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UNIVERSITY OF
Nebraska
Medical Center

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

Welcome to Session 14



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



CE Disclosures



UNMC ID Health Equity and Quality Improvement ECHO Project

**Topics: CS: Communications Across Cultures. IPC: Long-term
Complications of COVID-19 Infection (part 2)**

**Free Live ECHO Project
May 18, 2022
CID 53868**

TARGET AUDIENCE

This accredited continuing education 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:

- Characterize the ways in which our understanding of the long-term complications associated with COVID-19 infection has evolved in the last six months.
- Identify resources in your facility or community that can be leveraged to address these complications

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. Social work level of content: Advanced.



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: I00050618 Approval Number:220001464

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

Kelly Cawcutt, MD, MS

Becton Dickinson: Honorarium for Speaking

CloroxPro: Medical Writer

The below faculty have nothing to disclose:

- Precious Davis, MSN, BSN, RN*

**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
- Nada Fadul, MD
- Samantha Jones, CSW
- Mahelet Kebede, MPH
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jeff Wetherhold, M.ED
- Bailey Wrenn, MA





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POLL



QI Projects



Benefits

1. **Coaching:** Organizations will receive 1:1 coaching on quality improvement and health equity to develop and implement approved QI projects.
2. **Reimbursement:** Organizations are eligible to apply for up to \$2,000 in expense reimbursement related to an approved QI project.



Timeline

April

- Project submission is open!

May

- We will share examples and be available to answer questions

June Onward

- Project coaching can begin

Project Information

1. What problem are you trying to address?
2. What leads you to believe this is a problem?
3. What change can you make?
4. What can you measure to know if you are successful?
5. How does this impact COVID-19 management?
6. How does this impact health equity or cultural sensitivity?
7. Are you open to sharing your project with another team?



Example Project

- **Participant:** Daniel Cramer, MSN, RN , APRN-C, FNP
- **Organization:** University of Nebraska Medical Center
- **Problem:** There is a need for more consistency in how clinicians and support staff address patients who are part of the LGBTQIA+ community.
- **Proposed Change:** Create a formal Glossary of LGBTQIA+ Terms for Health Care Teams at UNMC. Survey staff regarding their knowledge of and comfort in using these terms, and use the results to develop appropriate training and supports.



Poll Results



Infection Prevention & Control – Long-term Complications of COVID-19 Infection

Presenter: Dr. Kelly Cawcutt





Update: Long COVID

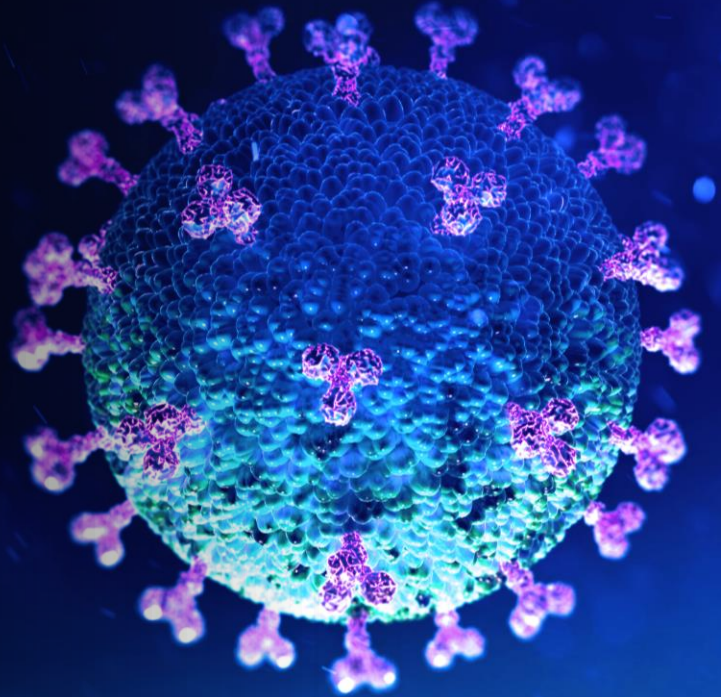
Kelly Cawcutt, MD, MS, FACP, FIDSA, FCCM

Associate Professor; Infectious Diseases & Critical Care Medicine

Medical Director of Medical Quality

Associate Director of Infection Prevention & Hospital Epidemiology

Co-Director of Digital Innovation & Social Media Strategy for the Division of Infectious Diseases



Objectives

Quick review on long COVID

Updates on literature and current status

Sex differences in Long COVID (race based also)

Resources for Long COVID

~ 15-20 minutes including discussion time

Definitions

- Long COVID
- Post acute sequelae of SARS-CoV-2
- Time lines – 4 weeks to > 12 weeks
- Lack of a consensus definition of name, syndrome and timeline

Risk Factors - So Far....

Female

Obesity

Co-morbid conditions

Severe disease

Those populations more likely to have gotten COVID AND survived COVID, are more likely to have long COVID, but bias is still a concern for identifying clear risk factors

LONG COVID SYMPTOMS

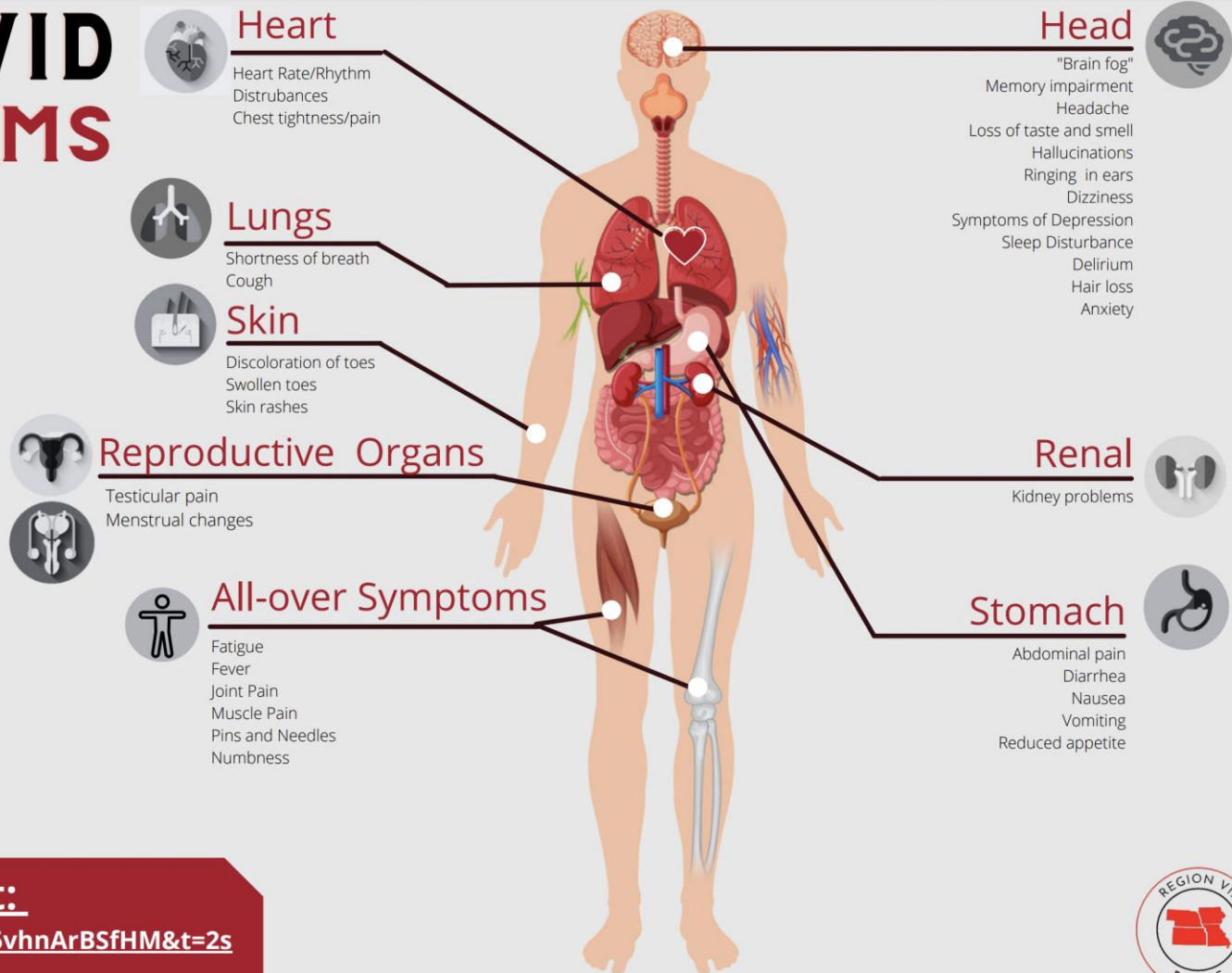
The most common reported symptoms of ongoing symptomatic COVID-19 and post-COVID-19 syndrome include

(but are not limited to) the following:



LONG COVID Zoomcast:

<https://www.youtube.com/watch?v=5vhnArBSfHM&t=2s>





Pathophysiology

- Direct vs indirect viral impact
- Persistent viral reservoirs
- Triggering of dysregulated immune response vs autoimmunity
- ?

What Can You Do?

Recognize	Take all reports of symptoms seriously; even those that seem vague
Assess	If a patient has new medical problems, or new complaints, consider if they have been diagnosed with COVID-19 (when, how sick were they, are there symptoms related in timing to COVID-19 at all)
Refer	Refer for primary evaluation to rule out other medical causes of symptoms
Treat	Long COVID and refer to specialty care, including rehab, for individualized assessment and treatment

Treatment

- Various guidelines, but general lack of high quality evidence for treatment
- Requires detailed H&P and assessment for alternative diagnosis via labs and imaging
- Individualized treatments for rehab

Access to Care

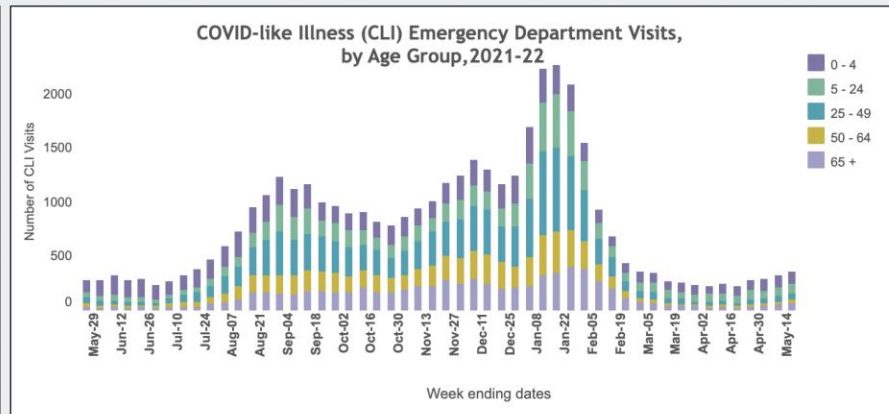
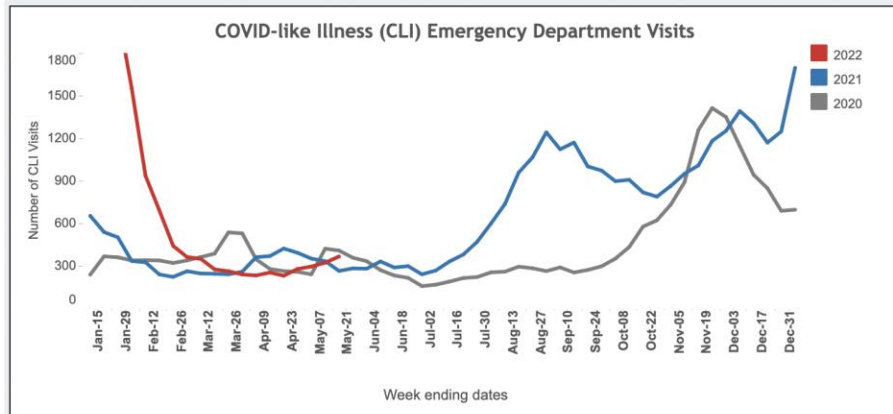
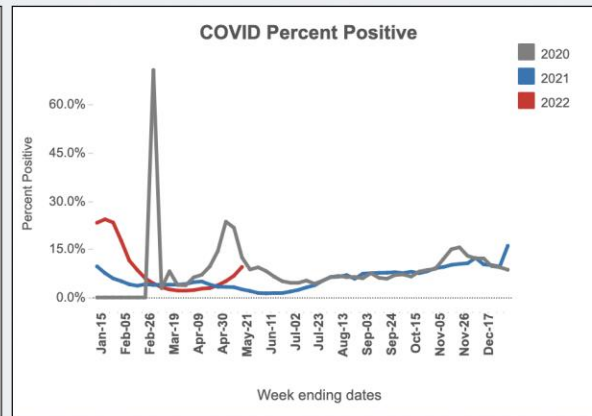
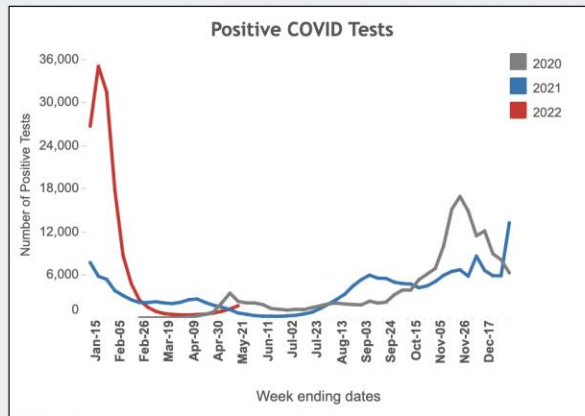
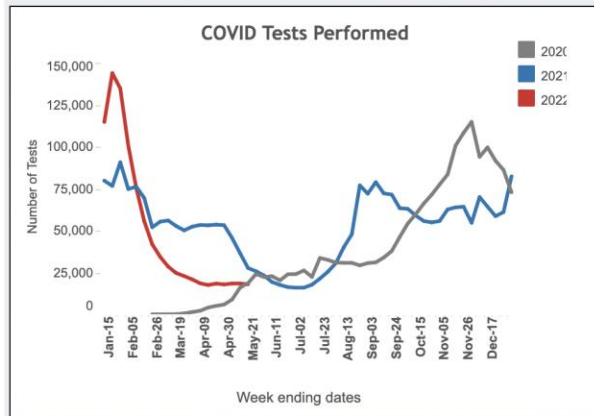
- Equity and access to post-covid care may be limited for many reasons
 - Lack of recognition from patients and healthcare workers alike may prevent appropriate evaluation and care
 - Access to specialists with experience may be very limited geographically
 - Costs of care and insurance coverage may prevent access

Prevent Long COVID By Preventing Acute COVID











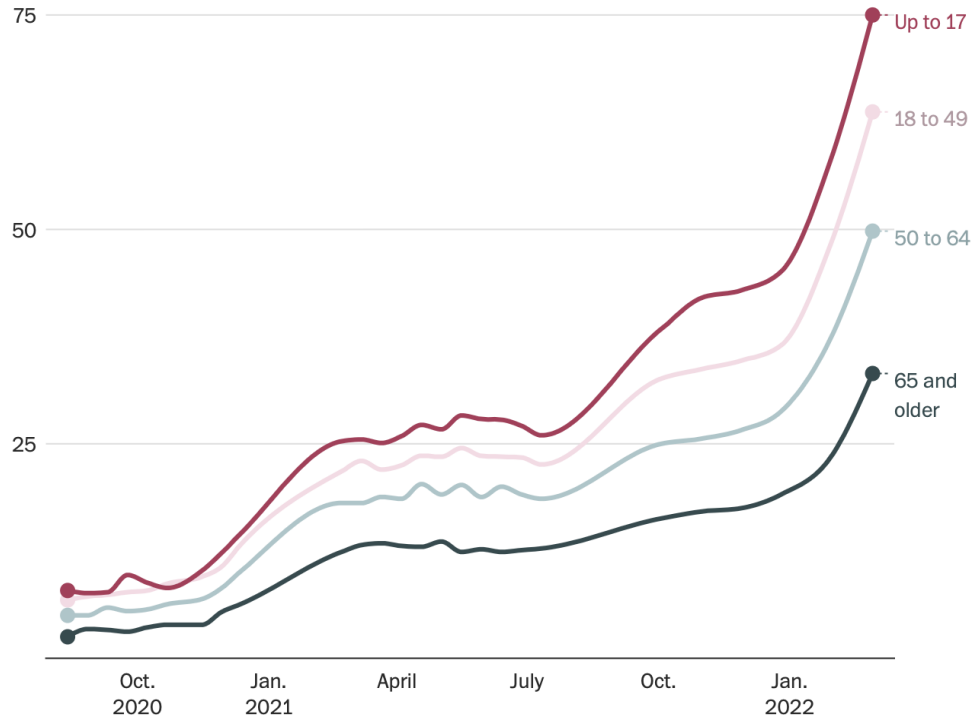
Don't Forget the
Tail of the Beast



At least 1 in 10 with Long COVID symptoms

Three-quarters of children have had the coronavirus

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Monthly share of people who have had the coronavirus

Source: [Centers for Disease Control and Prevention](https://www.cdc.gov/)

DAN KEATING / THE WASHINGTON POST

Resources

- <https://www.youtube.com/watch?v=5vhnArBSfHM&t=2s>
- <https://www.nice.org.uk/guidance/ng188>
- [https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X\(22\)00092-1/fulltext](https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(22)00092-1/fulltext)
- [https://pubmed.ncbi.nlm.nih.gov/35329867/#:~:text=Associations%20were%20statistically%20significant%20for,%25%20CI%201.03%2D2.68\).](https://pubmed.ncbi.nlm.nih.gov/35329867/#:~:text=Associations%20were%20statistically%20significant%20for,%25%20CI%201.03%2D2.68).)
- [https://www.id.theclinics.com/article/S0891-5520\(22\)00025-3/fulltext](https://www.id.theclinics.com/article/S0891-5520(22)00025-3/fulltext)
- <https://www.sciencedirect.com/science/article/pii/S1198743X21006297>

- <https://www.nature.com/articles/s41598-021-00213-w>
- https://www.bmj.com/content/374/bmj.n1648.abstract?casa_token=tnZqCUZaMkAAAAA:RqSz-Oax5ks3uv8UaTJYXS39WLMRrL-w7lPiouTUh2tg5QftuMgtgKDNw_w9Qv_wDlwGgiPrrFg
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- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7850225/>
- <https://www.nature.com/articles/s41591-021-01292-y>
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- https://www.washingtonpost.com/health/2022/04/26/majority-americans-coronavirus-infections/?utm_campaign=wp_to_your_health&utm_medium=email&utm_source=newsletter&wpsrc=n_l_tyh&wpmk=1&pwap_i_token=eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiIsInR5cCI6ImlwcmVudC9yZWYwMTljOid3BfY3J0aWQiLCJpc3MiOiJldXYxJ0YSIsImNvb2tpZXZhbmHVIlJoInNWU3NGO2MTRhZTdOGF1OTQ4NzQwMihlIiwidGFnIjoiaWJ2OWEzZmM5NTYxMiE3NTVhNTNmZWRIiwidXJsIjoiaHR0cHM6Ly93d3cuZmZ3RvbnBvc3QuY29tL2hlYWw0aC8yMDIyLzI1L21ham9yaXR5LWFltZXJpY2Fucy1jb3JvbmdF2aXJ1cy1pbmZlY3Rpb25zLz91dG1fY2FtcGFpZ249d3BfdG9feW91cl9oZWZsdGgm dXRtX21lZGl1bT1lbWFpbiB3ZmZ3RvbnBvc3QuY29tL2hlYWw0aC8yMDIyLzI1L21ham9yaXR5LWFltZXJpY2Fucy1jb3JvbmdF2aXJ1cy1pbmZlY3Rpb25zLz91dG1fY2FtcGFpZ249d3BfdG9feW91cl9oZWZsdGgm eGd3kkwl0
- [https://www.cdc.gov/mmwr/volumes/71/wr/mm7117e3.htm?s_cid=mm7117e3_e&ACSTrackingID\[%E2%80%A6\].%2071%2C%20April%2026%2C%202022&deliveryName=USCDC_921-DM80513](https://www.cdc.gov/mmwr/volumes/71/wr/mm7117e3.htm?s_cid=mm7117e3_e&ACSTrackingID[%E2%80%A6].%2071%2C%20April%2026%2C%202022&deliveryName=USCDC_921-DM80513)

Cultural Sensitivity: Communications Across Cultures

Presenters: Dr. Precious Davis and Mahelet Kebede, MPH



Objective

- Explain differences in communication styles across cultures

Introduction to Communication:

Flow Chart of Communication No.1



Oral vs Written

Examples

- Oral
 - Explaining treatment regimen to patient
- Written
 - Medication instructions

Language Access

Under Title VI of the Civil Rights Act of 1964, discrimination on the basis of race, color or national origin is prohibited.

Therefore, health care providers, including hospitals, that receive federal funding, including Medicare, Medicaid and SCHIP, are required to provide language access services for their patients.



Reflection

Enter your response to the question into the chat box.

What is something unique that you've learned about communication in a culture different from your own?



Cultural Context



Persuasion



Translation guide

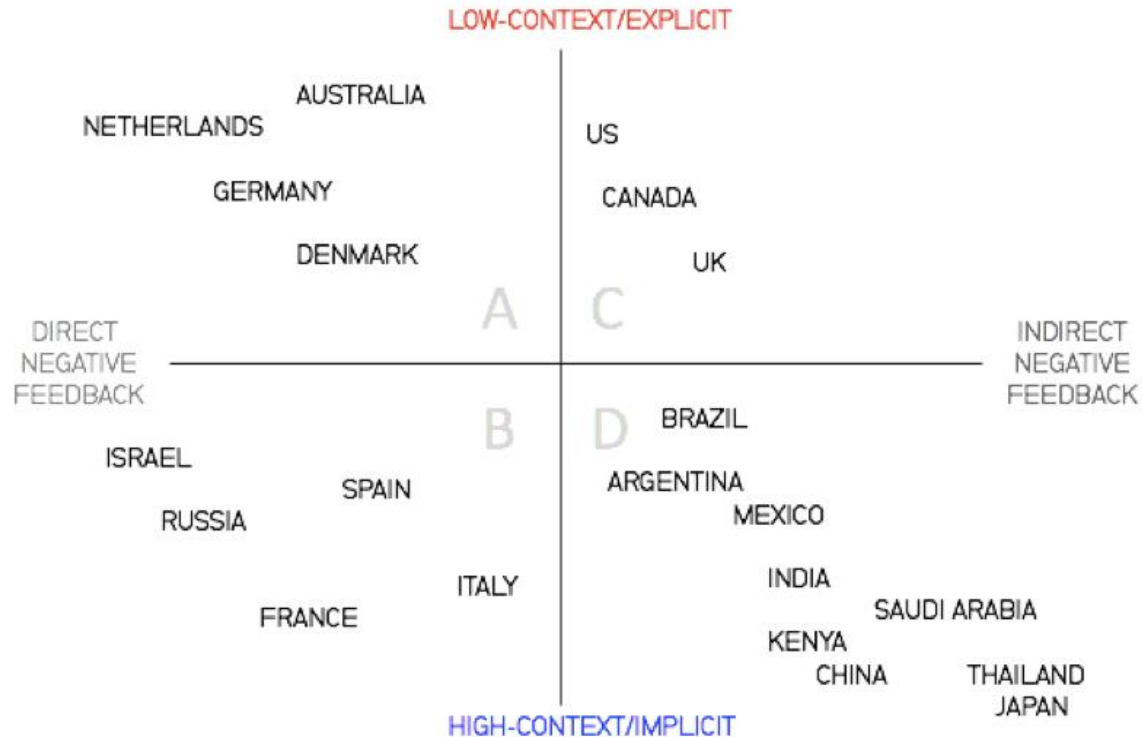
ANGLO-DUTCH TRANSLATION GUIDE

WHAT THE BRITISH SAY	WHAT THE BRITISH MEAN	WHAT THE DUTCH UNDERSTAND
<i>With all due respect ...</i>	<i>I think you are wrong.</i>	<i>He is listening to me.</i>
<i>Perhaps you would think about ... I would suggest ...</i>	<i>This is an order. Do it or be prepared to justify yourself.</i>	<i>Think about this idea and do it if you like.</i>
<i>Oh, by the way ...</i>	<i>The following criticism of the purpose of the discussion is ...</i>	<i>This is not very important.</i>
<i>I was a bit disappointed that ...</i>	<i>I am very upset and angry that ...</i>	<i>It doesn't really matter.</i>
<i>Very interesting ...</i>	<i>I don't like it.</i>	<i>They are impressed.</i>
<i>Could you consider some other options?</i>	<i>Your idea is not a good one.</i>	<i>They have not yet decided.</i>
<i>Please think about that some more.</i>	<i>It's a bad idea. Don't do it.</i>	<i>It's a good idea. Keep developing it.</i>
<i>I'm sure it's my fault.</i>	<i>It's not my fault.</i>	<i>It was their fault.</i>
<i>That is an original point of view.</i>	<i>Your idea is stupid.</i>	<i>They like my ideas!</i>

What Americans Understand



Feedback



Leadership

Denmark Israel Canada US France Poland Saudi Arabia Japan
Netherlands Finland UK Germany Italy Russia India Korea
Sweden Australia Brazil Spain Mexico Peru China Nigeria

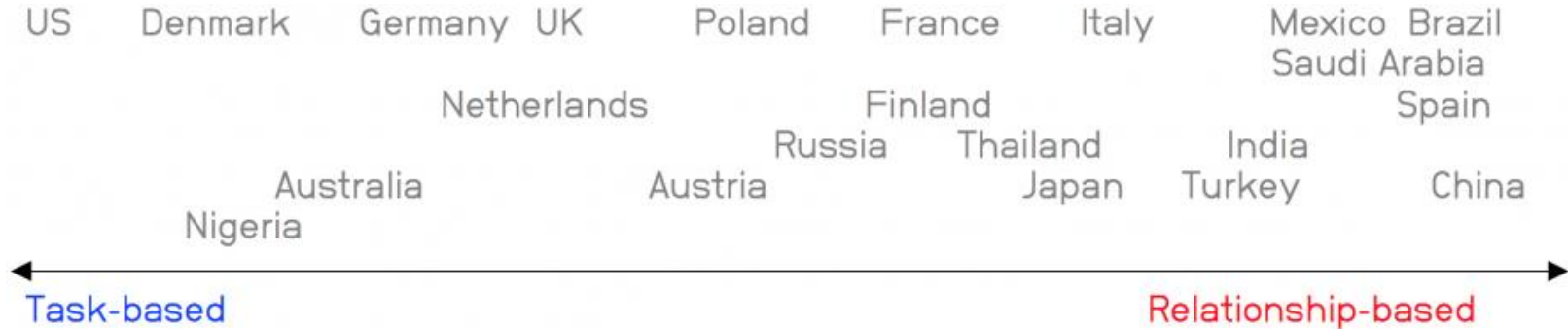


Egalitarian

Hierarchical



Relationships



Examples

- The words or style used to give feedback to learners or others on the care team can be tailored.
- A provider conducting motivational interviewing with a patient they're familiar with because of an established rapport.



Strategies

...when communicating with clients of different culture.

- Know yourself.
- Learn about different cultures and values.
- Use shared language.
- Take your time.
- Consider physical and human setting.
- Improve communication skills.
- Encourage feedback. Allow for correction and adjustment of message.
- Develop empathy.

Reflection

Enter your response to the question into the chat box.

How are you as providers/facilities preparing for a patient's appointment, specifically considering their culture(s)?



Discussion



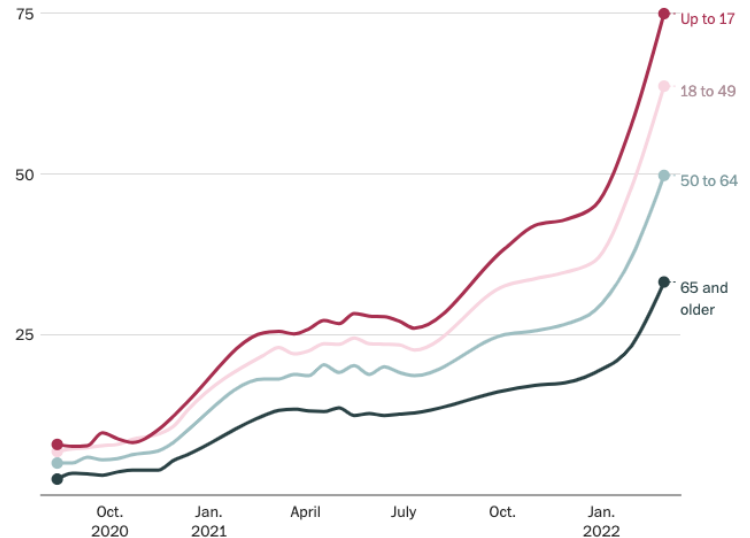
What does this mean for me?

Your patient comes into a visit with this graph from a recent article and asks you to help them understand it.



Three-quarters of children have had the coronavirus

With the major increase in infections in the omicron surge from December through February, about 189 million Americans, 58 percent, have had the coronavirus. About 75 percent of children have been infected, 64 percent of adults under 50, half of adults up to 64 and just over a third of people 65 and older.



Monthly share of people who have had the coronavirus

Source: [Centers for Disease Control and Prevention](#)

DAN KEATING / THE WASHINGTON POST

Source: [Washington Post website](#)

Persona #1

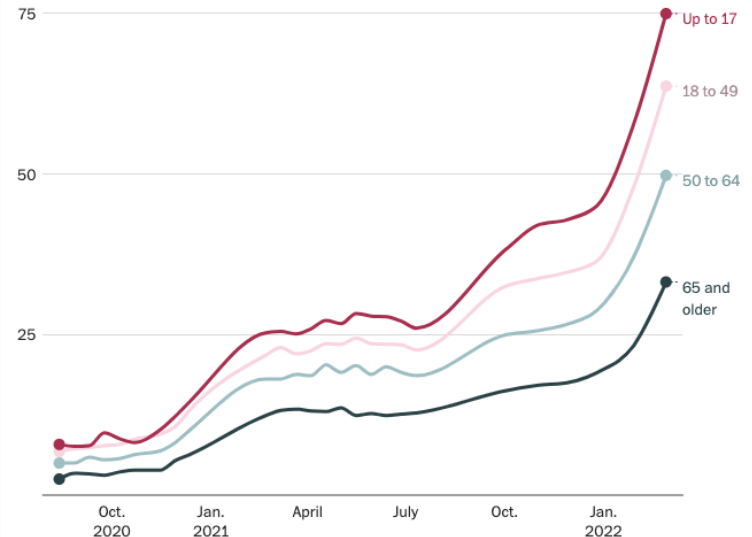
The patient is a 68-year-old white male who was born and raised in a rural community in Nebraska and has declined COVID vaccination in previous appointments.

What are you most worried about when communicating with them?



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Persona #1 (continued)

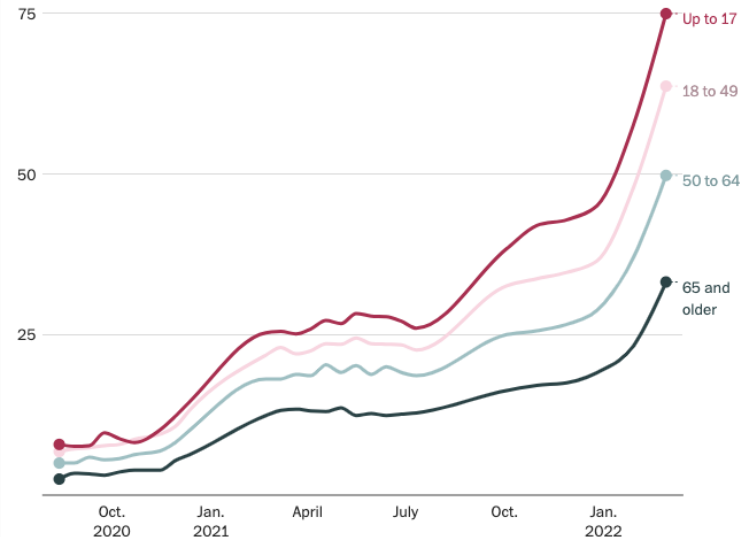
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What do you say to them, and/or how do you say it?



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DAN KEATING / THE WASHINGTON POST

Source: [Washington Post website](#)

Persona #2

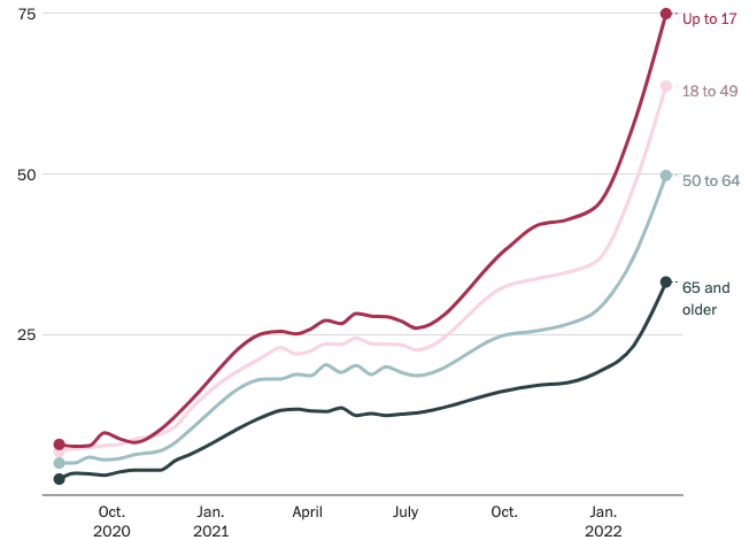
The patient is a 35-year-old Hispanic female with limited English proficiency who works in a local meatpacking facility.

What are you most worried about when communicating with them?



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Persona #2 (continued)

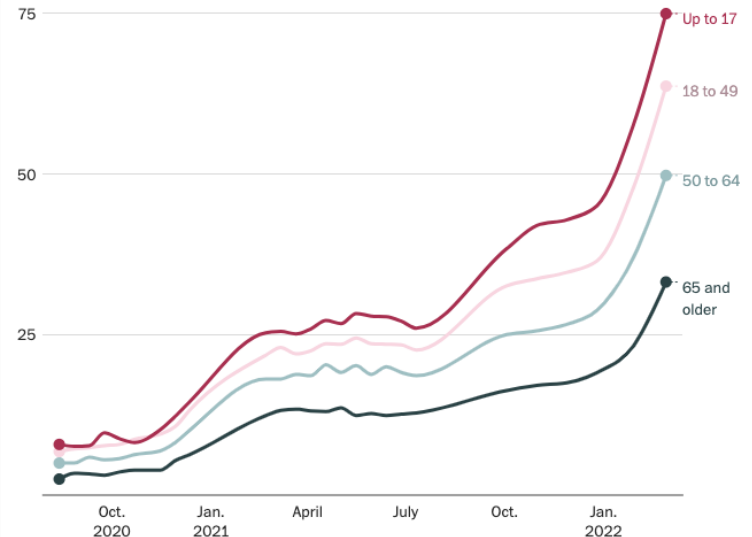
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*What do you say to them,
and/or how do you say it?*



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Persona #3

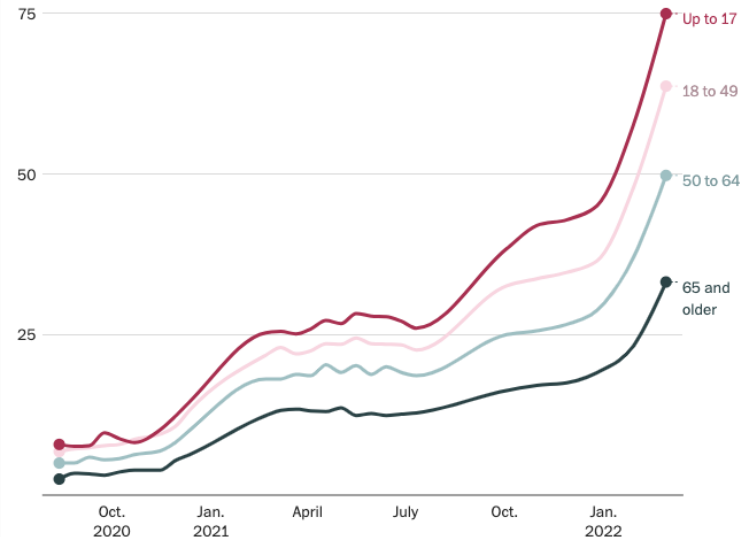
The patient is a 42-year-old male who is part of a tribal community in Nebraska.

What are you most worried about when communicating with them?



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Source: [Washington Post website](#)

Persona #3 (continued)

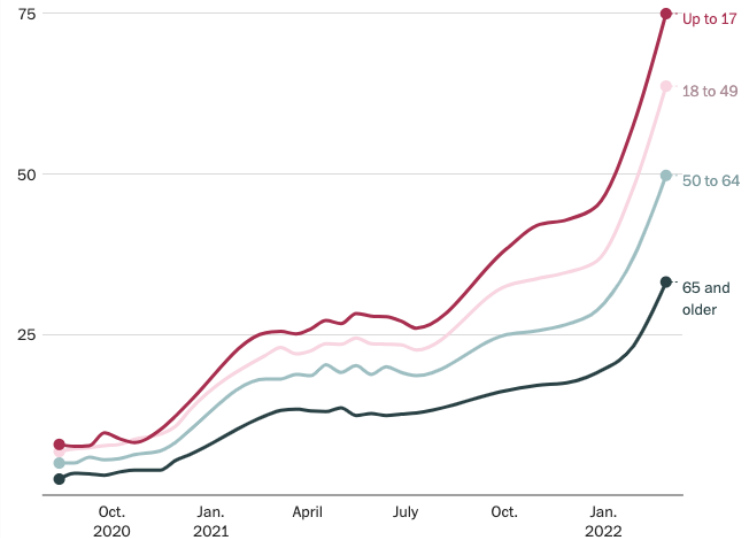
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DAN KEATING / THE WASHINGTON POST

Source: [Washington Post website](#)

Current State of COVID-19 in Nebraska



NE COVID-19 Updates

WEEKLY NEW REPORTED CASES

● **71.1** PER 100K

WEEKLY COVID ADMISSIONS

● **2.9** PER 100K

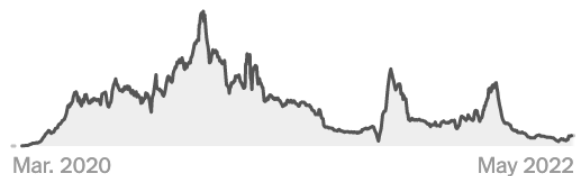
PATIENTS W/ COVID

● **1.9%** OF ALL BEDS

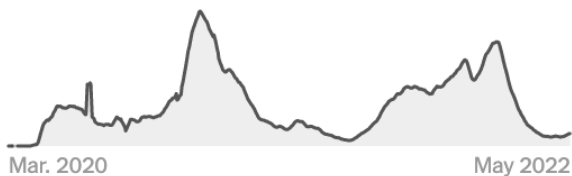


NE COVID-19 Updates

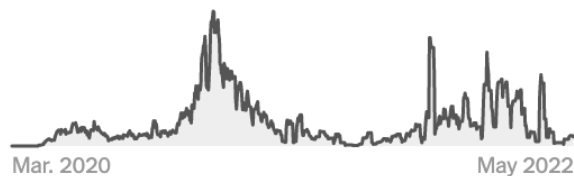
Tests



Hospitalized



Deaths



DAILY AVG. ON MAY 17

14-DAY CHANGE

TOTAL REPORTED

Cases

244

+95%

483,133

Tests

892

+49%

—

Hospitalized

92

+39%

—

In I.C.U.s

7

-30%

—

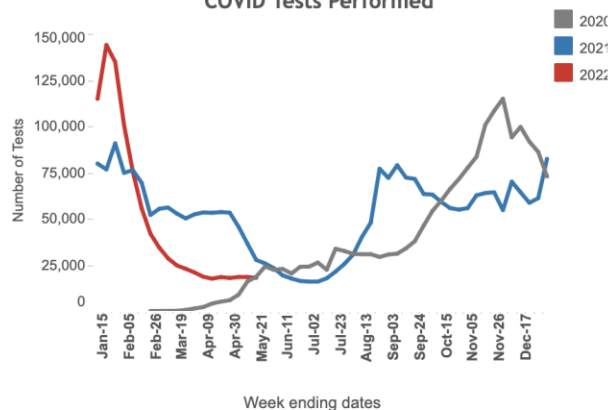
Deaths

2

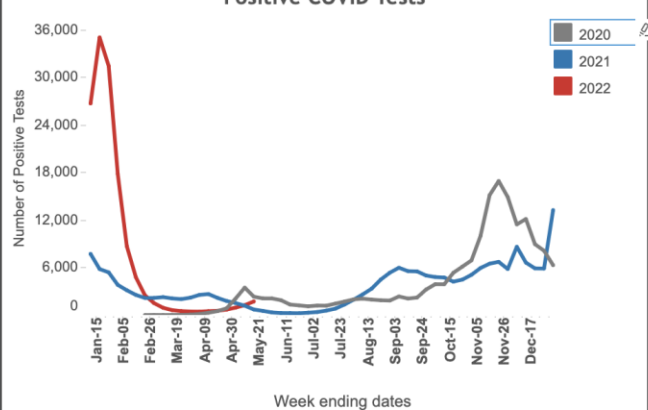
+450%

4,240

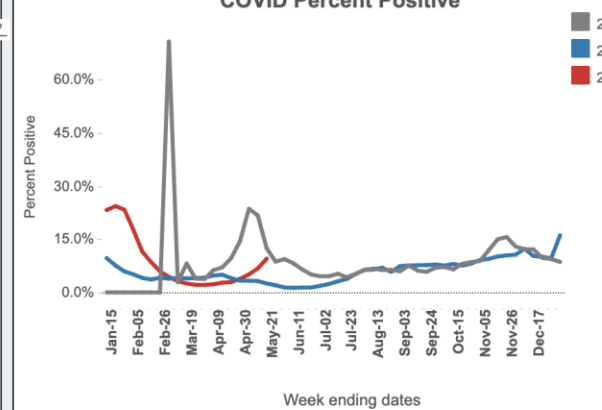
COVID Tests Performed



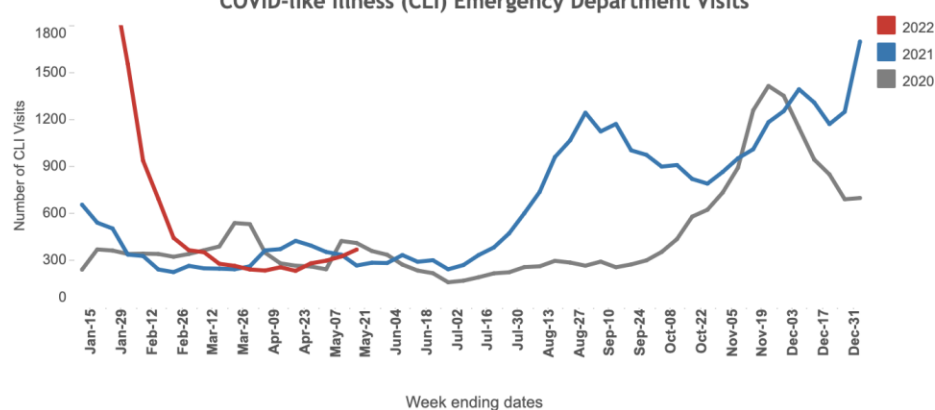
Positive COVID Tests



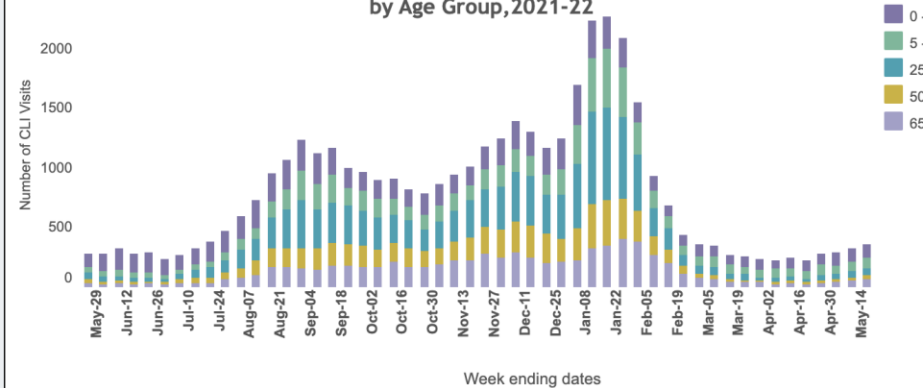
COVID Percent Positive



COVID-like Illness (CLI) Emergency Department Visits



COVID-like Illness (CLI) Emergency Department Visits, by Age Group, 2021-22



Nebraska COVID-19 Statistics

Week	Weekly Cases/ 100K	Weekly Admits	Number of Hospitalizations	Hospitalizations with COVID	Vaccinated ¹ 1+	Fully Vaccinated ²
4/20/22	22.2	2.5	54	1%	70%	68.3%
5/4/22	41.8	2.1	50	1%	70%	68.5%
5/18/22	71.1	2.9	92	2%	70%	N/A

¹Percent of the entire state population vaccinated, regardless of eligibility/age. ²If eligible (5y+) per NE DHHS.



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

https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y



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 **June 1st** on:

- **Cultural Sensitivity: *Explicit bias.***
- **Quality Improvement: *Change management (Part 1/2): Strategies for Managing through Failure.***

3. Mid-point Survey Reminder.



Poll Results



Thank You!

