



UNIVERSITY OF
Nebraska
Medical Center

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

Welcome to Session 24



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



Reminders

- Each healthcare organization are eligible to apply for **up to \$2000 expense reimbursement**
- All the session presentation are available on our website
- 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, EdD
- Samantha Jones, Program Manager
 - Dan Cramer, NP



CE Disclosures



UNMC ID Health Equity and Quality Improvement ECHO Project

Topics:

CS: Recap

QI: Measurement: How will you know that you have improved your process?

Free Live ECHO Project

October 19, 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.



EDUCATIONAL OBJECTIVES

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

- Describe key cultural sensitivity concepts covered over the course of this ECHO program
- Differentiate between process and outcome measures
- Apply process and outcome measures to example quality improvement projects relevant to COVID-19 and health equity

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. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.5 general 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: I00052470 Approval Number: 220003317

To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.



DISCLOSURE DECLARATION

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:

- Precious Davis, MSN, BSN, RN*
- Gale Etherton, MD, FACP
- Mahelet Kebede, MPH*
- Mahliqha Qasimyar, MD
- Jeff Wetherhold, M. Ed*

**faculty and planning committee member*



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
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Bailey Wrenn, MA





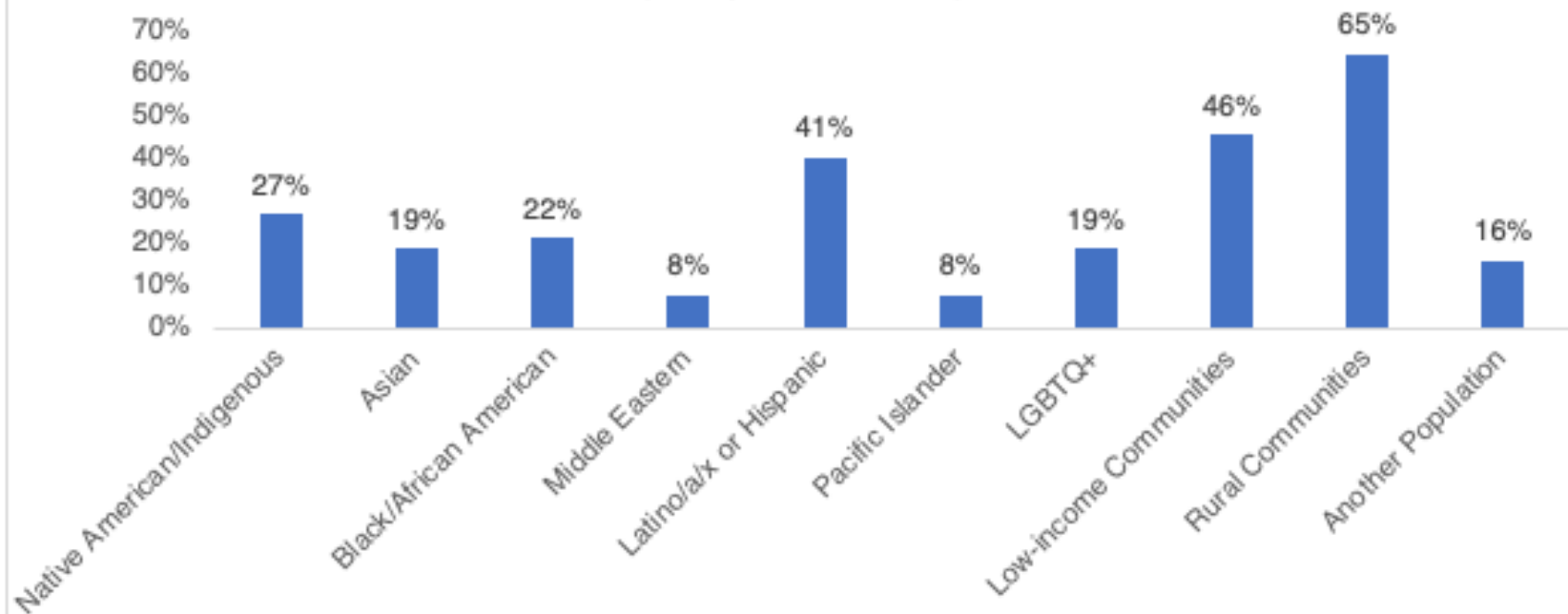
www.unmc.edu/cce

POLL



Midpoint Evaluation

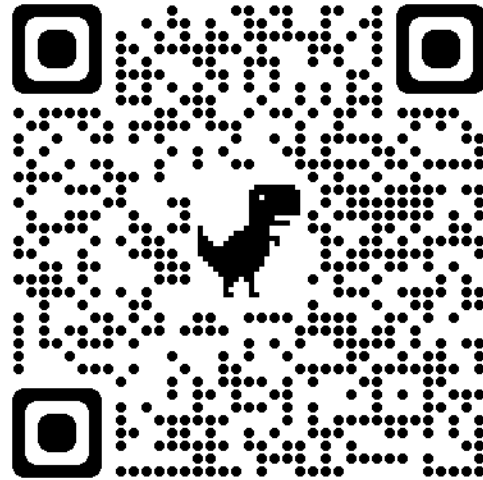
Which of these populations does your organization primarily serve?
(multiple selections)



Participant Interviews

- 30-45 minutes each
- Focused on how you hope to apply what you are learning to your work
- Helps us improve program content

Schedule an interview:



Discussion Topics

- Let us know how we can focus a future discussion session
- Recent example: Managing disinformation that patients receive from providers
- Send suggestions to jeff@ohiaadvisors.com (or chat them in today!)



Poll Results



Quality Improvement: How Will You Know That You have Improved Your Process?

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



Objectives

1. Differentiate between process and outcome measures
2. Apply process and outcome measures to example quality improvement projects relevant to COVID-19 and health equity



Review: Process and Outcome Measures

Process measures are actions linked to an outcome

- Vaccination conversations
- PPE usage
- Risk assessment for resident falls

The frontline are accountable



Outcome measures are the results of actions or processes

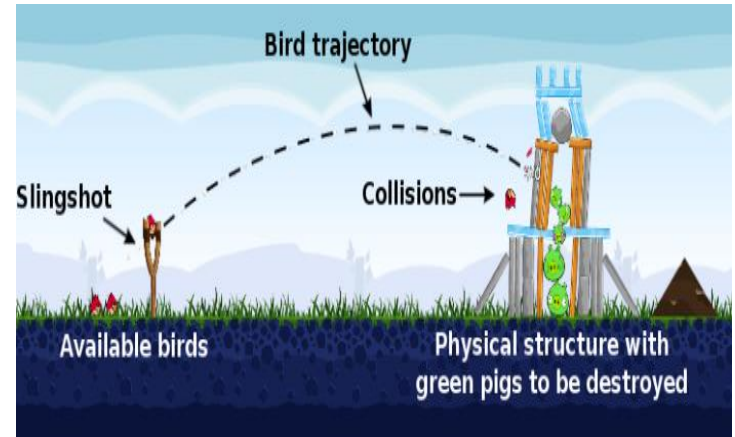
- Vaccination rate
- COVID infection rate
- Resident fall rate

Leadership or management are accountable



Choosing Metrics

- Think of process change like planning the course of the bird in Angry Birds
- Your first shot may miss, so you make small changes in your process (shooting)



Another Layer of Measurement

- Process measures tell us what changes we can make that will lead to improvement
- Outcomes measures tell us how we will know that a change is an improvement
- **Balancing measures tell us what could go wrong outside of our process**



Examples: Balancing Measures

- Staff satisfaction
- Patient/customer satisfaction
- Time expended
- Financial cost

Discussion

Aim: Get in better shape by March 1, 2023.

What measures would be relevant?



Aim: Get in better shape by March 1, 2023.

For each measure, choose:

**Baseline
(inputs)**

Process

Outcome

Balancing

- | | |
|----------------------------------|--|
| 1. Frequency of exercise | 9. Physical comfort |
| 2. Duration of exercise | 10. Weight lost |
| 3. Type of exercise | 11. Muscle mass |
| 4. # of snacks/meals | 12. Clothes fit |
| 5. Total daily intake (calories) | 13. Availability of exercise equipment |
| 6. Mood | 14. Location for exercise |
| 7. Availability | 15. Group vs. individual exercise |
| 8. Cost | 16. Quality of life |



Aim: Get in better shape by March 1, 2023.

Baseline	Process	Outcome	Balancing
<ul style="list-style-type: none">• Availability of exercise equipment• Location for exercise	<ul style="list-style-type: none">• Frequency of exercise• Duration of exercise• Type of exercise• # of snacks/meals• Total daily intake (calories)• Group vs. individual exercise	<ul style="list-style-type: none">• Weight lost• Muscle mass• Clothes fit	<ul style="list-style-type: none">• Mood• Availability• Cost• Physical comfort• Quality of life

Previous Discussion

Aim: Our team will translate information on COVID-19 boosters to three languages common in our community by January 1, 2023.

What process measures would be relevant?



Aim: Our team will translate information on COVID-19 boosters to three languages common in our community by 1/1/2023.

For each measure, choose:

Baseline
(inputs)

Process

Outcome

Balancing

- | | |
|---|--|
| 1. Choice of languages | 9. Internal approval of translation |
| 2. Realistic time frame | 10. Clarity of actions/next steps |
| 3. Population-specific needs | 11. Clarity of instructions |
| 4. Audience knowledge | 12. Cultural appropriateness of instructions |
| 5. Audience literacy level | 13. Simplicity of content |
| 6. Accessibility for non-readers | 14. Impact on other vaccinations |
| 7. Availability of translation services | 15. Cost |
| 8. Accuracy of translation | |



Aim: Our team will translate information on COVID-19 boosters to three languages common in our community by 1/1/2023.

Baseline	Process	Outcome	Balancing
<ul style="list-style-type: none">• Audience knowledge• Audience literacy level• Availability of translation services• Internal approval of translation	<ul style="list-style-type: none">• Choice of languages• Realistic time frame• Accuracy of translation• Clarity of actions/next steps• Clarity of instructions• Cultural appropriateness of instructions• Simplicity of content	<ul style="list-style-type: none">• Population-specific needs	<ul style="list-style-type: none">• Accessibility for non-readers• Impact on other vaccinations• Cost



Aim Statement

- An aim statement is a written, measurable, time sensitive statement of the expected results of a system redesign/quality improvement project
- The aim can change as needed to flex with information obtained during project
- Leadership and frontline staff must agree on this to be successful

SMART Aim Statement



Poll Question

Which aim statement is SMARTest?

1. We will implement a revised training process for cultural sensitivity for 100% of new staff.
2. We will implement a revised screening process for eligibility for telehealth visits 100% of patients from outside of Douglas County who require a follow-up by December 31, 2022.
3. We will improve the reliability of reminder calls to all patients in our clinic in order to reduce no-shows by November 30, 2022.
4. We will test a revised process for documenting the provision of non-clinical services at check-out with 20 patients by November 30, 2022.

Evaluating Aim Statements

	Specific?	Measurable?	Attainable?	Relevant?	Time-based?
1. We will implement a revised training process for cultural sensitivity for 100% of new staff.	X	✓	✓	✓	X
2. We will implement a revised screening process for eligibility for telehealth visits 100% of patients from outside of Douglas County who require a follow-up by December 31, 2022.	✓	✓	✓	✓	✓
3. We will improve the reliability of reminder calls to all patients in our clinic in order to reduce no-shows by November 30, 2022.	X	X	X	✓	✓
4. We will test a revised process for documenting the provision of non-clinical services at check-out with 20 patients by November 30, 2022.	X	✓	X	✓	✓



Cultural Sensitivity Recap Session

Precious Davis, EdD and Mahelet Kebede, MPH



Objective

- Describe key cultural sensitivity concepts covered over the course of this ECHO program.



Definition

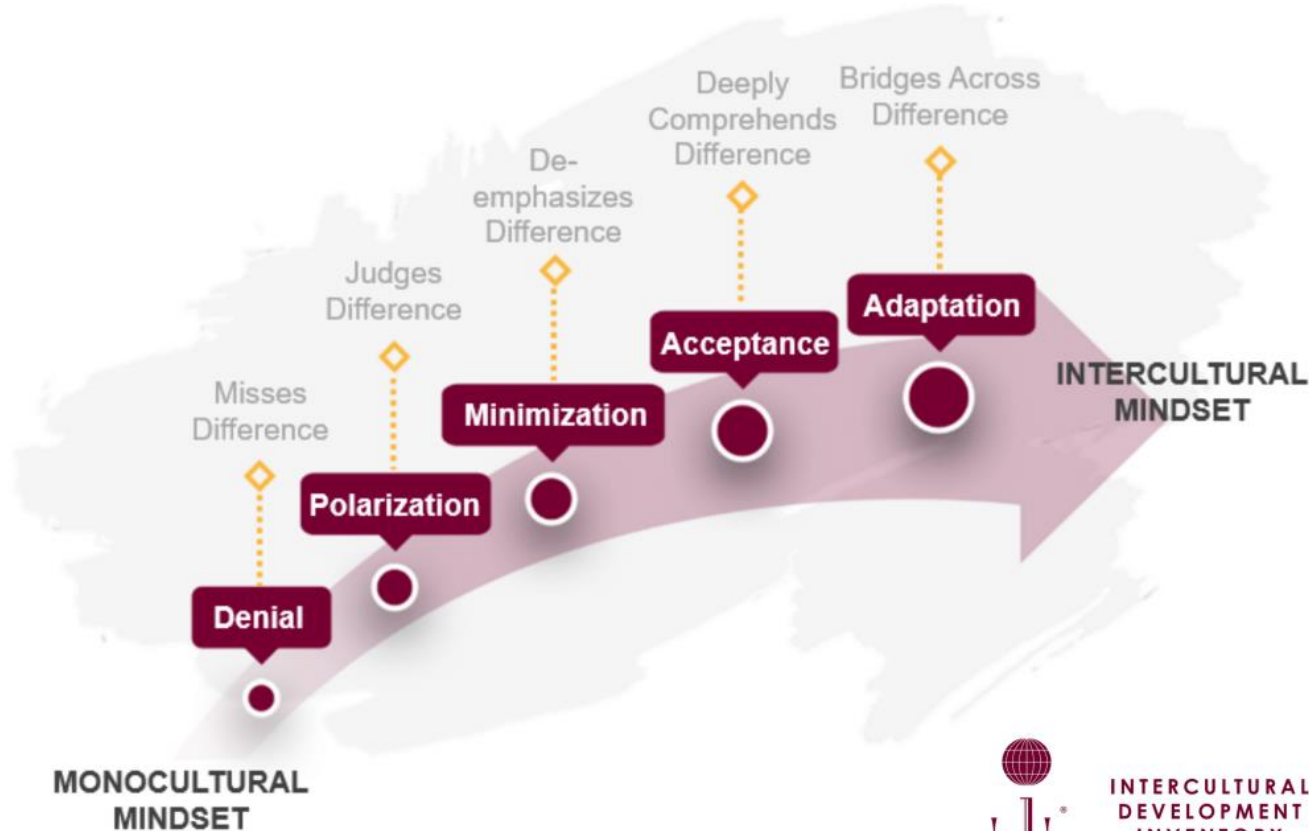
Cultural Sensitivity

- a. Being aware that cultural differences and similarities between people exist without assigning them a value – positive or negative, better or worse, right or wrong.
- b. Being aware that cultural differences and similarities between people exist and have an effect on values, learning, and behavior.
- c. 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

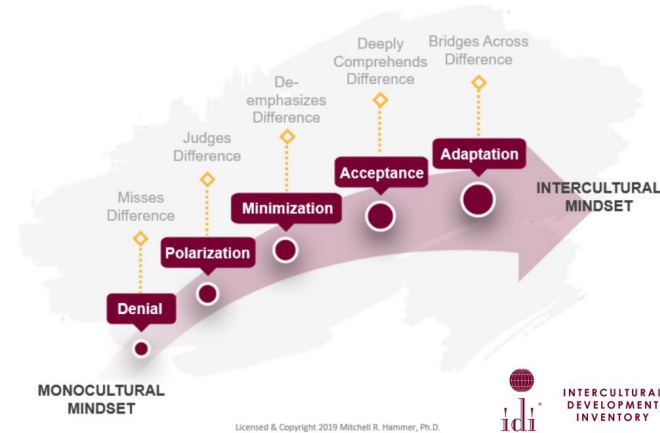


Poll Question

“My cultural practices are superior to other cultural practices”

An example of:

- a) Denial
- b) Polarization
- c) Minimization

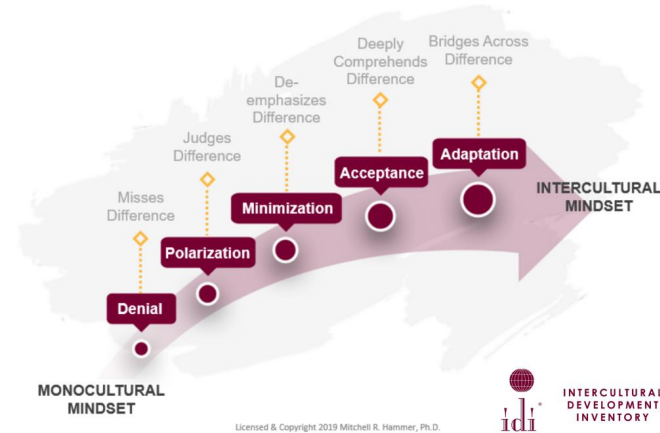


Poll Question

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An example of:

- a) Denial
- b) Polarization ←
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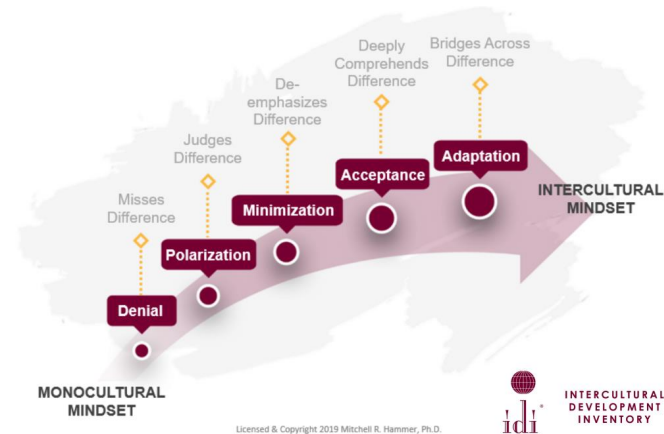


Poll Question

“I’m struggling with that behavior of theirs because we don’t do that where I come from”

An example of:


- a) Minimization
- b) Acceptance
- c) Adaptation

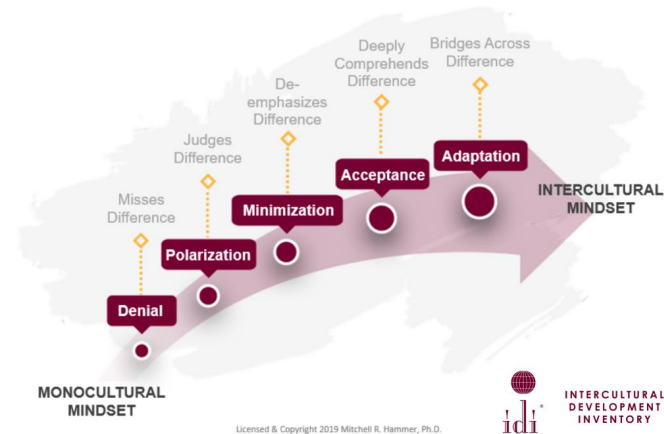


Poll Question

“I’m struggling with that behavior of theirs because we don’t do that where I come from”

An example of:

- a) Minimization
- b) Acceptance 
- c) Adaptation



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.



What is an American belief?



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 Practice Examples



Reflection

Please enter your response into the chat.

How would a patient's cultural values, beliefs, or practices impact their engagement with COVID-19 prevention and control efforts?



Cultural Considerations

Learn from patients

Ask Questions:

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

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



Translation guide

ANGLO-DUTCH TRANSLATION GUIDE

WHAT THE BRITISH SAY	WHAT THE BRITISH MEAN	WHAT THE DUTCH UNDERSTAND	What Americans 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>	



Strategies

...when communicating with patients of a 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.

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.



Implicit Bias

(AKA Unconscious Bias)

Definition

When we have attitudes towards people or associate stereotypes with them without our conscious knowledge.



Explicit vs Implicit Bias

Explicit bias

Expressed directly

Aware of bias / operates consciously

Example – Sign in the window of an apartment building – “whites only”

Implicit bias

Expressed indirectly

Unaware of bias / operates sub-consciously

Example – a property manager doing more criminal background checks on African Americans than whites.

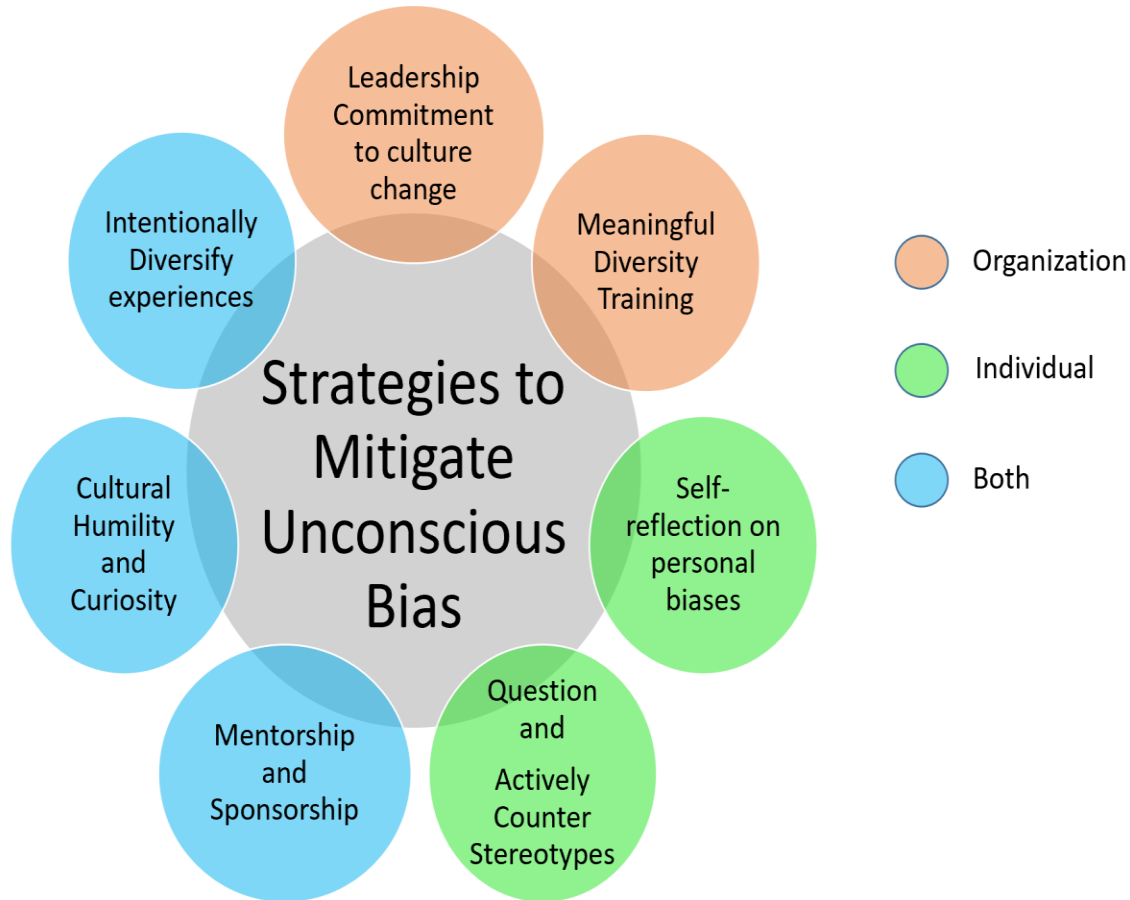
Example



<https://youtu.be/ibJyZeTzLIY>



Organization-level and Personal-level Strategies to Mitigate Unconscious Bias



Differences and Similarities

Microaggressions

- Brief
- Communicate a message
- Slight or insult
- Related to marginalized identity

Implicit Bias

- Affects judgements, decisions, and behaviors
- Unconscious
- Everyone possess it

Intentional
or
Unintentional

Verbal or
Nonverbal

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 conversation beyond the interaction



Considerations for Treating Indigenous Patients

- Use of spiritual leaders in care.
- Flexibility in hospital visitation policies
- Questions to ask:
 - What tribe are you a member of?

Case Discussion



Discussion

Aim: Improve the acceptance rate for COVID vaccine boosters among the Hispanic population in our rural community.

What is SMART about this aim?

How could we make it SMARTer?



SMART Aim Statement



Discussion

Aim: Improve the acceptance rate for COVID vaccine boosters among the Hispanic population in our rural community.

How would cultural sensitivity considerations impact process measures for this aim?



Example Aim: Increase the rate of COVID-19 booster vaccination among vaccine-eligible Hispanic patients in our clinic by 10% by February 1, 2023.

Baseline	Process	Outcome	Balancing
<ul style="list-style-type: none">• Frequency of data collection• # patients eligible• # patients ineligible• Staff/resources• Cultural factors	<ul style="list-style-type: none">• # eligible patients contacted• # eligible patients reached• # eligible patients scheduling visits• # eligible patients completing visits• # eligible patients receiving booster• # eligible patients with incomplete scheduled visits• Language/mode of communication	<ul style="list-style-type: none">• Vaccination rate	<ul style="list-style-type: none">• Budget• Staff satisfaction• Patient satisfaction• Staff availability• Impact on other vaccinations• Accessibility



Current State of COVID-19 in Nebraska



Nebraska COVID-19 Statistics

Community risk level metrics

WEEKLY NEW REPORTED CASES

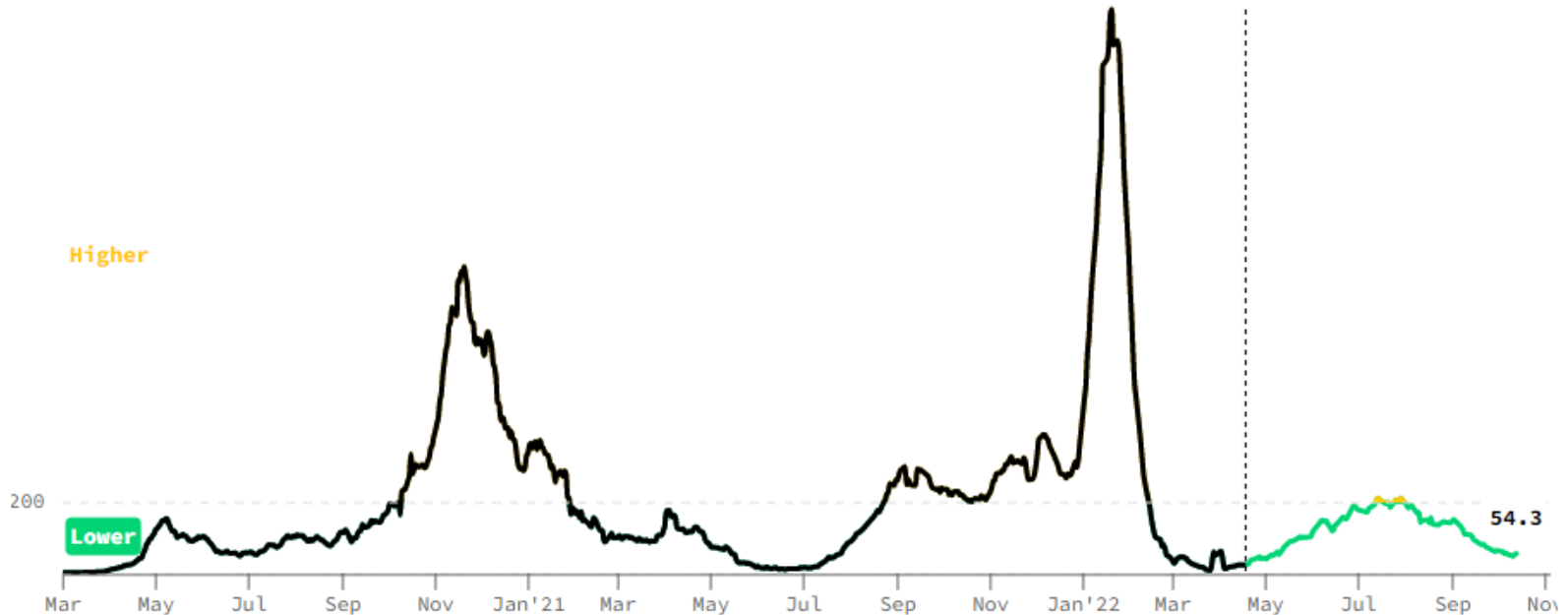
● **54.3** PER 100K

WEEKLY COVID ADMISSIONS

● **4.4** PER 100K

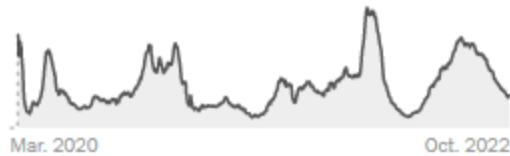
PATIENTS W/ COVID

● **3.1%** OF ALL BEDS

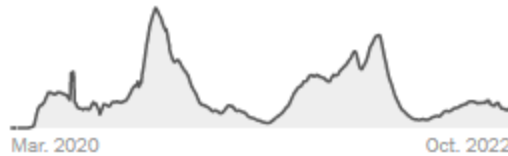


Nebraska COVID-19 Statistics

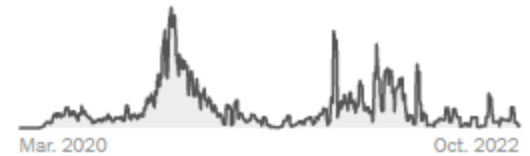
Test positivity rate



Hospitalized



Deaths



DAILY AVG. ON OCT. 16

PER 100,000

14-DAY CHANGE

Cases	150	8	-14%
Test positivity	10%	—	—
Hospitalized	160	8	+1%
In I.C.U.s	19	<1	-11%
Deaths	<1	<1	-90%

Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	COVID-19 Hospitalizations	% COVID Hospitalizations
10/5/22	63.3	6.3	175	3.4%
10/19/22	54.3	4.4	160	3.1%

*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.



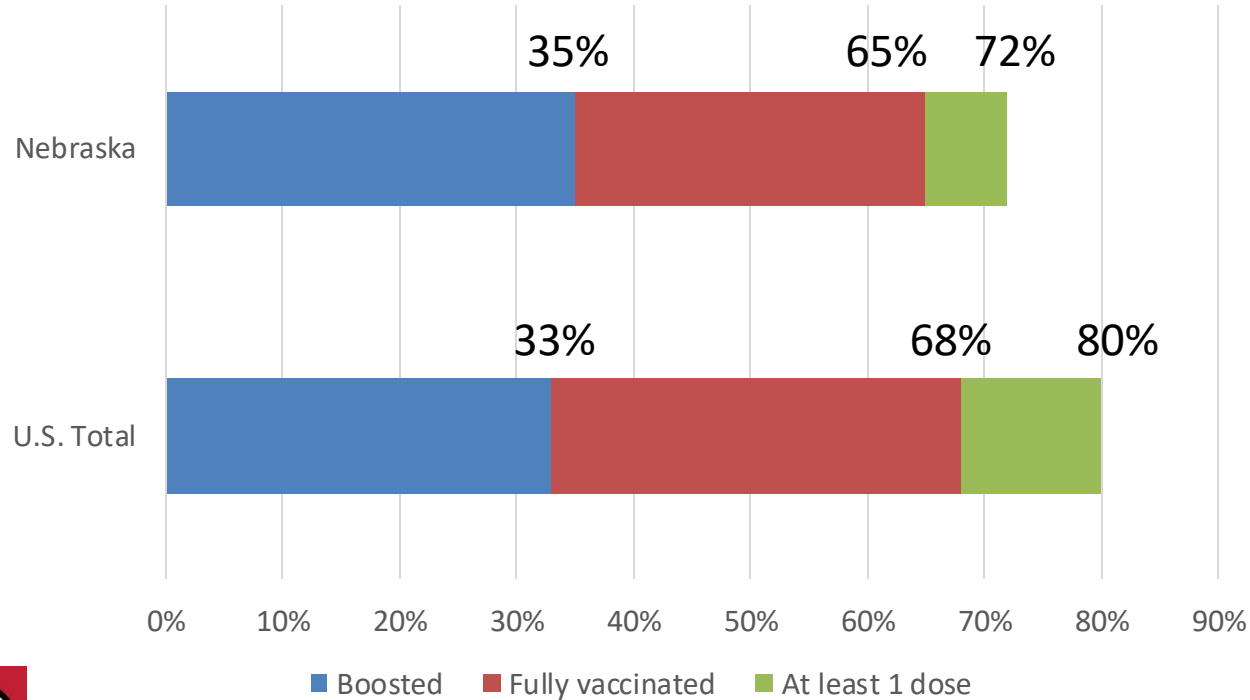
<https://covidactnow.org/us/nebraska-ne/?s=24951410>

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



Nebraska COVID-19 Statistics

Vaccinations: How are we doing?



Sources: Centers for Disease Control and Prevention, U.S. Census Bureau | Note: Figures include the U.S. territories and three countries with [special agreements](#). The C.D.C. reported on Nov. 30, 2021 that booster doses are sometimes misclassified as first doses, which may overestimate first dose coverage.



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 **November 2nd** on:
 - Health Equity: ***Recap***
 - Infection Prevention & Control: ***COVID-19 Updates for Healthcare Personnel***



Poll Results



Thank You!

