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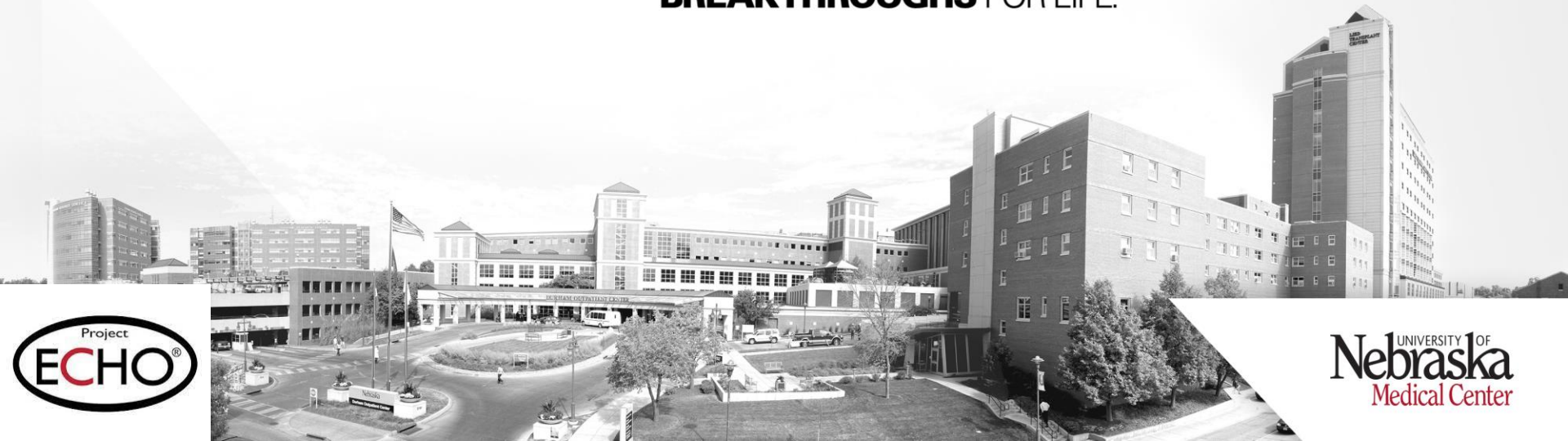
BREAKTHROUGHS FOR LIFE.®



Project ECHO®

University of Nebraska Medical Center

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

Welcome to Session 15

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

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics: CS: Explicit Bias. QI: Change Management (part 1-2) Strategies for Managing through Failure

Free Live ECHO Project
June 1, 2022
CID 53868

University of Nebraska Medical Center

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:

- Identify explicit bias.
- Describe the constructive role that failure plays in the quality improvement process.
- Discuss strategies for preserving motivation and morale in health care teams working through failure.

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: I00050819 Approval Number: 220001664

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:

The below faculty have nothing to disclose:

- Gale Etherton, MD, FACP
- Andrea Jones, MD
- Mahelet Kebede, MPH*
- Mahliqha Qasimya, 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
- Nada Fadul, MD
- Samantha Jones, CSW
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Bailey Wrenn, MA

www.unmc.edu/cce

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.

Coaching is available for:

1. Implementing an approved QI project
2. Designing a project based on a topic of interest
3. Choosing a relevant topic from multiple ideas or from within an existing project
4. Brainstorming ideas for a project

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?

Poll Results

POLL #2

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Poll #2

Do you plan to submit a QI project for this program?

- Yes!
- Maybe but I have questions about the process
- Maybe but I am not sure my topic is relevant
- No

Note that responses are for internal use and will not be shared

Quality Improvement: Strategies for Managing through Failure

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

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Objectives

1. Describe the constructive role that failure plays in the quality improvement process.
2. Discuss strategies for preserving motivation and morale in health care teams working through failure.

Discussion

Reflect on an instance where bias contributed to a failure in your team.

What did you do?

Failure in QI

- Failure is a product of QI, not a byproduct!
  - To err is human
- Designing a QI project does not include contingencies for every possible situation.
  - Plan for failure
  - Nearly all failure in healthcare is attributable to the complexity of the system
- The goal of QI is to learn quickly and adapt intentionally.
  - Consider failure as an opportunity to change

Failure Can Be Good!

- Helps focus efforts on where the system has a problem
- Identifies where we might improve
- Can lead to change
  - When individuals *choose to learn* from failure

Discussion

Reflect on the conversations you have had with superiors or mentors about failure.

*What made these communications **easier**?*

Discussion

Reflect on the conversations you have had with superiors or mentors about failure.

*What made these communications **harder**?*

Preserving Motivation & Morale

Simon Sinek: Choose Falling over Failure

"You weren't listening. I said, 'Don't fall.'"

Falling vs. Failure

Reframe failure to understand that it is an opportunity

- Console those who experience failure
- Let the team know that you will support them in learning from the failure
- Coach them to learn new behaviors to prevent failure
- Let the team know that you will coach them on how to improve
- Let the team know that fault will only be attributed if the behavior continues despite coaching

Mid-point Evaluation

Please submit your responses by Friday at:

https://redcap.nebraskamed.com/surveys/?s=DDXHAJJK7CMDEWFT

Cultural Sensitivity: Explicit Bias

Presenter: Mahelet Kebede, MPH

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Objective

- Reflect on an explicit bias you hold.

Explicit Bias

Definition

The attitudes and beliefs we have about a person or group on a conscious level.

Expressions of explicit bias (discrimination, hate speech, etc.) occur as the result of deliberate thought.

“China Virus”

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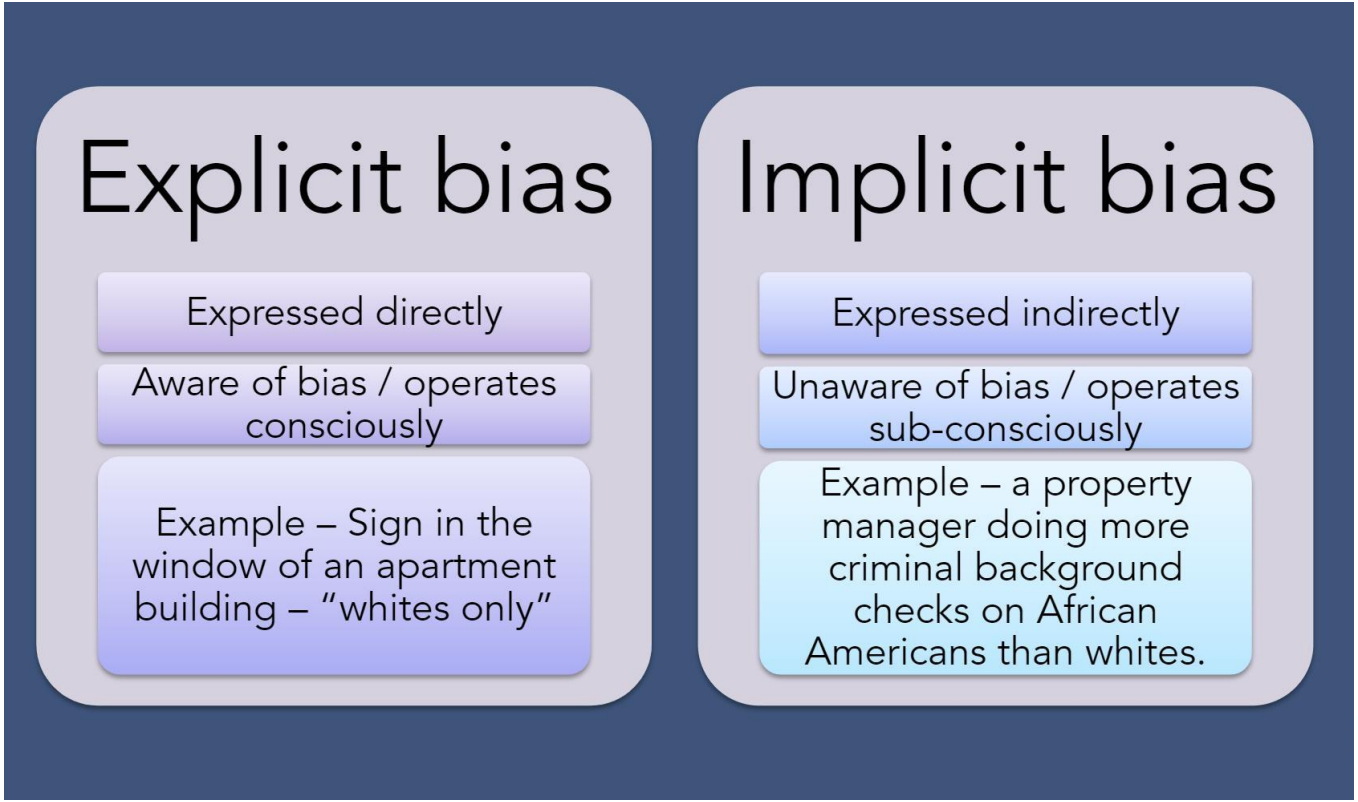
Reflection

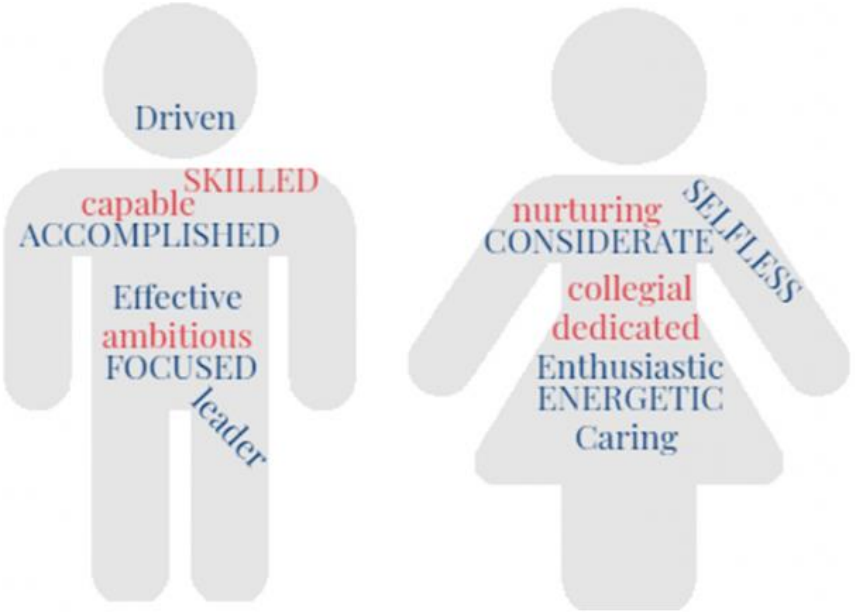
- Should we respond or not?
    - If we do respond, should the response be in public or in private (chat, zoom call, phone call, email, etc.)?
- Should we address a few points at the same time and others later?
- What language should we use? What tone should we use?

Explicit vs Implicit Bias



Examples

General

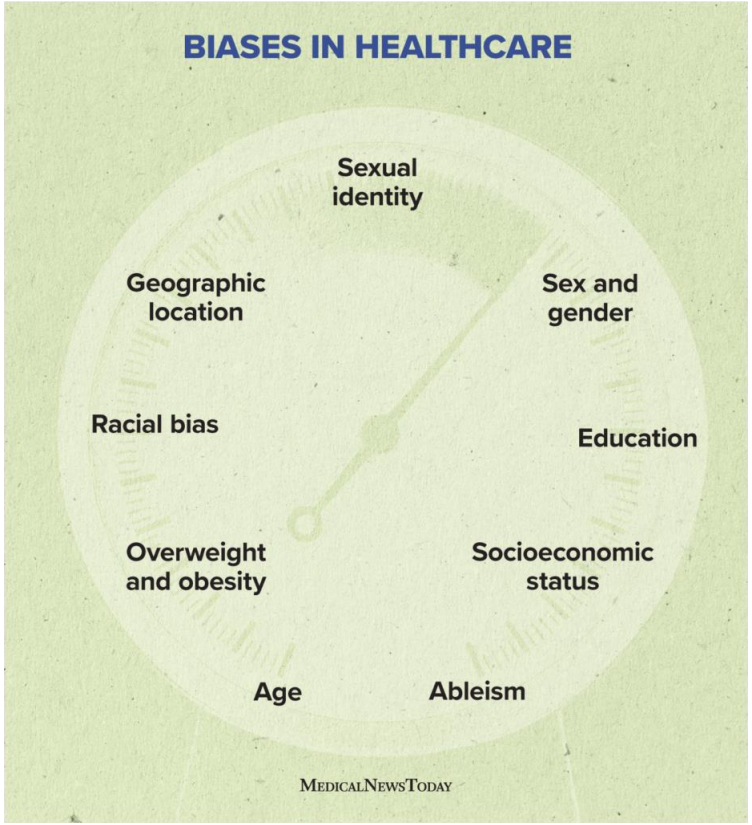


- "I don't want to play with X."
- "I don't eat at Chinese restaurants since COVID hit."

Examples

Clinical/Public Health

- 'South African Variant' or the 'China Virus'.
- Those who are wearing masks refused to receive the vaccine.
- I do not want to treat this patient (e.g., labeling patients as difficult, "drug-seeking")



Discussion

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Clip 1:

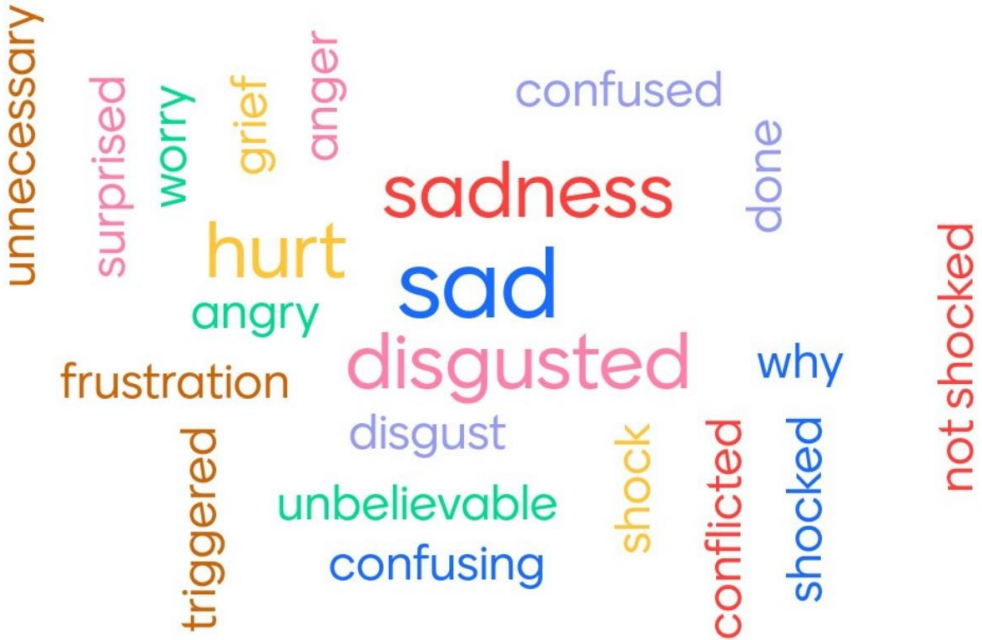
https://youtu.be/ibJyZeTzLIY

Clip 2:

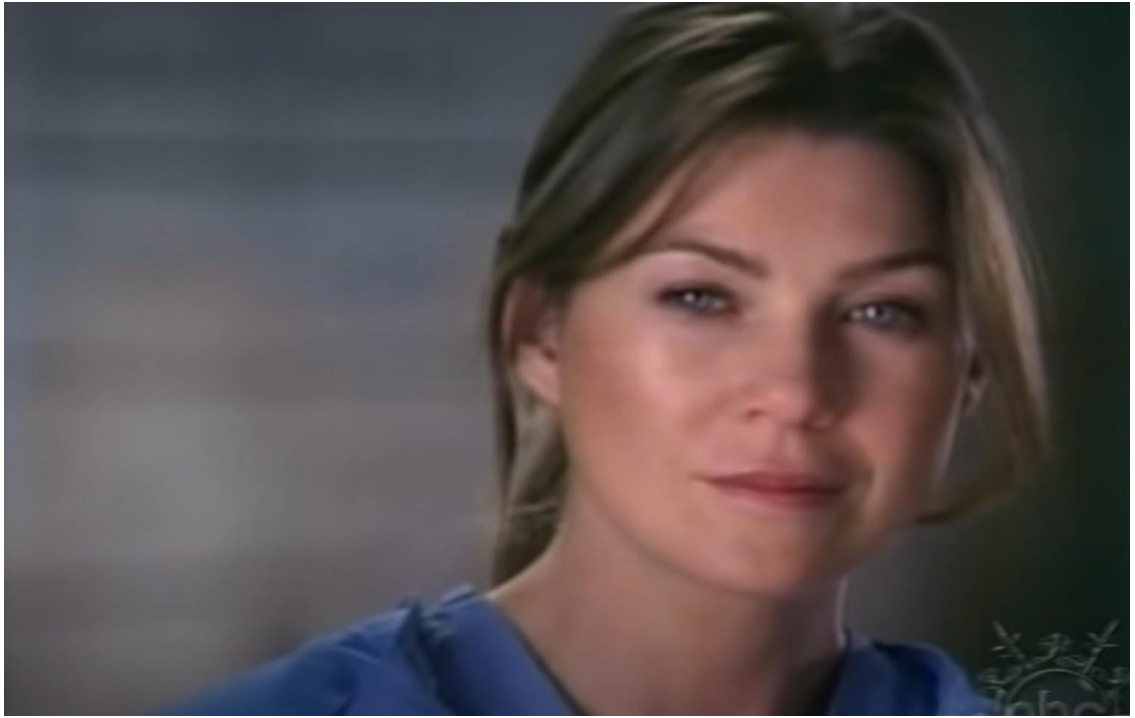
https://youtu.be/4diDXH3Khjs

Reflection

What one word best describes the emotion you are feeling right now?



Clip 3:



https://www.youtube.com/watch?v=YnUAn8Y8tOA

Discussion

Reflecting on this patient encounter:

Why do you think the provider responded the way they did?

Dose of reality is always good.

Anger

He has his own biases and had a strong emotional response.

He was saying what we cannot as healthcare providers.

He was frustrated and wanted to support his colleagues

Explicit bias

Standing up for colleagues. Not very professional. But we think it

He could empathize with the population the symbol dipicted despite is not being directed at him.

It's hard to respond sometimes in these extreme situations, so the line can be easily crossed

Discussion

Reflecting on this patient encounter:

Why do you think the provider responded the way they did?

Interesting it was a man to man conversation

He used his privilege

I would have pressed really hard on the incision. No really I would keep quiet and move on

I would want to know how he takes care of people who he has issue with ? I just do not understand his belief system so would have a difficult time relating to him.

Unfortunately,, I would likely dismiss it/ignore it. Not proud of that.

Take care of the emergency but not need to stick around for anything beyond that

It would trigger my PTSD

Would have asked him how he cares for people as a healthcare provider when he does not agree with them

Discussion

Reflecting on this patient encounter:

How would you respond to this patient? What would you do differently?

I would've press really hard on the incision, no not really I just wanna kept quiet.

Say nothing and treat him.

I think many of us have been in similar situations. I have refused to care for patients on more than one occasion and have always been supported by my coworkers.

Take care of the emergency and check out

Talk to other providers about the experience but keep shield patient from providers' biases.

Going from Bystander to Upstander

Step 1: Acknowledge the bias in the interaction

Step 2: Make a conscious decision to address the bias

Step 3: Strategies to counter the bias: **Humor, reject the stereotype outright, ask questions, acknowledge discomfort, be direct**

Step 4: Continue the conversion beyond the interaction

Adapted from Lena Teney: *http://kirwaninstitute.osu.edu/active-bystander-training/*

Marcelin JR et. al. The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It. *Journal of Infectious Diseases*. 2019

Reflection

Enter your response to the question into the chat box.

Can you remember an instance where bias impacted a decision you made?

Current State of COVID-19 in Nebraska

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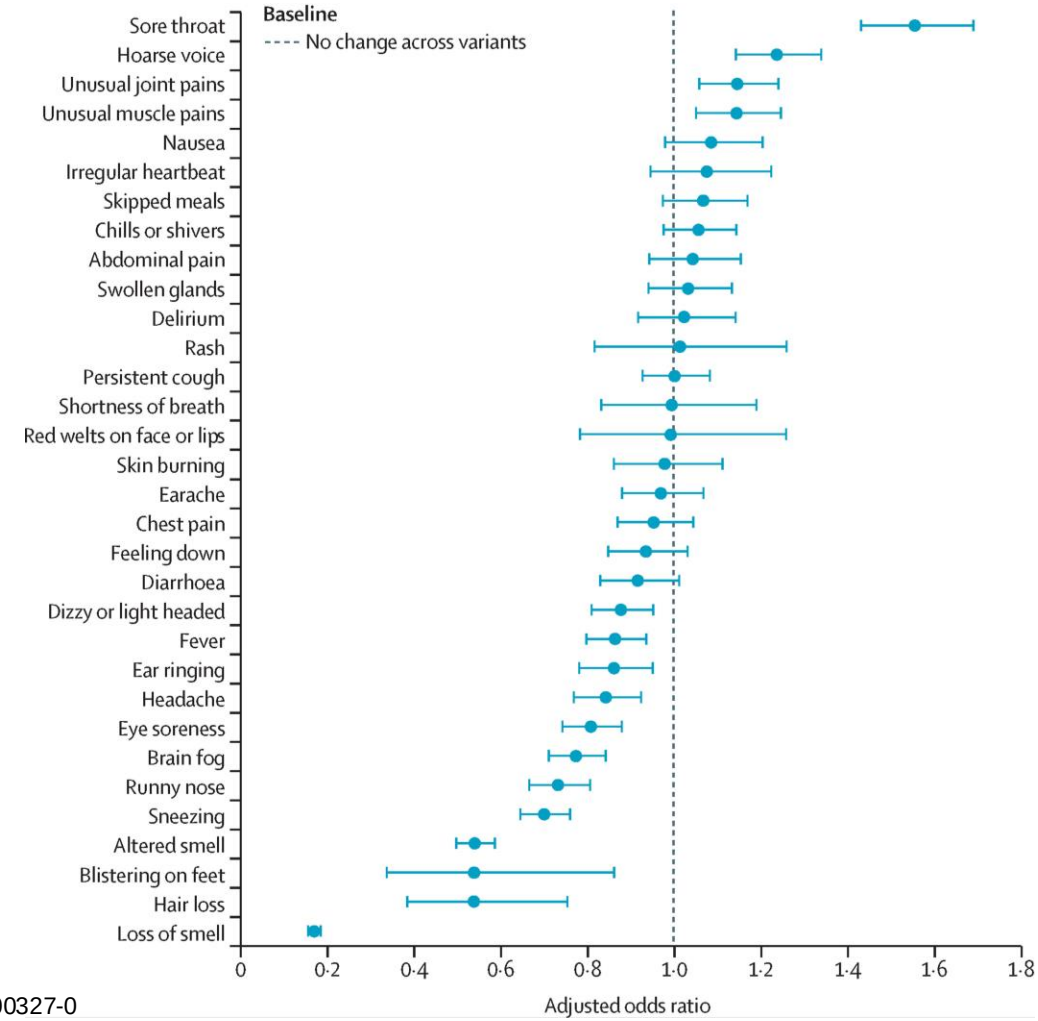
Symptoms in Patients with Delta or Omicron COVID-19 Infection

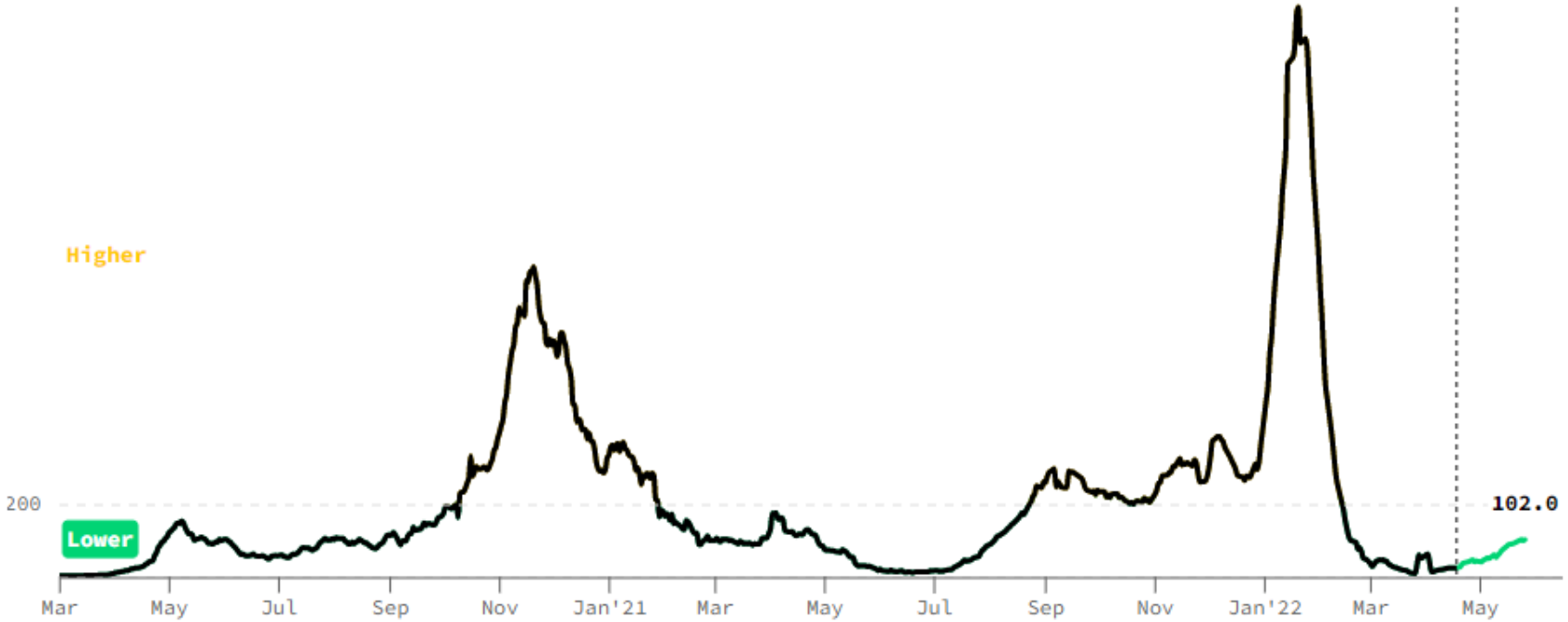
- Patients in the UK self-reported symptoms in an app (ZOE)
- Comparison of symptoms during delta vs omicron periods
- Matched 1:1 age, sex, vaccine dose. n=4990 in each group
- Figure shows associations among symptoms that were more likely present during omicron vs delta
  - Omicron: sore throat more often, not loss of smell
- There was lower rate of hospitalization during omicron, even with sub-analysis based on vaccine dose.



The Lancet 2022 3991618-1624. DOI: 10.1016/S0140-6736(22)00327-0

NE COVID-19 Updates

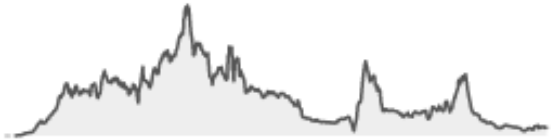
WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
102.0 PER 100K	5.3 PER 100K	2.3% OF ALL BEDS



https://covidactnow.org/us/nebraska-ne/?s=34542253

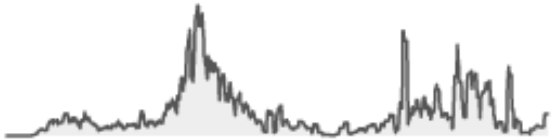
NE COVID-19 Updates

Tests



Hospitalized

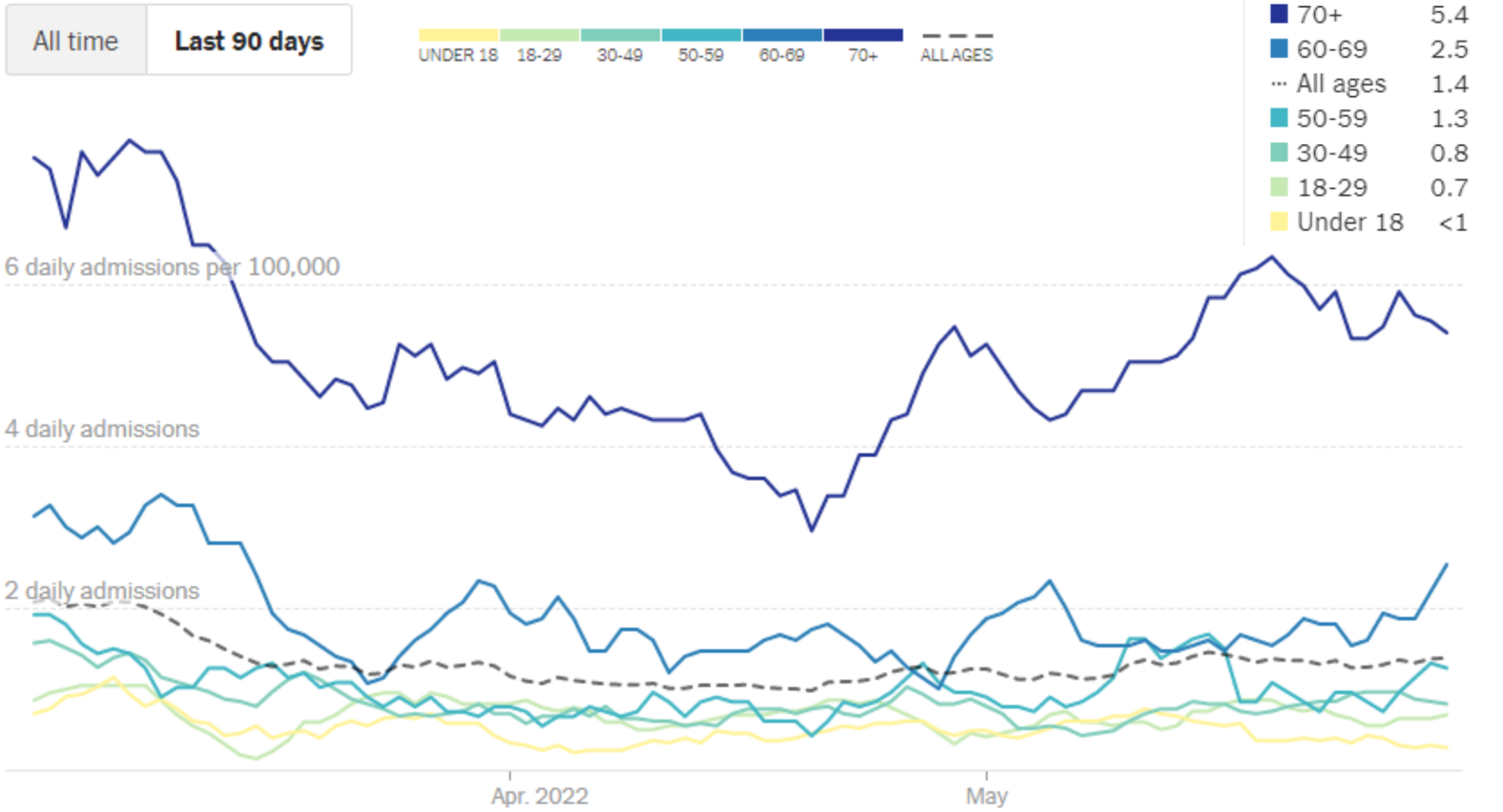
Deaths



	DAILY AVG. ON MAY 30	14-DAY CHANGE	TOTAL REPORTED
Cases	282	+50%	485,756
Tests	710	–19%	—
Hospitalized	97	+5%	—
In I.C.U.s	9	+47%	—
Deaths	5	+117%	4,284

https://www.nytimes.com/interactive/2021/us/nebraska-covid-cases.html

COVID-19 NE Updates



https://www.nytimes.com/interactive/2021/us/nebraska-covid-cases.html

COVID-19 NE Updates

	CASES ▼ DAILY AVG.	PER 100,000	14-DAY CHANGE	HOSPITALIZED AVG. PER 100,000	14-DAY CHANGE	DEATHS DAILY AVG.	PER 100,000	FULLY VACCINATED
Nebraska	282	15	+50%	5	+5%	4.9	0.25	64%
Unknown	269	—	-66%	—	—	5.1	—	—
Douglas ›	111	19	+112%	6	—	0.3	0.05	67%
Lancaster ›	59	19	+16%	6	—	<0.1	0.03	67%
Sarpy ›	35	19	+83%	6	—	0.8	0.42	67%
Hall ›	15	25	+358%	—	—	0	—	50%
Buffalo ›	6	11	+96%	3	—	0.1	0.25	42%
Scotts Bluff ›	5	14	+266%	—	—	0.1 !	0.4	42%
Cass ›	4	13	-48%	6	—	0.2	0.63	62%
Lincoln ›	3	9	+132%	3	—	0.4	1.02	33%
Otoe ›	3	20	+222%	6	—	0	—	57%

https://www.nytimes.com/interactive/2021/us/nebraska-covid-cases.html

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
6/1/22	102	5.3	282	2.3%	70.5%	N/A

[1]Percent of the entire state population vaccinated, regardless of eligibility/age. [2]If 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 15th** on:

- Quality Improvement: ***Change Management (Part 2/2): Securing Buy-in and "Selling" Your Improvements.***

- Cultural Sensitivity: ***Implicit bias.***

Poll Results

Thank You!