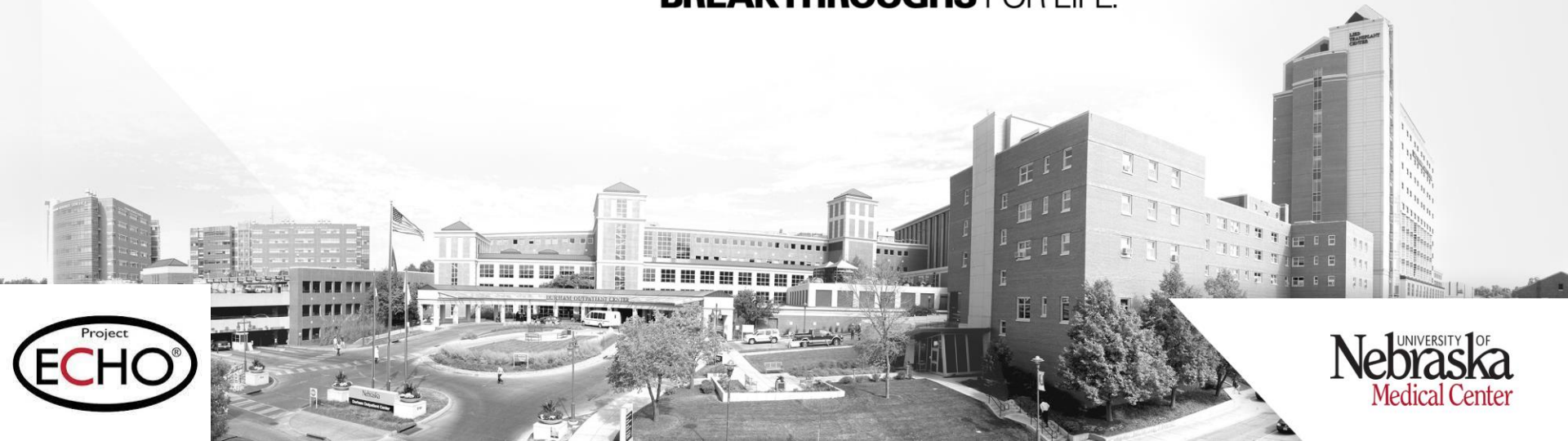
UNMC[SM]

BREAKTHROUGHS FOR LIFE.®



Project ECHO®

University of Nebraska Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 7

Project Funded by Nebraska DHHS through a CDC grant

Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat

- Reminder: Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.

Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
- Erica Stohs, MD, MPH
- Anum Abbas, MD
- Kelly Cawcutt, MD, MS

Quality Improvement Team

- Jeff Wetherhold, QI Consultant
- Gale Etherton, MD
- Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
- Shirley Delair, MD
- Jasmine Marcelin, MD
- Andrea Jones, MD
- Precious Davis, Case Manager
- Samantha Jones, Program Manager

*Ardis Reed, State QIN/QIO Representative

CE Disclosures

Project ECHO®

UNMC

UNMC ID Health Equity and Quality Improvement ECHO Project

Topics: Cultural Practices 3/3: Behaviors and QI Root Causes 1/6: What is the problem you are trying to solve?

Free Live ECHO Project
February 2, 2022
CID 53867

University of Nebraska Medical Center

TARGET AUDIENCE

This live activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.

The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.

EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Describe three examples of cultural practices.
- Identify the characteristics of effective problem statements and their role in supporting quality improvement.
- Demonstrate the ability to develop effective problem statements for quality improvement projects in a facility.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
    a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
    b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@unmc.edu

ACCREDITED CONTINUING EDUCATION

In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hour(s). Nurses should only claim credit for the actual time spent participating in the activity.

ACCREDITED CONTINUING EDUCATION

As a Jointly Accredited Organization, University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Nebraska Medical Center maintains responsibility for this course. Social workers completing this live activity receive 1.5 interactive continuing education credits.

: content: Intermediate

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.5 CE contact hour(s).
Activity code: I00049270 Approval Number 220000113
To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.

DISCLOSURE INFORMATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.
This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.

Disclosures

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY

Nada Fadul, MD*
ViiV Healthcare: Advisory Committee/Board

The below faculty have nothing to disclose:

Gale Etherton, MD, FACP
Mahelet Kebede, MPH*
Mahliqha Qasimyar, MD
Jeff Wetherhold, M.Ed*

**Indicates on the planning committee*

Disclosures

PLANNING COMMITTEE

M. Salman Ashraf, MBBS
Merck & Co, Inc: Industry funded research/investigator

Erica Stohs, MD, MPH
ReViral Ltd.: Industry funded research/investigator
The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
- Precious Davis, MSN, BSN, RN
- Samantha Jones, CSW
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Bailey Wrenn, MA

www.unmc.edu/cce

POLL

Case Study

A 45-year-old female with hypertension, insulin-dependent diabetes mellitus, and asthma presents to clinic with chief complaint of knee pain and is accompanied by her young daughter. Upon chart review, you note that she has cancelled her annual physical appointment four times. After addressing her reason for visit, you offer age-appropriate preventive services, including COVID-19 vaccine series. She appears to be in a rush and politely declines, promising to get it taken care of when she comes in for her annual physical.

What would you say is the problem statement?

Poll Results

Project ECHO®

UNMC

Cultural Sensitivity: Cultural Practices

Presenters: Precious Davis and Mahelet Kebede, MPH

Project ECHO

UNMC

Objectives

1. Define cultural practices.
2. Describe three examples of cultural practices.

Cultural Practice

Definition

The manifestation of a tradition or custom within a particular culture.

Cultural Practice Examples

Reflection

Enter your response to the question into the chat box.

Share an example of a cultural practice.

Religion, Culture, and Ethnic Practices' Influence on Patient Interaction

- Health beliefs
- Health customs
- Ethnic customs
- Religious beliefs
- Dietary customs
- Interpersonal customs

Cultural Considerations

Learn from patients

- **Ask Questions**:
  - "Is there anything I should know about your culture, beliefs, or religious practices that would help me take better care of you?“
  - "What do you call your illness and what do you think caused it?”
  - "Do any traditional healers advise you about your health?"

- **Avoid stereotyping** based on religious or cultural background. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in their culture.

Resources Available to Accommodate Culture Practices in Health Care Settings

Employee Resource Group

- Discharge instructions for staff
- Educational videos for patients
- Education modules for staff annually

Reflection/Exercises

What do you say when…?

A patient uses remedies like cupping or removing “bad blood.”

A Muslim woman refuses to take the COVID-19 vaccine.

- Other non-traditional/non-Western healthcare related cultural practices you've seen?

Quality Improvement: Problem Statements

Presenters: Mahliqha Qasimyar, MD; Gale Etherton, MD; Jeff Wetherhold

Project ECHO

UNMC

Objectives

1. Identify the characteristics of effective problem statements and their role in supporting quality improvement.
2. Demonstrate the ability to develop effective problem statements for quality improvement projects in your facility.

Our QI Roadmap

1. Define a problem statement
2. Map the process
3. Generate a fishbone diagram
4. Identify root cause(s)
5. Apply potential solutions to the hierarchy of actions and impact/effort matrix
6. Define a SMART aim statement

The Problem Statement

- A concise and focused description of the issue that needs to be addressed by the problem-solving team
- Describes what is wrong without offering theories about cause(s) or solutions(s)
    - Examples: “wrong drug given,” “wrong line inserted”
- Delineates the difference between current state and ideal state in measurable/observable terms
    - Example: “10x dose of high-risk medication almost injected”

More Details, More Problems

- There may be many problems in one case
  - Focus on ONE critical problem to define problem statement
  - Focus on the problem that would significantly impact the delivery of care if fixed

- Each problem → own problem statement → own fishbone (cause/effect) diagram

Good, Better, and Best

The narrower the scope and more specific the description, the easier it will be to identify root cause(s) and to solve the problem deemed most important

✓ Good	“EMR order entry takes too long”
✓✓ Better	“Physician order entry in clinic takes 10 minutes out of the scheduled face-to-face visit with the patient”
✓✓✓ Best	“Physician order entry of ancillary tests in clinic takes 10 minutes out of the scheduled face-to-face visit with the patient”

Poll: Problem Statements

You take the trash out at your home and notice that the trash can is full. Trash pick-up in your neighborhood was yesterday. You ask your child if they took the trash out this week and they respond “uh, yeah.”

Which problem statement is best?

1. My child didn’t take out the trash
2. My child wasn’t paying attention to my question
3. My child was dishonest when they answered my question
4. Something else

Let's Practice!

You are making cupcakes for a party. You try a new recipe. The results don't stand up to your expectations.

What would you say is the problem statement?

Let’s Practice Some More!

You are driving while visiting a new city and you are not sure that you are on the correct road. You pull your phone up to look at the map and the car in front of you stops suddenly. You don’t notice in time and hit the car.

What would you say is the problem statement?

Case Study

Project ECHO®

UNMC

Case Study

A 45-year-old female with hypertension, insulin-dependent diabetes mellitus and asthma presents to clinic with chief complaint of knee pain and is accompanied by her young daughter. Upon chart review, you note that she has cancelled her annual physical appointment four times. After addressing her reason for visit, you offer age-appropriate preventive services, including COVID-19 vaccine series. She appears to be in a rush and politely declines, promising to get it taken care of when she comes in for her annual physical.

What would you say is the problem statement?

Looking Ahead: Cultural Factors and Our Case

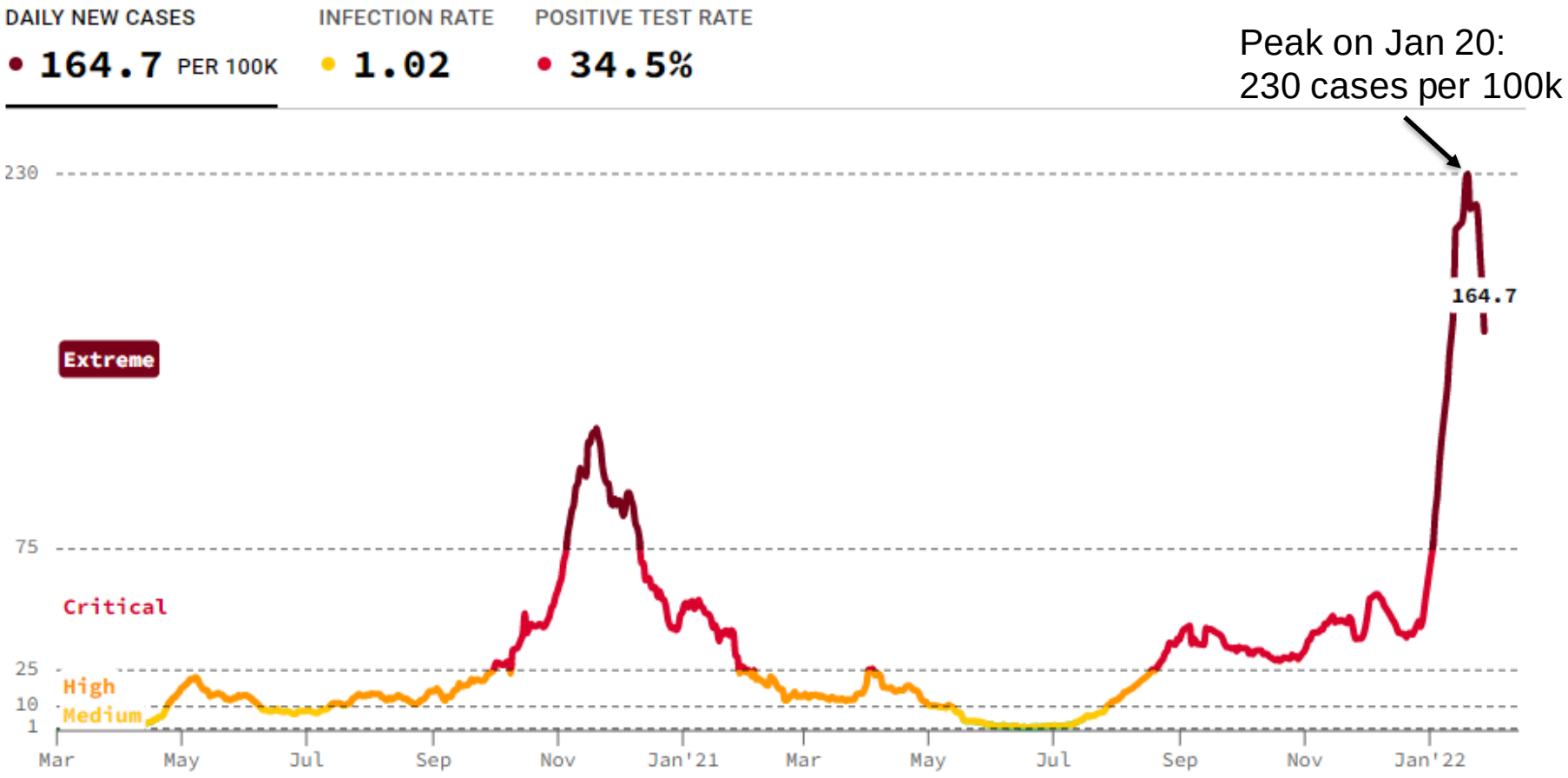
- Reflecting on our case, what cultural factors might be relevant if:
  - The patient is hesitant in speaking English?
  - The patient is wearing a hijab?
  - The patient expresses skepticism of traditional medicine?

Current State of COVID-19 in Nebraska

Project ECHO®

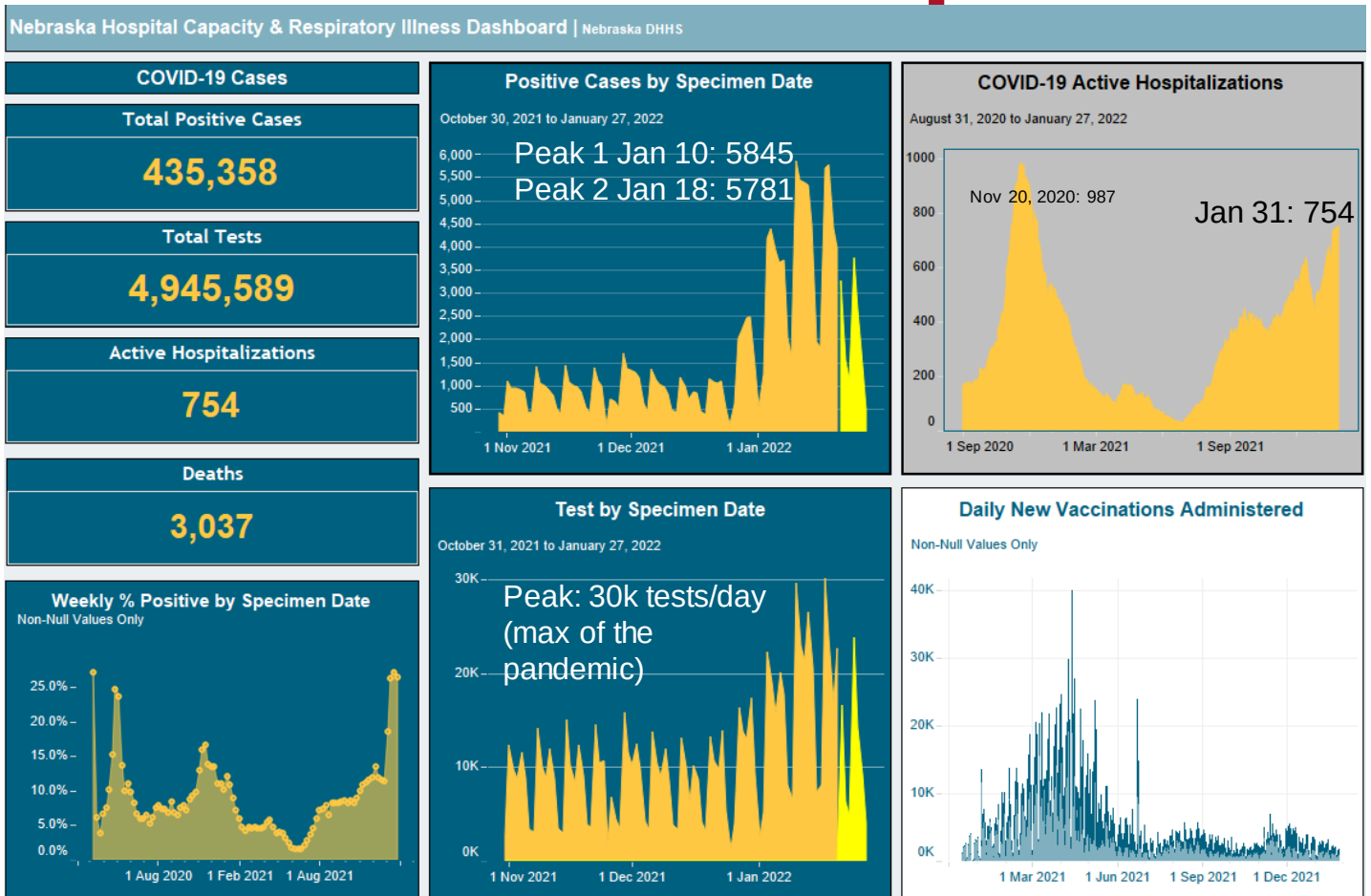
UNMC

Cases in Nebraska as of Jan 31:



https://covidactnow.org/us/nebraska-ne/?s=24951410

NE COVID-19 Updates



Nebraska Statistics

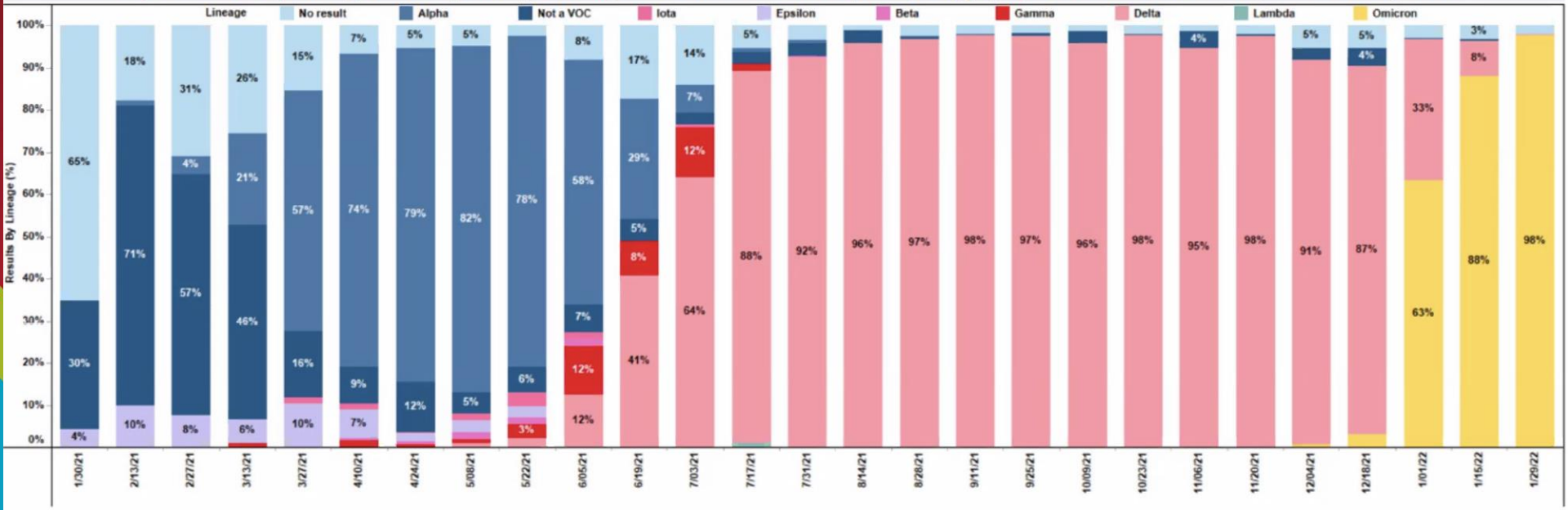
Week	Daily New Cases/ 100K	Infection Rate	Positive Test Rate	Number of Hospitalizations	ICU Capacity Used	*Vaccinated 1+
11/01/21	29.6	1.03	12.8%	413	80%	61%
11/15/21	44.0	1.15	14.8%	455	86%	62%
12/1/21	38.1	0.94	17.6%	545	80%	64%
12/15/21	47.4	1.01	16.2%	637	85%	65%
1/5/22	89.7	1.30	25.1%	532	84%	66.7%
1/19/22	209.6	1.33	35.4%	643	82%	67%
1/31/22	165	1.02	34.5%	754	92%	69%

*Percent of the entire state population vaccinated, regardless of eligibility/age.

https://covidactnow.org/us/nebraska-ne/?s=24951410
https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

Sequencing Results By Lineage Performed By All Facilities

Proportion of Sequencing Results by Lineage Among Residents in Nebraska (N=15,576) | By Specimen Collection Date, Since January-2021

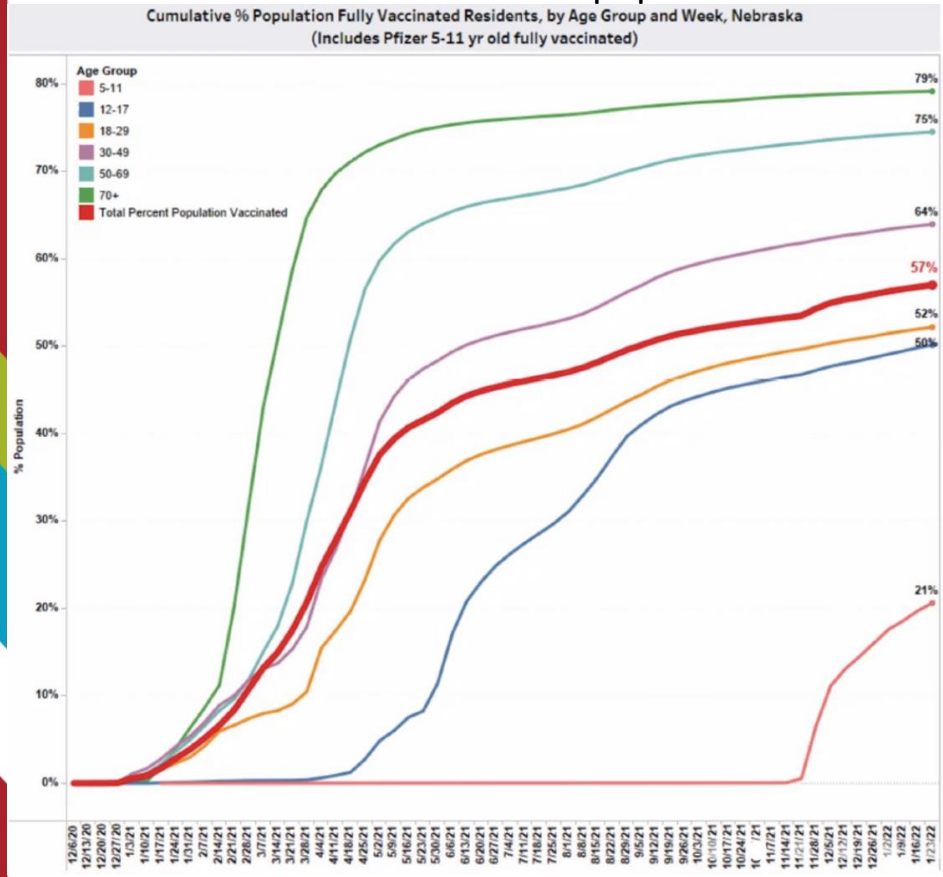


Strain	Grand ..	1/30/21	2/13/21	2/27/21	3/13/21	3/27/21	4/10/21	4/24/21	5/08/21	5/22/21	6/05/21	6/19/21	7/03/21	7/17/21	7/31/21	8/14/21	8/28/21	9/11/21	9/25/21	10/09/21	10/23/21	11/06/21	11/20/21	12/04/21	12/18/21	1/01/22	1/15/22	1/29/22
Delta	9,927								6	8	15	40	87	269	429	376	987	1,106	880	982	909	883	985	828	788	280	68	1
Alpha	2,145		2	8	46	204	446	482	545	298	70	28	9	3	3		1											
Omicron	1,710																						6	27	532	726	419
Not a VOC	779	7	123	105	99	56	52	73	33	24	8	5	4	9	15	12	4	2	7	29	3	37	3	26	38	2	3	
No result	702	15	31	57	55	55	41	32	32	10	10	17	19	16	16	4	27	23	16	13	19	13	22	48	49	26	27	9
Epsilon	162	1	17	14	12	37	41	11	19	10																		
Gamma	79				2		10	4	7	13	14	8	16	5														
Iota	42					5	9	2	11	12	2		1															
Beta	27						3	5	10	6	2				1													
Lambda	3													3														
Grand Total	15,576	23	173	184	214	357	602	609	663	381	121	98	136	305	464	392	1,019	1,131	903	1,024	931	933	1,010	908	902	840	824	429

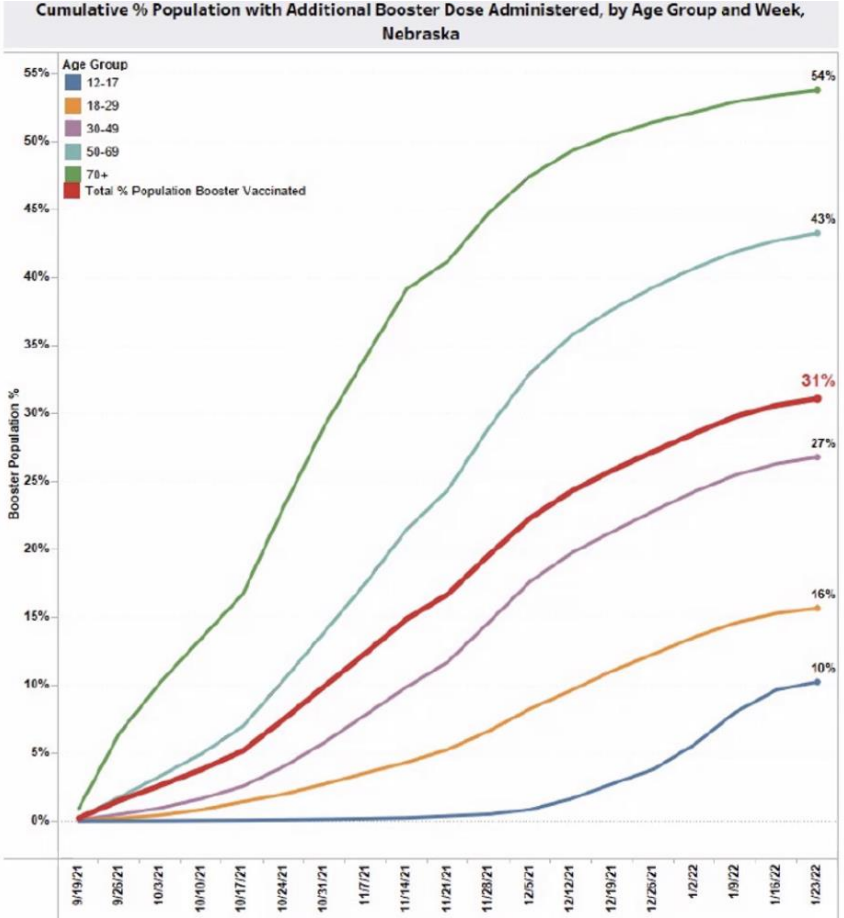
Data Source: COVID-19 Whole Genome Sequencing Lab Reports, Nebraska Electronic Disease Surveillance System (NEDSS)

Nebraska COVID-19 Vaccinations

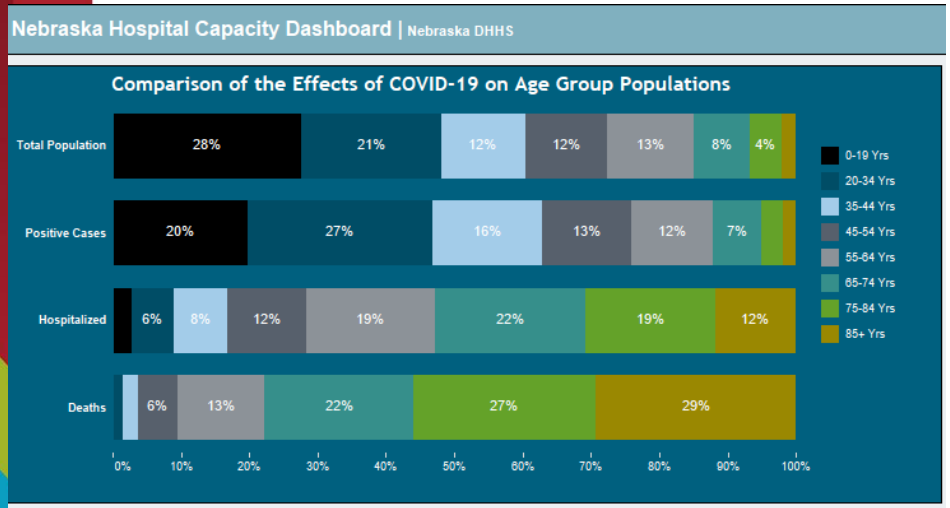
Fully Vaccinated: DHHS: 59% (vs 66%) of eligible; COVID Act Now: 61.5% of entire pop.

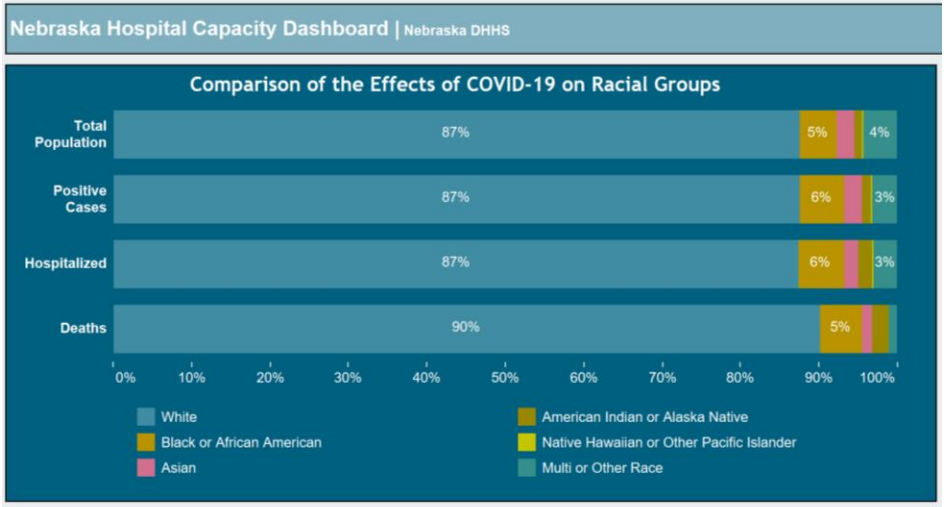


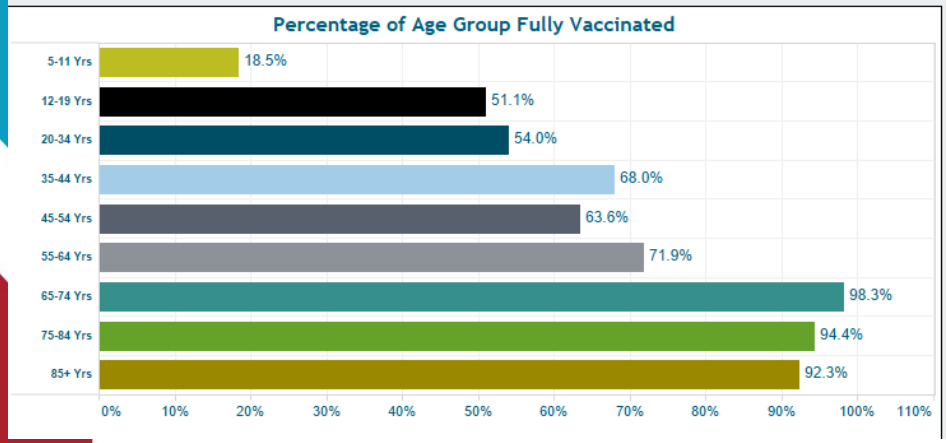
Boosted: DHHS: 31%; COVID Act Now: 28.6%

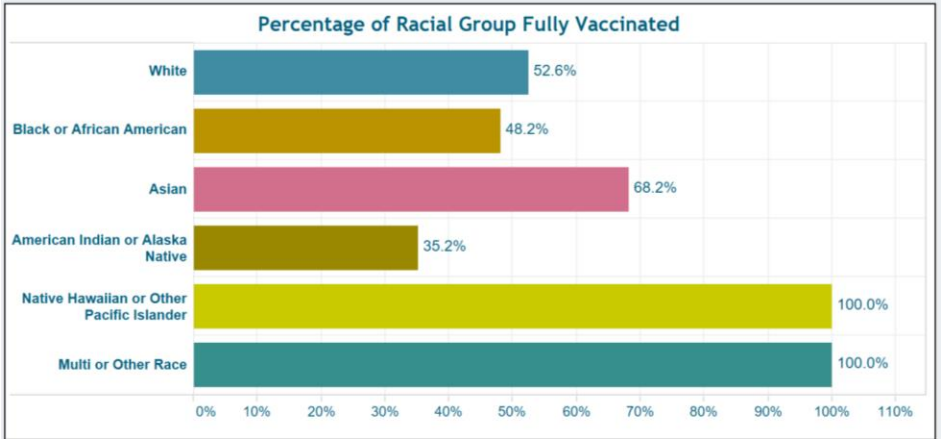


Nebraska COVID-19 Vaccinations









POLL

Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email.

2. Next session will be on February 16th on:
   - ***Social Determinants of Health (Part 1/6) - Overview; Socioecological Model***
   - ***Quality Improvement Root Causes (Part 2/6) - What is your Process?***

3. If you'd like to share a case with us, kindly send it by Monday, February 14th.

Poll Results

Project ECHO®

UNMC

Thank You