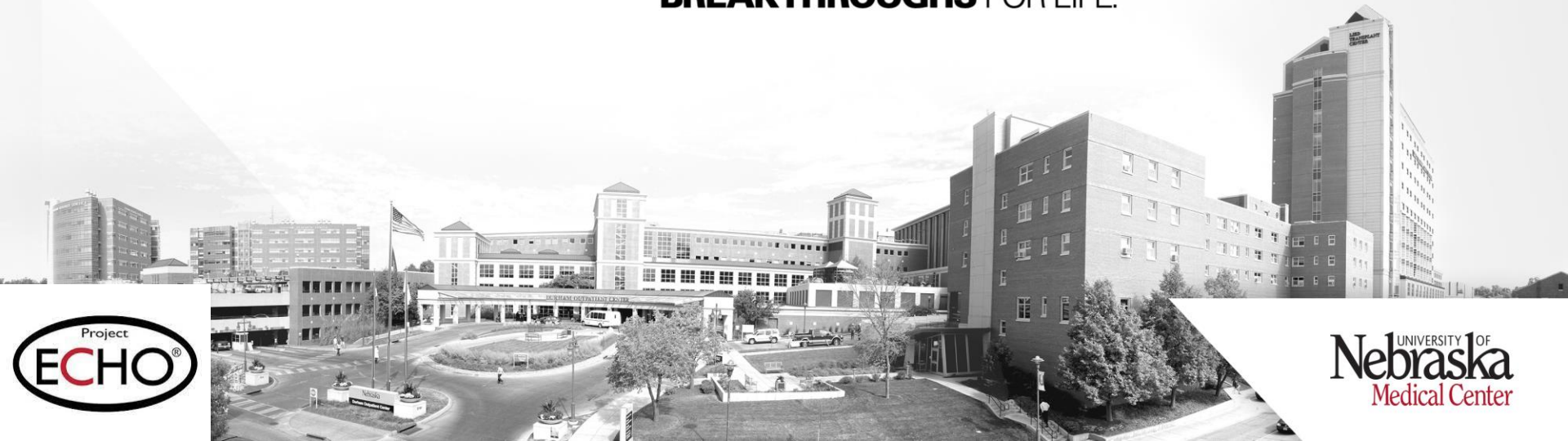
UNMC[SM]

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 20

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

Project ECHO®

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics: HE: Organizational considerations to advance health equity.
IPC: Setting Up an Employee Health Program

Free Live ECHO Project
August 17, 2022
CID 53870

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:

- Describe one organizational policy to advance health equity.
- Discuss interpersonal, intrapersonal, and institutional factors that contribute to advancing health equity.
- Discuss components of Infection Prevention Program for Healthcare Providers
- Explain how to establish pre-employment assessments for Healthcare Providers
- Discuss how to manage exposures and illness in Healthcare Providers

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: I00051635 Approval Number: 220002481
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:

- Jasmine Marcelin, MD
- Ada Wilson, JD
- Rick Starlin, MD

Disclosures

PLANNING COMMITEE

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
Mahelet Kebede, MPH
Nuha Mirghani, MD, MBA, HCM
Renee Paulin, MSN, RN, CWOCN
Erica Stohs, MD, MPH
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.

Lifecycle of a QI Project

Project

1. Scope your project

What process do you want to improve?

2. Assess your needs

Where is this process unreliable?

3. Plan for success

What can you measure to know if you are successful?

4. Prioritize ideas

What ideas could you test to strengthen this process?

Test

5. Test

Where can you start and learn the most?

6. Refine

How can you improve on your test?

7. Spread

In what other settings can you test and learn?

8. Scale

How can you expand your test within your organization?

Project Information

Deadline for proposals: October 1, 2022

Questions: jeff@ohiaadvisors.com

Schedule coaching: https://calendly.com/ohia/unmc-echo

Poll Results

Health Equity: Organizational Considerations to Advance Health Equity

Presenters: Ada Wilson, J.D.; Dr. Jasmine Marcelin

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UNMC

Developing Equity-based Practices

Building a sustainable DEI model

Ada K. Wilson, JD

Vice President

Chief Inclusion and Diversity Officer

Project ECHO

Nebraska Medicine

Objective

- Describe one organizational policy to advance health equity

- Discuss interpersonal, intrapersonal, and institutional factors that contribute to advancing health equity

Of all forms of inequality, injustice in health is the most shocking and most inhumane.

–Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation of African-Americans*

Common Language

Setting the stage with a common language allows us to set SMART DEI-goals and establish a meaningful common ground.


Innovation


Teamwork


Excellence


Accountability


Courage


Healing

Be Extraordinary Together					
Curiosity Level of Listening	Behavioral Styles Appreciation Filters	Blue Chips	Accountability	Assume Positive Intent	Gratitude Be Here Now

Zero Harm					
Clarifying Questions SBAR Technique	Structured Hand-offs	Know Why & Comply Validated and Verify	Self-check Using STAR	Speak Up with CUS	Peer Check

Equity					
Blind Spots Biases	Dimensions of Diversity	Inclusion	Motivated Awareness	Inclusive Integrity	Cultural Humility

Energy

Mood Elevator

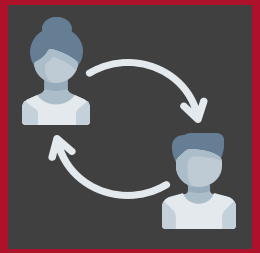
At Your Best

Project ECHO®

Equity-mindedness requires an understanding of personal context.

Intrapersonal

Our set of individual lived experiences – requires critical self-reflection



Interpersonal

An examination of how we communicate with others

Institutional

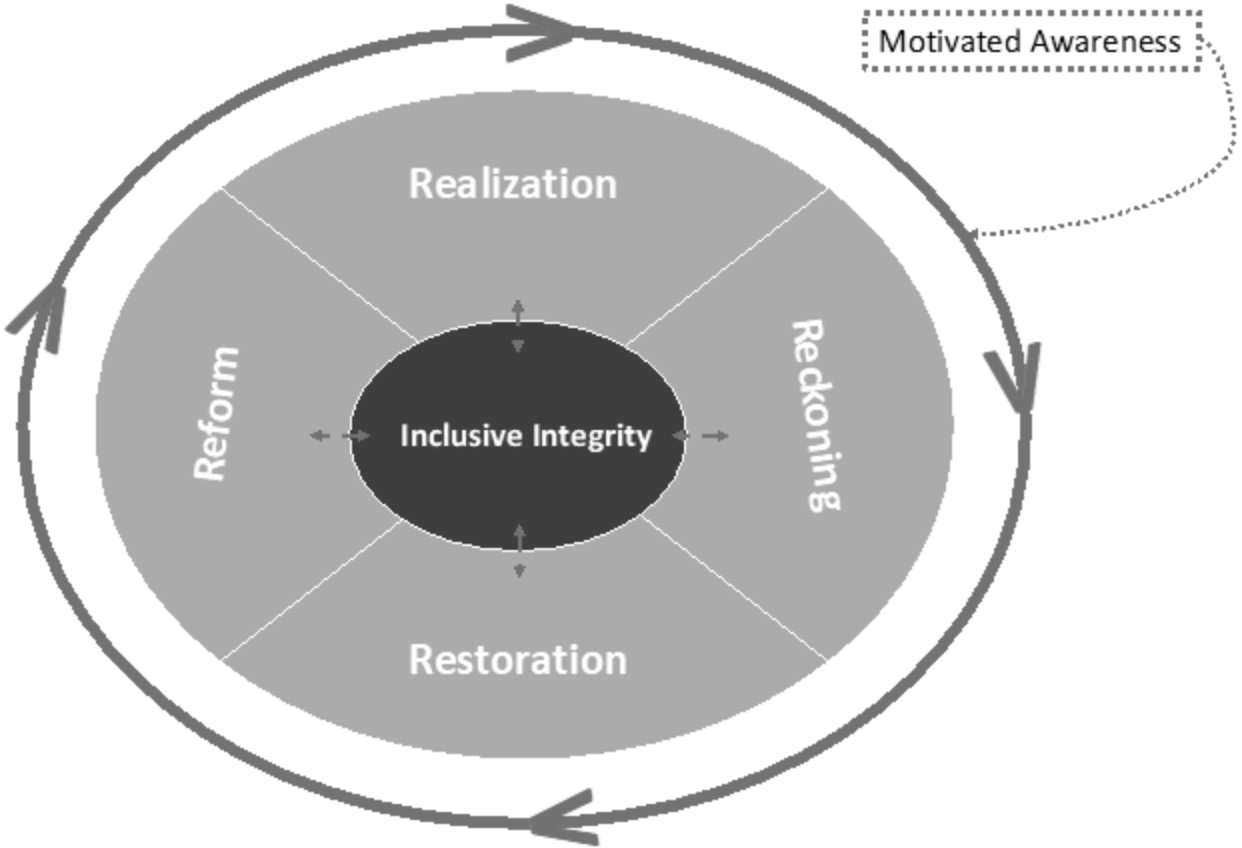
Policies and practices that have a direct impact on individuals

Equity-mindedness applies to our patients and colleagues

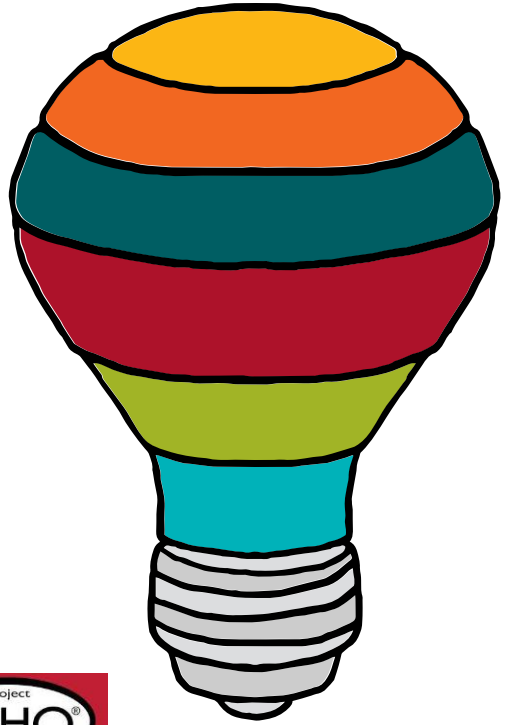
What Strategies Can We Utilize to Advance Health Equity Within Our Organizations?

Mentimeter Activity

Moving Forward: Equity Continuum



Operationalizing *Restoration*



- Clear articulation of Mission, Vision and Core Values
- Data –driven approach
- Critical analysis of challenges and opportunities
- Defined goals that are time-bound and measurable
- Prioritized KPIs and resource allocation

Initial Considerations

Preparing to Plan: The "Why"

Telling Your Story

Understanding the "WHY" – individual, departmental, organizational, and community

Bridging gap between goals and company culture/context

Advocating for Resources

Defined needs lead to a more refined budget

Forward-thinking and longitudinal strategies

Connection to Mission, Vision and Values

Organizational imperative

Connects to business case

Accountability in structure and action

Understand the Data

Data should drive decisions and inform practices

Uncovering nuances will lead to sustainable policies and practices

Nebraska Medicine

SERIOUS MEDICINE. EXTRAORDINARY CARE.®

Inclusion Scorecard for Population Health™

A CURRENT STATE ANALYSIS

June 2022

DRAFT

IMPACT health

INNOVATIONS IN HEALTH EQUITY

The Assessment Process

- Items Selected based on Known Health Inequities
- Process Owners and Key Collaborators Identified
- Schedule and Conduct Interviews
- Calculate Ratings, Provide Rationale
- Describe Future State, Conduct Secondary Research
- Share Report with Collaborators for Feedback
- Finalize Report

THE INCLUSION SCORECARD FOR POPULATION HEALTH

Six Target Best Practices Were Identified for Review

Interviews conducted 3/24/22 through 5/19/2022

YOU ARE HERE

Review Regional Data on Inequities → Assess Related Best Practices → Define the From/To Gap → Present to HEDI Council for Action → Implement Practice/Track Progress

Midpoint Evaluation Survey

- Gives us information on what kinds of organizations are most active in the program
- Helps us tailor our curriculum to meet your needs
- Takes 5-7 minutes to complete

Survey Link: https://redcap.nebraskamed.com/surveys/?s=WRLYYX8JNFTM8TJW

Infection Prevention and Control: Setting Up an Employee Health Program (Part 1)

Presenter: Erica Stohs, MD

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Objectives

- Discuss components of Infection Prevention Program for Healthcare Providers
- Explain how to establish pre-employment assessments for Healthcare Providers
- Discuss how to manage exposures and illness in Healthcare Providers

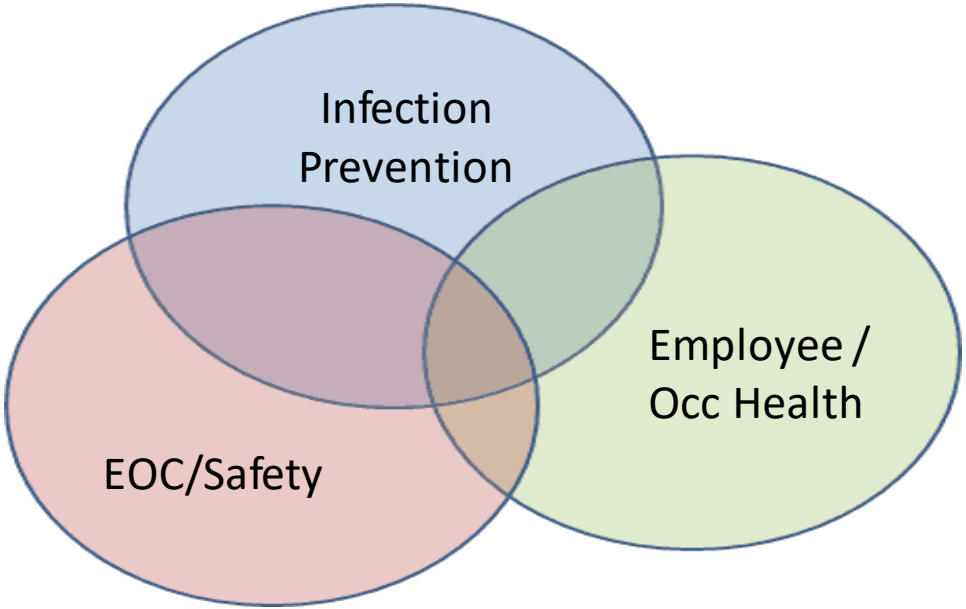
Infection Prevention in Health Care Providers

Richard Starlin MD

Assistant Professor Division of Infectious Diseases, UNMC

Associate Medical Director Employee Health, Nebraska Medicine

Overview of the Relationship



When we say employee…

People paid by you PLUS

- Students
- Volunteers
- Licensed Independent Practitioners (MD, PA, NP)
- Contracted workers
- Vendors (in some cases)

Basics of the Program

What should the program include?

- Pre-employment health assessment in relation to work risks
- Vaccination & immunity- Pre-employment and ongoing during employment
- Fit testing
- What should employee do if sick
- Return to work after illness- when? Process?
- Management of possible/known exposures
- Colleague health conditions- pregnancy, immune compromise
- How to handle emerging risks

Pre-employment Assessment

- Health care providers are at risk for exposure to and acquisition of vaccine preventable diseases. This risk can be minimized by:
  - Strict adherence to handwashing
  - Rapid institution of appropriate isolation for patients with known or suspected communicable diseases
  - Maintaining up to date immunizations in health care providers

- Health status as pertains to risk of illness in employment role
  - Health issues and potential exposure to patients infected with or lab work with special pathogens
  - Risk of vaccination with health conditions (ie ACAM [monkeypox] vaccine)

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Assessment of Immunity against vaccine preventable illness

- All medical facilities that provide direct patient care are encouraged to formulate and implement a comprehensive immunization policy for all health care providers
- This policy should describe exactly what the risk of exposure to vaccine preventable diseases is, according to job description
- Recommendations for immunization should be based upon the risk of exposure
- All new employees should receive a prompt review of their immunization status prior to starting to care for patients

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Assessment of Immunity against vaccine preventable illness

- All health care providers should be immune to measles, mumps, rubella, and varicella.
- All health care providers with potential exposure to blood or body fluids should be immune to hepatitis B.
- All health care providers should be offered annual immunization with influenza vaccine.
- All health care workers should receive a one-time dose of Tdap as soon as possible, unless they are certain that they have received Tdap.
- All health care providers should either be offered immunizations that are routinely recommended for adults, such as tetanus, diphtheria, and pneumococcal vaccine, or be referred to their primary care provider.
- At-risk health care providers and laboratory personnel should be offered the following vaccines: polio, meningococcal, rabies, plague, typhoid, and hepatitis A.

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Assessment of Immunity against vaccine preventable illness

- COVID-19
  - Vaccination with one of the available vaccines is indicated for all health care workers unless there is a contraindication (which is quite rare)
  - Recommendations vs mandate with exemption programs
  - Fully vaccinated vs up to date
  - Have to keep up with changes in requirements and recommendations

Assessment of Immunity against vaccine preventable illness

- Offer vaccination free of charge?
- Define what will count as immunity
  - Documented infection? Titers? Vaccination?
- Define your requirements and consequences of refusal
- Approach to non-responders

TB Assessment

- Plan depends on facility TB risk assessment
  - Work closely with IP

- In regions with low TB incidence rate, HCWs should undergo initial TB screening with individual risk assessment and symptom evaluation
  - For individuals without documented prior TB disease or LTBI, baseline TB testing with an IGRA or a TST should be performed
  - In the absence of a known exposure or ongoing transmission, no routine serial TB testing at any interval after baseline is warranted
  - Serial TB screening may be reasonable for HCWs at increased risk for occupational exposure to TB (such as pulmonologists or respiratory therapists) or for HCWs in certain settings (such as emergency departments)
- TST vs IGRA
  - Interpreting results
  - CXR and Referral if positive?

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TB Assessment- PPE

- Fit testing
  - The Occupational Safety and Health Administration (OSHA) requires annual fit testing
  - HCWs should wear respiratory protection in the following circumstances:
    - While in the room of a patient with known or suspected active infectious TB
    - While accompanying a patient with known or suspected active infectious TB, such as during transit
    - While present during a procedure for a patient with known or suspected active infectious TB that induce coughing or aerosolization, such as:
      - Endotracheal intubation
      - Bronchoscopy
      - Sputum induction
      - Chest physical therapy
      - Administration of aerosolized drugs
      - Irrigation of a tuberculous abscess
      - Autopsy on a cadaver with untreated TB disease
  - HCWs who are unable to use an N95 mask due to poor fit (for example, individuals with beards or th whose facial structure precludes a tight seal) should use a PAPR.

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Colleague Illness

- Employee illness and symptoms
  - Generally febrile colleagues should not report to work
    - Certain conditions, e.g., boils, weeping dermatitis, infected wounds or sores, acute gastroenteritis, uncontrolled cough, profuse sneezing or runny nose require removal from work
  - Duration out and RTW depends on syndrome, diagnosis and recovery
    - What is required for RTW?

- Exposure to contagious pathogen- very pathogen and situation dependent
  - Can colleague work?
  - Any PEP?

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CDC COVID-19 Isolation & Quarantine Recs

If You Test Positive for COVID-19 (Isolate)

- Regardless of vaccination status:
  - Stay at home for 5 days
  - If no symptoms or your symptoms are resolving after 5 days, you can leave your house.
  - Continue to wear a mask around others for 5 additional days.

If You Were Exposed to Someone with COVID-19 (Quarantine)

- Depends on vaccination status:
  - If you are boosted – or – recently vaccinated (Pfizer or Moderna in past 6mo; J&J in past 2mo):
    - Wear a mask around others for 10 days.
    - Test on day 5, if possible.
  - If you are unvaccinated, not boosted (i.e. vaccination not as above):
    - Stay home for 5 days, then mask for another 5
    - If no quarantine, mask 10 days.
    - Test at day 5 if possible
  - *If you develop symptoms, isolate*

https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html

Surveillance for Infection in HCPs

- Ongoing – close coordination with your local Health Department
  - What's going around?
  - Seasonal
- Investigation of hospital acquired infection
  - Risk to colleagues?
- Accidental Exposure to Communicable Disease

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Post-Exposure Assessment

For ***all*** Communicable Diseases, define "exposure"

- Route of Transmission
- Type of Contact
- Duration of Exposure
- Period of Communicability
- Incubation period
- Exposed population
  - Goes beyond employees during care
  - May include pre-hospitalization as well

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Blood Borne Pathogens

- Bloodborne Pathogens- HIV, HBV, HCV
  - Define based on significant exposure AND significant route
  - Baseline testing of the source and the recipient
    - Could be an employee or other patient
  - What to do if something positive
    - Reporting results
    - PEP
    - Referral?

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Special Situations - Emerging Diseases

- Covid-19
- Monkey Pox
- Ebola
- Maarburg
- Polio

Be able to speak to the difference and calm the fears.

Questions?

Case Discussion

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Our Case

You are a director in an administrative office in the greater Omaha area. One of the staff members in your office lets you know that they have tested positive for COVID-19.

Your organization does not have a mask mandate, but it does require COVID vaccinations for all staff.

Reflection Questions

1. Which policies would be part of your response to a COVID-19 outbreak?

2. Which of those policies would help this staff member most?

3. How would you know that these policies are equitable? What data would you need?

Current State of COVID-19 in Nebraska

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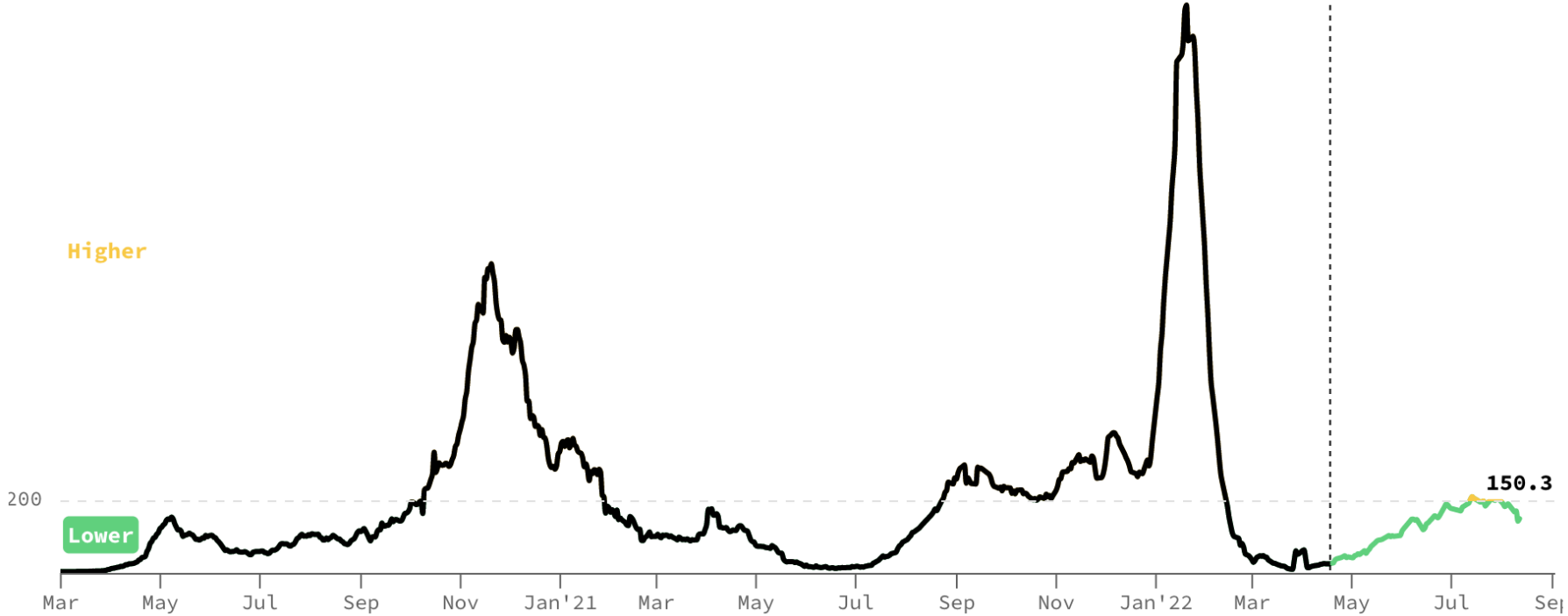
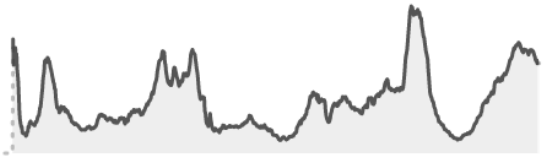
Nebraska COVID-19 Statistics

WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
150.3 PER 100K	**10.6** PER 100K	**5.2%** OF ALL BEDS



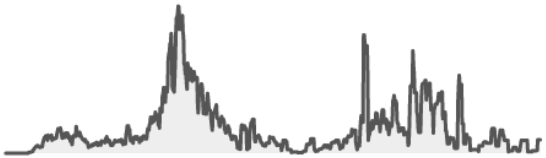
Nebraska COVID-19 Statistics

Test positivity rate



Hospitalized

Deaths



	DAILY AVG. ON AUG. 16	14-DAY CHANGE	TOTAL REPORTED
Cases	415	–29%	522,491
Test positivity	23%	—	—
Hospitalized	204	–8%	—
In I.C.U.s	20	–19%	—
Deaths	3	+878%	4,394

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

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%
8/17/22	150	10.6	204	5.2%	71.5%	64.6%

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

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 **September 7th** on:

- Health Equity: ***Utilizing Data to Assess Health Disparities (Part 1/2)***

- Quality Improvement: ***Formulation of Solutions (Part 1/2): Are There Particular Groups Who are Impacted? (Segmentation)***

Poll Results

Thank You!