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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 19



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: CS1: Enhancing sensitivity to cultural similarities and differences: CS2: Fostering a culturally responsive health care setting

**Free Live ECHO Project
August 3, 2022
CID 53870**

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.



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: I00051597 Approval Number: 220002443

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

The below faculty have nothing to disclose:

- Shirley Delair, MD, MPH
- Donna Polk, PhD, LMHP



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

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Samantha Jones, CSW

Mahelet Kebede, MPH

Nuha Mirghani, MD, MBA, HCM

Renee Paulin, MSN, RN, CWOCN

Jeff Wetherhold, M. Ed

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



Lifecycle of a QI 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



SAVE THE DATE

Friday, August 12, 2022
7:30 am – 4 pm

NE Antimicrobial Stewardship Summit **Refocusing on Stewardship**

Embassy Suites by Hilton | Downtown Omaha Old Market



NEBRASKA
Good Life. Great Mission
DEPT. OF HEALTH AND HUMAN SERVICES

Continuing education credits will be available.

Tomorrow is the Last Day for Registration

- Content targeted at providers, pharmacists, nurses, medical directors, quality program leaders, infection preventionists, and other staff interested in stewardship
- Presentations about antimicrobial stewardship strategies and implementation, the role of IP surveillance on stewardship, management of infections in the nursing home, management of patients with antibiotic allergies, and bacterial resistance mechanisms, among others
- Dedicated breakout session in the afternoon for acute care/outpatient and long-term care providers/staff



2022 Nebraska Antimicrobial Stewardship Summit

- August 12, 2022 **in-person** at Embassy Suites in Downtown Omaha
- Physician, nurse, pharmacist, and medical laboratory scientist CE credits will be available
- Registration fee: \$99 (includes parking, food, and CE credits)
- Register now at the following link:
 - <https://www.unmc.edu/cce/catalog/clinicmed/neb-asap-summit/index.html>



Cultural Sensitivity:

Sensitivity to Culture & Culturally Responsive Health Care Settings

Presenters: Dr. Shirley Delair and Dr. Donna Polk



Objectives

1. Define cultural sensitivity and its application.
2. Demonstrate behaviors and language that create a culturally responsive health care setting.
3. Describe examples of cultural sensitivity in health care settings with an emphasis on Native Americans.



Definitions

Culture: The shared beliefs, practices, and material objects of a group of people.

Material culture: The objects or belongings of a group of people.

Non-material culture: Consists of the ideas, attitudes, and beliefs of a society.

Values: A culture's standard for discerning what is good and just in society.

Beliefs: Tenets or convictions that people hold to be true.



Definitions

Values often suggest how people should behave, but they don't accurately reflect how people behave.

Ideal culture: the standards a society would like to embrace and live up to

Real culture: the way society really is based on what actually occurs and exists

Cultural practice: The manifestation of a tradition or custom within a particular culture.



Cultural Sensitivity

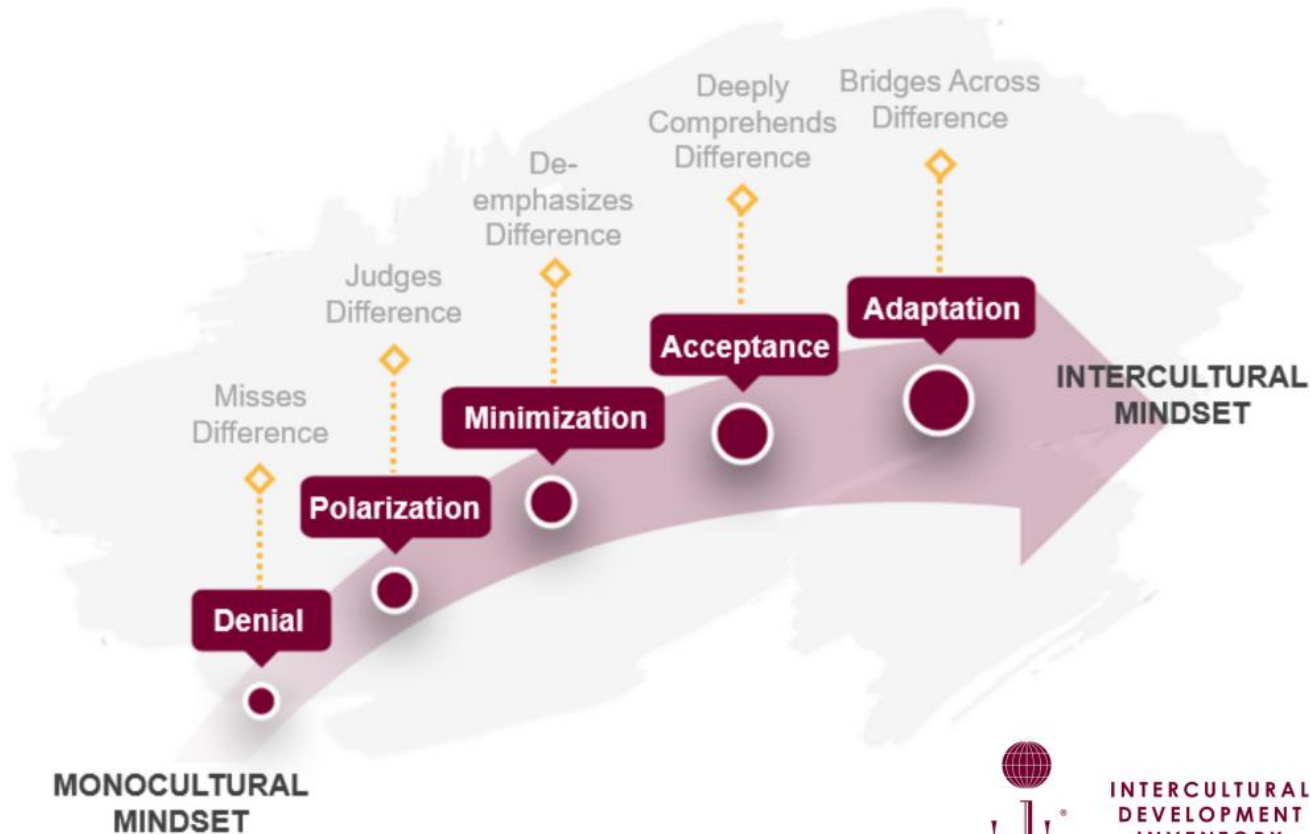
Definition

- Being aware that cultural differences and similarities between people exist without assigning them a value – positive or negative, better or worse, right or wrong.
- Being aware that cultural differences and similarities between people exist and have an effect on values, learning, and behavior.
- A set of skills that allows you to understand and learn about people whose cultural background is not the same as your own.



Intercultural Development Continuum (IDC)™

Framework to understand various stages of cultural sensitivity



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INTERCULTURAL
DEVELOPMENT
INVENTORY



Reflection

Please share verbally or enter your response into the chat.

Share an example of someone who is in the Denial stage of cultural sensitivity.

Share an example of someone who is in the Adaptation stage of cultural sensitivity.





NUIHC

NEBRASKA URBAN INDIAN HEALTH COALITION

The Nebraska Urban Indian Health Coalition is a non-profit agency whose mission is to elevate the health status of Urban Indians and other underserved populations.

NUIHC addresses health disparities through education, collaboration, advocacy and health service delivery.



How did you get into this work?

I'm privileged to have served the community for 30 years in this position. I was recruited in 1991, and this position fulfilled a childhood dream I had because I was raised very traditionally by my grandmother, who is also a shaman, therefore, I knew very well what she did, and I wanted to be so much like her, which is why I became a therapist.



When you talk about culture what are the dimensions?

Culture could mean so many different things, including race, ethnicity, age, gender identity, and sexuality which is very important, especially if you live in a region that is not as diverse as other parts. Living in one of these regions has helped me understand that differences exist, and it's important to acknowledge these differences to be able to get along with others and to know how these differences may impact our lives.



Why do you think it's important for health care providers to be trained on cultural sensitivity?

When we first opened our small clinic, I came up with the idea of having full time case managers who represented the major racial and ethnic communities in Lancaster county. It was the case managers' responsibility to meet with patients and help them come up with three questions to ask and to accompany them into the exam rooms, in addition to another advocate or a family member to help with translation whenever needed. We've also had training as it relates to the transgender community for the staff to be comfortable interacting with transgender patients.



What are some of the barriers that providers experience to cultural sensitivity with Indigenous communities?

There are over 575 federally recognized tribes in the US, and I've had the privilege of working with different tribes in Nebraska since 1985, so I've learned a lot since then. There's so much to learn, and to ask about when it comes to understanding community barriers. For example, with all the questions about COVID-19, it was essential to have as many people tested as possible without focusing on native communities only. We implemented this by providing \$25 gift cards to show our gratitude to all those who came in caring for themselves and for their communities, to be tested and vaccinated.



What are the top 3 things that a clinician needs to know about the "protocols" with an Indigenous community, if you can generalize?

The most important protocol is to have a relationship with the patient and their advocate to find out what it is that you need to know that would make the patient's experience more beneficial, e.g., having a prayer room and close contacts to pray with.



Considerations

- Use of spiritual leaders in care.
- Flexibility in hospital visitation policies.
- Questions to ask:
 - What tribe are you a member of?
 - Are there special considerations that staff need to be aware of?

Question & Answer

Case Study

Ms. Karim, an 87-year-old woman originally from Saudi Arabia, does not speak English. She is dressed in a long black dress with her hair covered. She has been experiencing shortness of breath and was found to have suspicious mass in right lower lobe and hilar and axillary lymphadenopathy.

You learn from the son that she was referred by her PCP, who has seen her for several years. The PCP has shared with the son, but not with the patient, that they suspect metastatic cancer. The son has asked that his mother not be made aware of the possible malignancy.

On review of her PCP notes for yearly physical, it states breast and gynecologic exams were deferred because the patient is Muslim.



Reflection

Please verbally share your response or enter it into the chat.

Do you agree with the PCP's conclusion?

What questions do you have for Ms. Karim?



Reflection

Please verbally share your response or enter it into the chat.

How do you assess or examine her?

How do you handle the son who does not want her to know the potential diagnosis?



Current State of COVID-19 in Nebraska



Nebraska COVID-19 Statistics

WEEKLY NEW REPORTED CASES

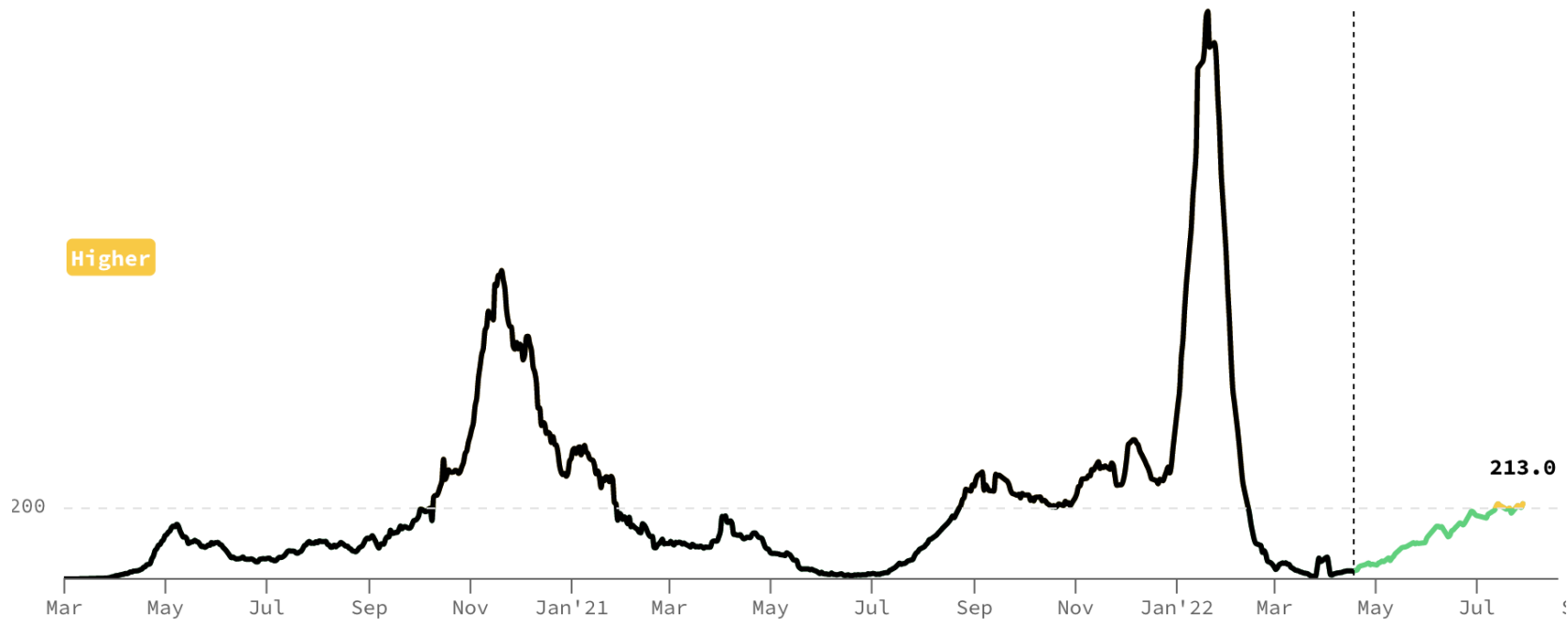
● **213.0** PER 100K

WEEKLY COVID ADMISSIONS

● **13.8** PER 100K

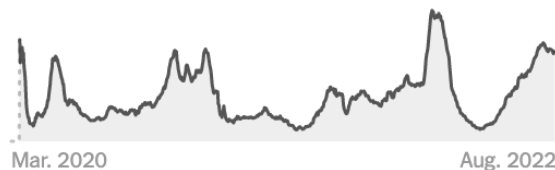
PATIENTS W/ COVID

● **5.1%** OF ALL BEDS

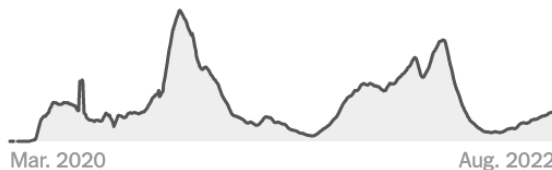


Nebraska COVID-19 Statistics

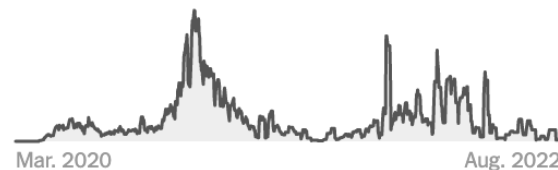
Test positivity rate



Hospitalized



Deaths



DAILY AVG. ON AUG. 2

14-DAY CHANGE

TOTAL REPORTED

Cases	589	+8%	515,858
Test positivity	26%	—	—
Hospitalized	220	+9%	—
In I.C.U.s	24	+14%	—
Deaths	<1	-89%	4,366

Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	Number of Hospitalizations	Hospitalizations with COVID	Vaccinated ¹ 1+	Vaccinated x2 ^{2,3}
4/20/22	22.2	2.5	54	1%	70%	68.5%
5/4/22	41.8	2.1	50	1%	70%	N/A
5/18/22	71.1	2.9	92	2%	70%	N/A
6/1/22	102	5.3	282	2.3%	70.5%	64%
6/15/22	148	6.3	139	3.1%	70.6%	64%
7/1/22	184	8.2	170	3.8%	70.8%	64.2%
7/19/22	208	9.5	193	4.4%	71.1%	64.4%
8/3/22	213	13.8	220	5.1%	71.3%	64.4%

*Per 100,000. ¹Percent of entire state population vaccinated. ²Source prior to June 2022 was NE DHHS, % based on age 5y+. June/July. ³Source for June 2022 -present: COVID ActNow & NYTimes based on entire state population.



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

<https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>



COVID-19 Vaccine Updates

- New COVID-19 vaccine available: Novavax
- Protein-subunit based vaccine
- Ages: 18 years and older
- Primary series: 2 doses spaced by at least 3 weeks
- Authorized as a primary series, not for boosters

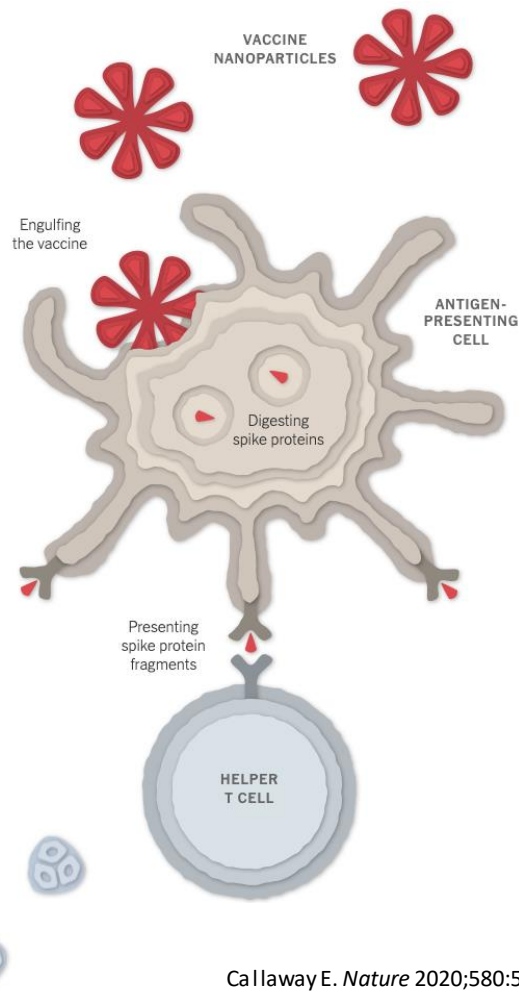
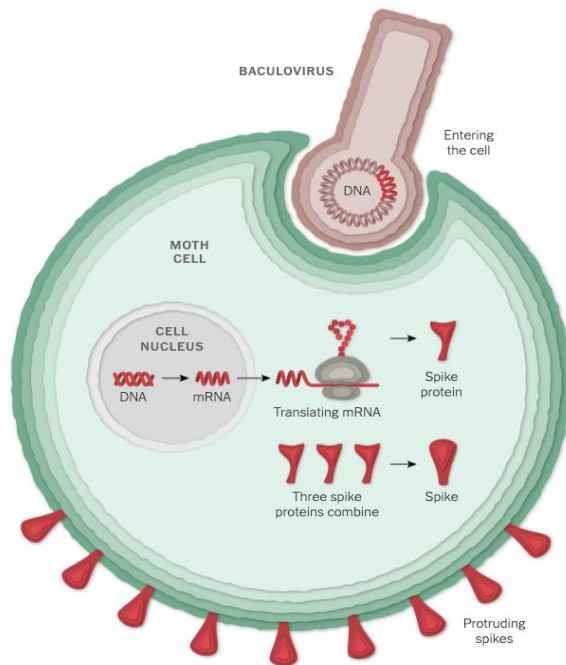
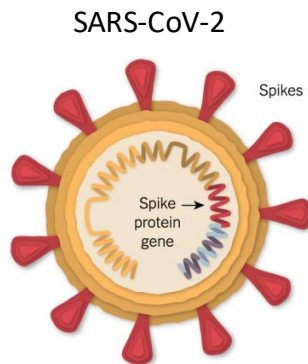


<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>



Protein-based Vaccines

Example: Novavax

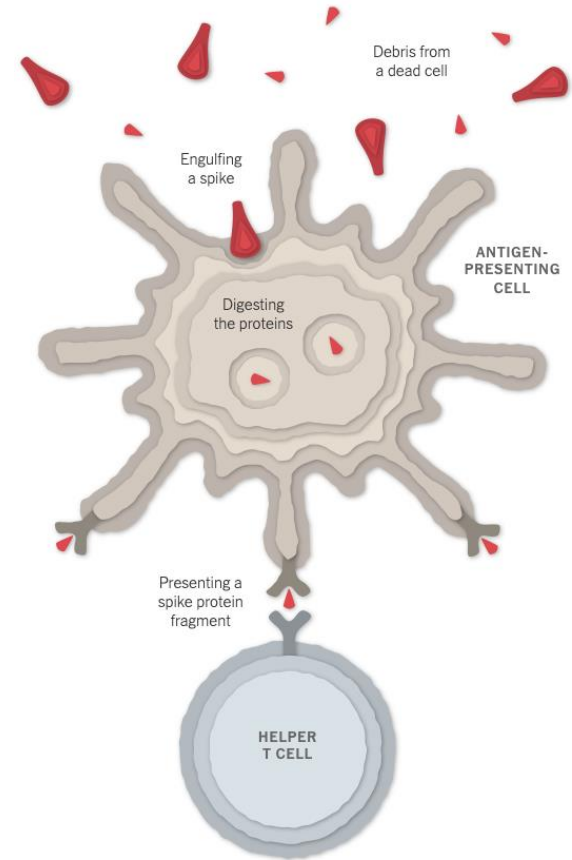
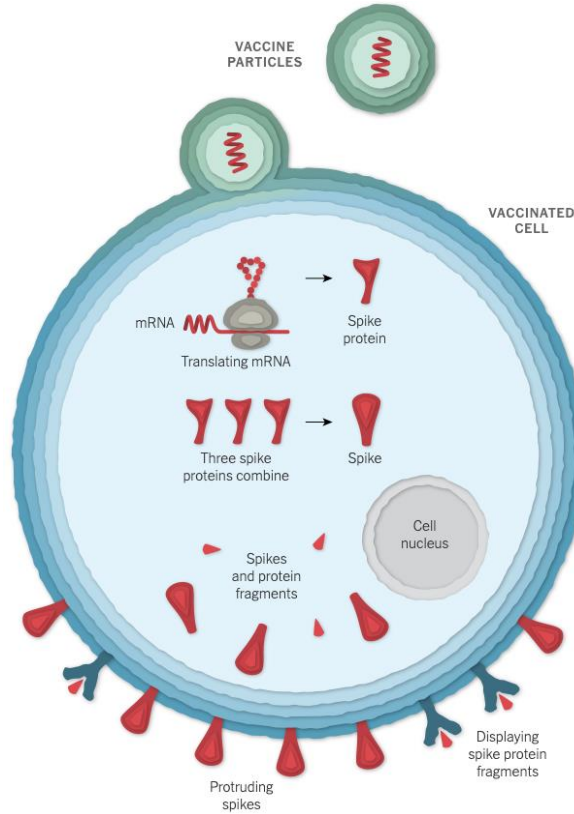
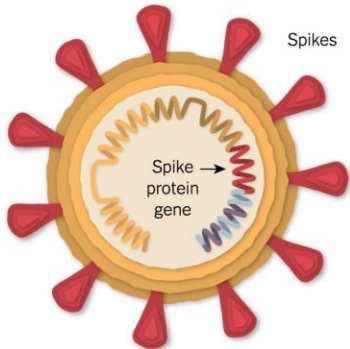


mRNA Vaccines

Examples:

- Pfizer-BioNTech
- Moderna

SARS-CoV-2



Callaway E. *Nature* 2020;580:576-7.

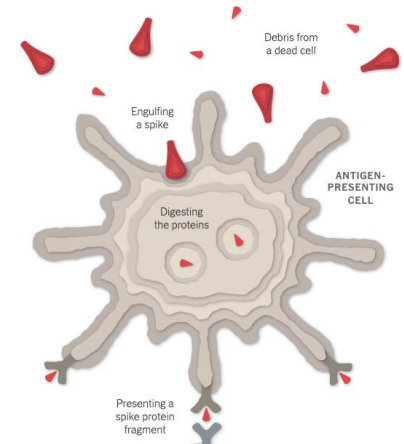
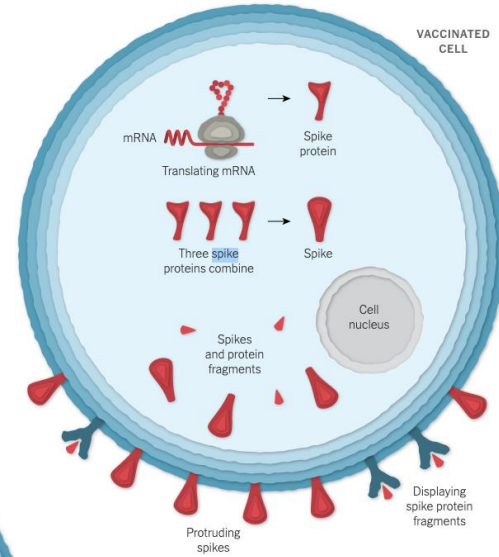
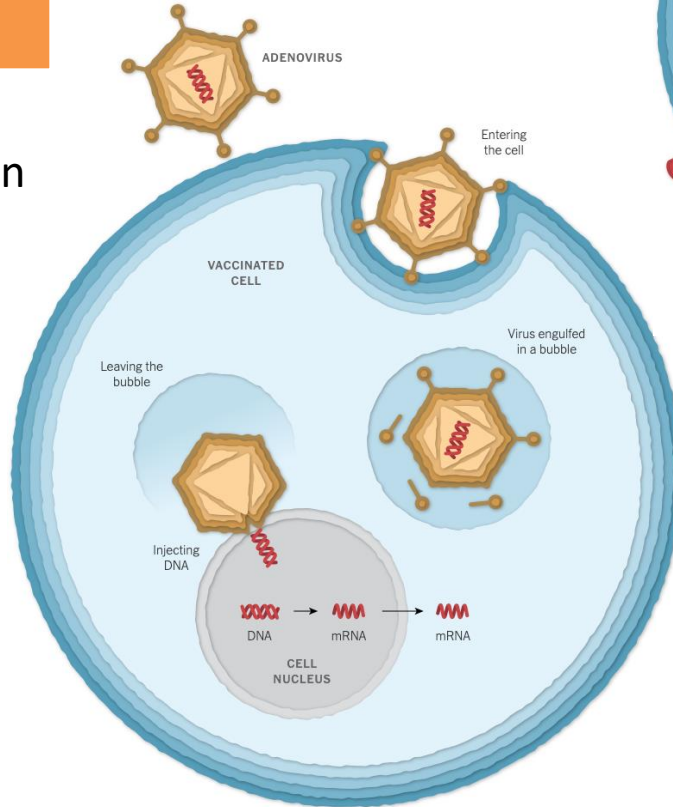
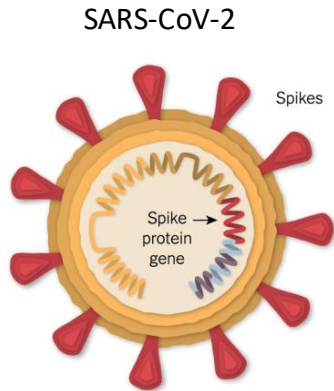
Krammer F. *Nature* 2020;586:516-27.

NYTimes.com

Viral Vector Vaccines

Examples:

- Johnson & Johnson
- AstraZeneca



Callaway E. *Nature* 2020;580:576-7.

Krammer F. *Nature* 2020;586:516-27.

NYTimes.com

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 **August 17th** on:
 - ***Health Equity: Organizational Considerations to Advance Health Equity***
 - ***Infection Prevention and Control: Setting Up an Employee Health Program***



Poll Results



Thank You!

