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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 34



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
- All the session presentation are available on our [website](#)
- 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
 - Kelly Cawcutt, MD, MS
- Jonathan Ryder, MD

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:

HE: Trauma-Informed Approaches to Providing Care

Free Live ECHO Project

March 15, 2023

CID 57619



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 NEAR Science.
- List the six trauma-informed principles.
- Identify an example of trauma-informed communication style.

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: I00054233 Approval Number: 230000681

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:

- Mahelet Kebede, MPH*
- Nada Fadul, MD*

*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
- Precious Davis, EdD, MSN, BSN, RN
- Samantha Jones, CSW
- Heidi Keeler, PhD, MSN/MBA, RN
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jonathon Ryder, MD
- Jeff Wetherhold, M. Ed
- Bailey Wrenn, MA





www.unmc.edu/cce

POLL



Project Updates



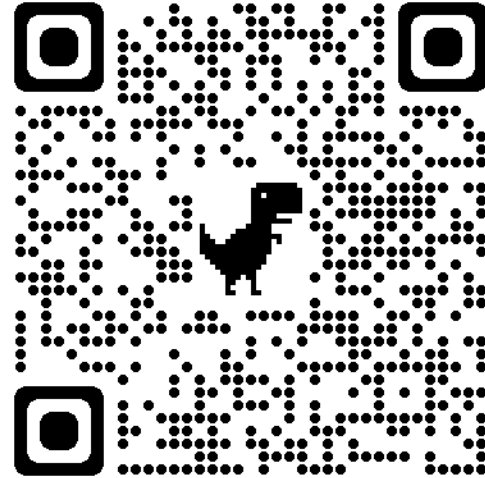
- Approval received from the CDC for project extension
- Focus on providing consultation on QI projects
- Invitation to everyone throughout the state of NE



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:



Poll Results



Health Equity: Trauma-Informed Approaches to Providing Care

Presenters: Mahelet Kebede, MPH and Nada Fadul, M.D.



Objectives

1. Describe NEAR Science.
2. List the six trauma-informed principles.
3. Identify an example of trauma-informed communication style.



Discussion

In the chat box or verbally respond to this question.

What do you think of when you hear the word "trauma?"



Trauma and Equity/Sensitivity

Figure 2

Social and Economic Factors Drive Health Outcomes

Cumulative impact of these

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Racism and Discrimination					
Employment	Housing	Literacy	Food security	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Stress	Quality of care
Medical bills	Playgrounds	Higher education		Exposure to violence/trauma	
Support	Walkability				
	Zip code / geography				

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



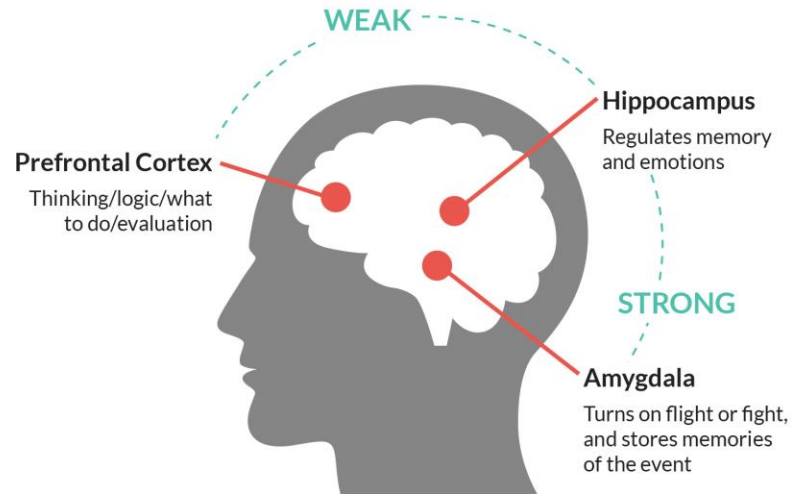
Key Terms

Trauma is broadly defined as experiences that produce intense emotional pain, fear, or distress, often resulting in long-term physiological and psychological consequences. Experiences of trauma, especially in childhood, can change a person's brain structure, contributing to long-term physical and behavioral health problems.

TRAUMA-INFORMED: Being trauma-informed is an approach to administering services in care that acknowledges that traumas may have occurred or may be active in clients' lives, and that those traumas can manifest physically, mentally, and/or behaviorally.

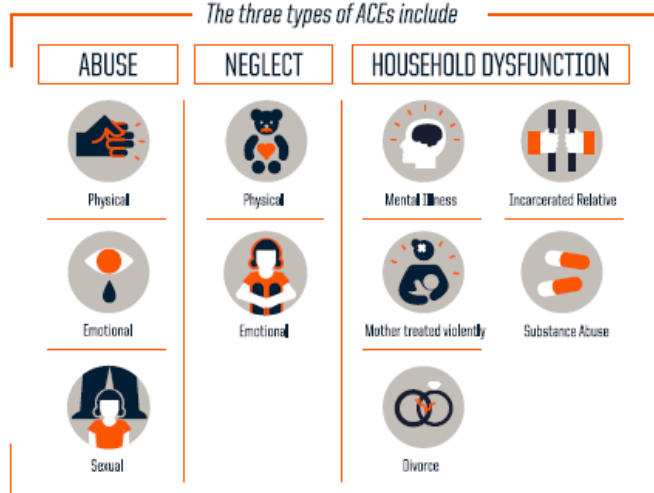


NEAR SCIENCE - Neurobiology



NEAR Science: Adverse Childhood Experiences

The three types of ACEs include



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes

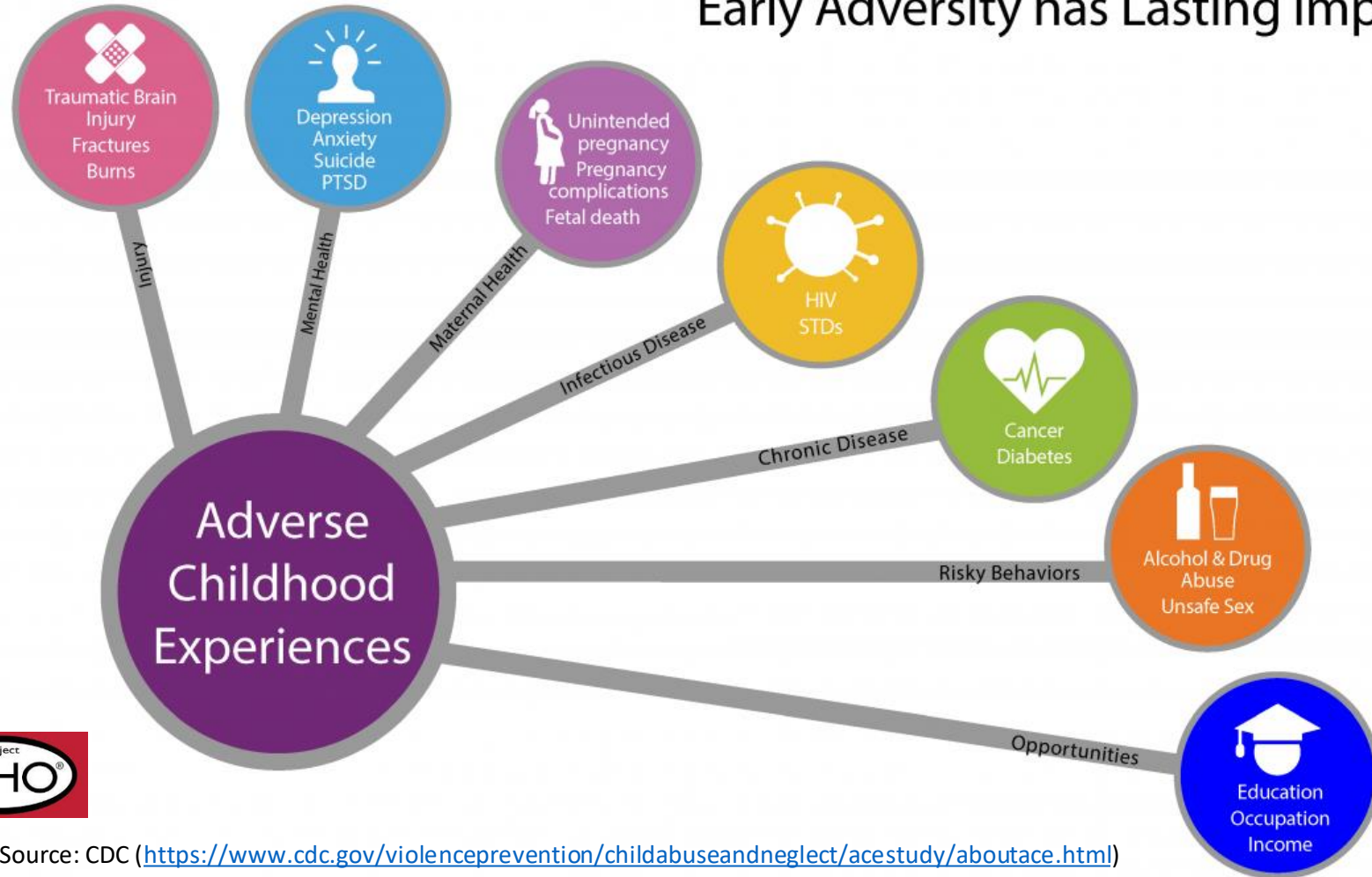


Possible Risk Outcomes:



Source: RWJF and CDC

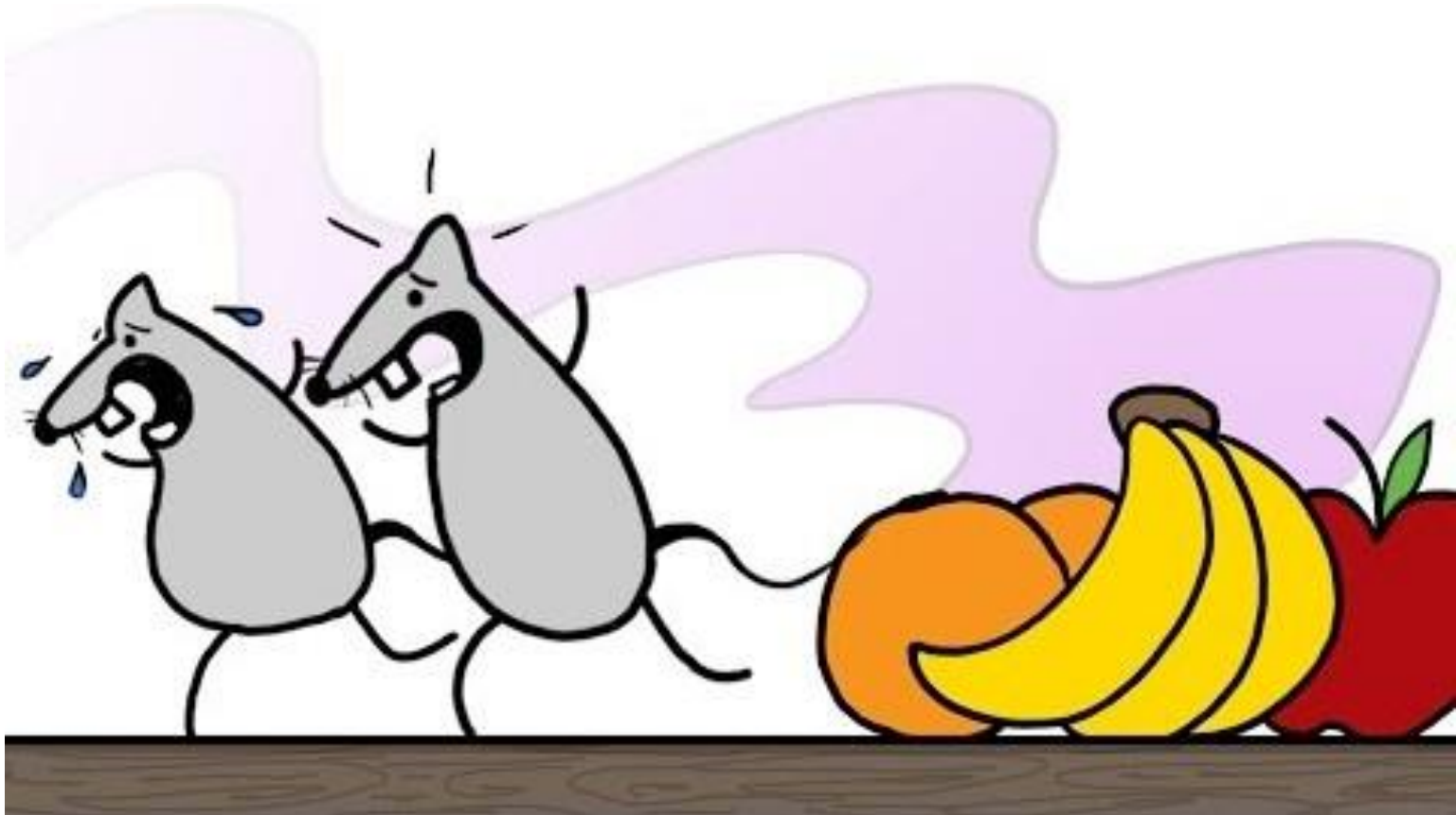
Early Adversity has Lasting Impacts

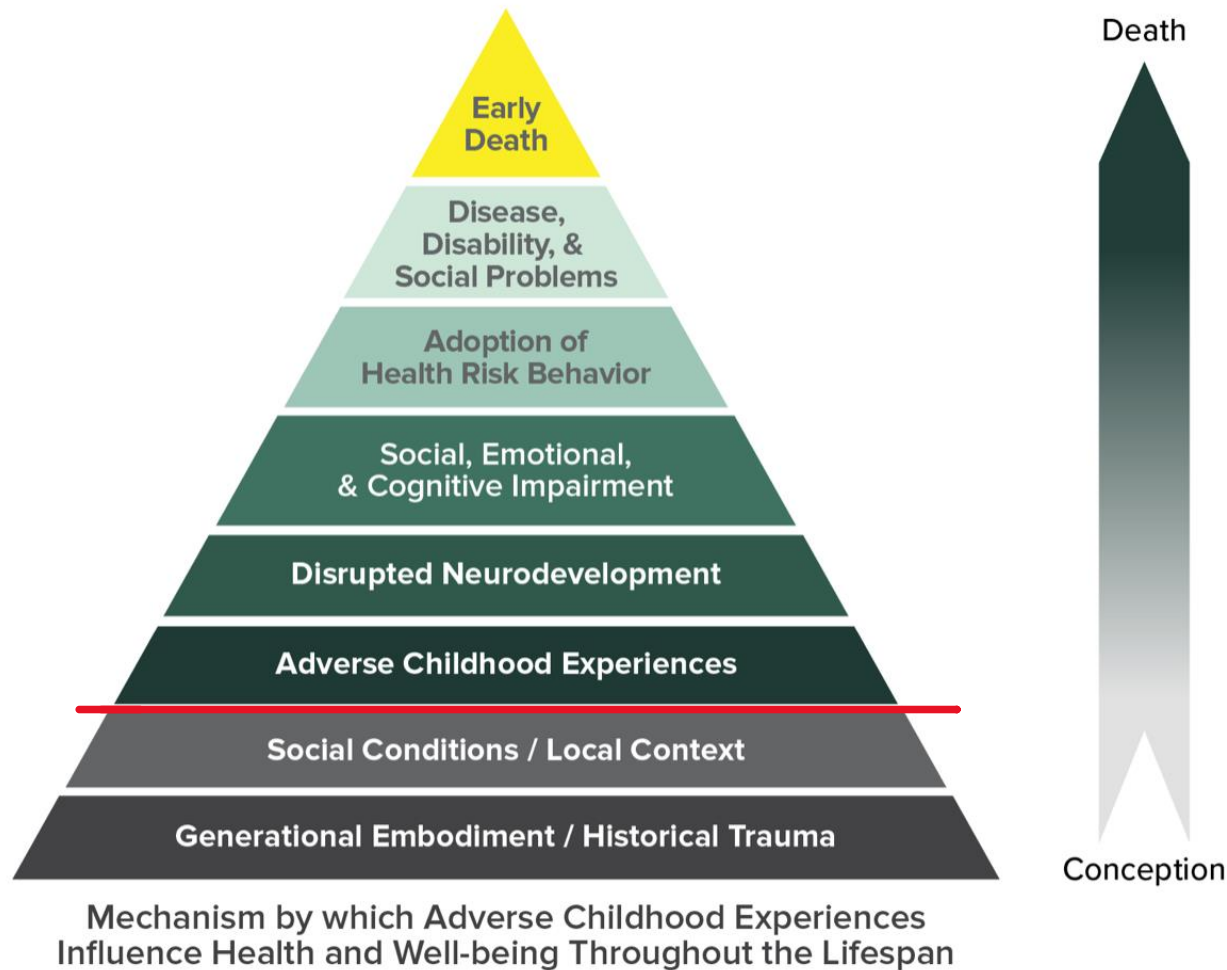


Source: CDC (<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>)



NEAR SCIENCE – EPIGENETICS





NEAR SCIENCE – Resilience

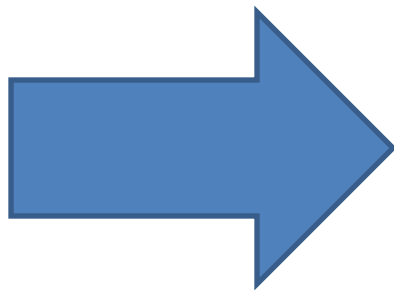
There is no single accepted set of components of resilience, but this set of characteristics and contributing factors can provide a useful guide:

- OPTIMISIM
- ALTRUISM
- MORAL COMPASS
- FAITH & SPIRITUALITY
- HUMOR
- HAVING A ROLE MODEL
- SOCIAL SUPPORTS
- FACING FEAR
- PURPOSE IN LIFE
- TRAINING



SHIFT THE QUESTION

WHAT'S
WRONG WITH
YOU?



WHAT
HAPPENED TO
YOU?

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [CPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Safety

Throughout the organization, staff and the people they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

Example: Provide trigger warnings when discussing trauma so that clients/staff can opt out of conversations and content that may elicit unwanted emotions for them.



Collaboration & Mutuality

Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff.

Healing happens in relationships and in the meaningful sharing of power and decision making

Example: As desired by clients, foster the inclusion of family (chosen and biological), support networks, and community at large.



Trustworthiness & Transparency

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with the clients and family members, among staff and others involved in the organization.

Example: To the greatest extent possible, reduce and simplify forms, procedures, and policies, including necessary documentation requirements.



Empowerment, Voice & Choice

Decisions are made with, instead of for, people. Client and staff experiences and choices are honored and respected. Services are customized for the individual and validate strengths and assets. Self-determination is valued and empathy is practiced.

Example: Inform clients of their autonomy during the intake process.



Peer Support

Individuals with lived experience* are a part of all aspects of the organization (e.g., leadership, administration, and direct services). Inclusion of peers builds trust, establishes safety, and empowers staff and clients. Sharing of lived experience promotes recovery and healing.

Example: Provide peer support programs for clients.



Cultural, Historical & Gender Issues

The organization offers culturally and linguistically responsive services, attends to implicit biases, recognizes and repairs historical (e.g., trans-Atlantic slave trade, Indigenous erasure, Holocaust) and current harms, and celebrates culture. Offers gender-responsive services.

Example: Incorporate pronoun identification into all processes and procedures.



A Trauma-Informed Approach (Four R's)

A trauma-informed program, organization, or system

Realizes

- Realizes widespread impact of trauma and understands potential paths for recovery

Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds

- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Resists

- Seeks to actively resist retraumatization



Case Discussion



Today's Topic

The Importance of Language



Case Discussion

A member of your organization has used language that is triggering to some members of your team.



Breakout Groups

Instructions: Role play activity

Room 1: You are directly impacted by this language.

Room 2: You are a close peer to a colleague who is impacted by this language.

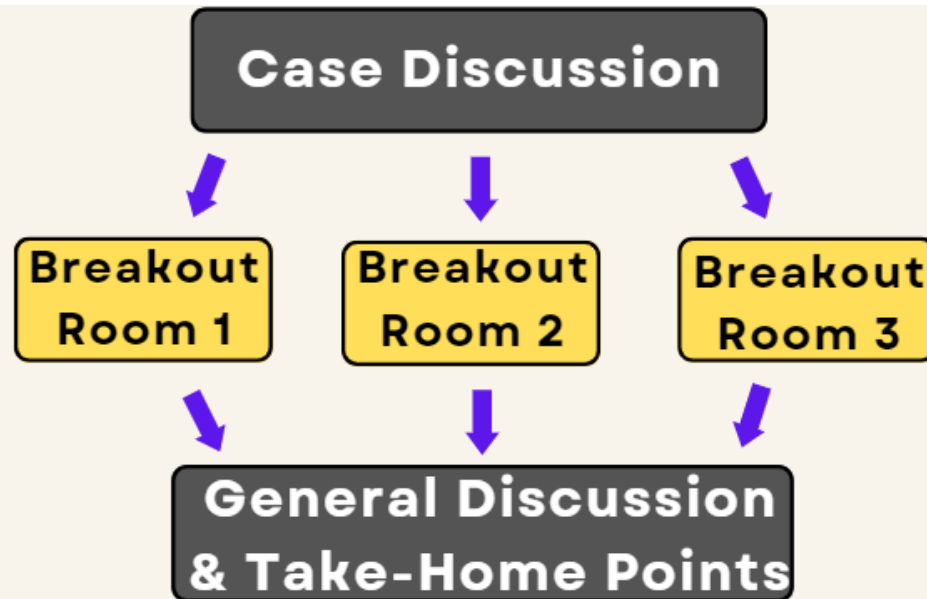
Room 3: You are a close peer to the colleague who used this language.

1. What words would you use to respond?
2. What would you need to feel safe in responding?
3. What support would you value most from the organization?



Miro Board





15 mins

30 mins

Ground Rules

1. Be present & turn on your videos
2. Make Space, Take Space
3. ELMO: Enough Let's Move On
4. Take the lessons, leave the details
5. Assume positive intent
6. Be open to learning
7. Building, not selling
8. Yes/and, both/and



A member of your organization has used language that is triggering to some members of your team

	Breakout Room 1 You are directly impacted by this language	Breakout Room 2 You are a close peer to a colleague who is impacted by this language	Breakout Room 3 You are a close peer to the colleague who used this language
1. What words would you use to respond?	<ul style="list-style-type: none"> Private Conversation Use direct words Ask "Is this what you meant?" State, "This is what I heard..." 	<ul style="list-style-type: none"> Make sure that the colleague was actually affected first. Maybe they don't want it to be called out and just want to move on. It is important to verify what actually occurred. Maybe you misunderstood what was said. Maybe the peer didn't understand it or take it the same way you did. What was actually said and what was perceived might be different. 	<ul style="list-style-type: none"> Are they aware? Friendly reminder of potential for offense Accept the discomfort caused
2. What would you need to feel safe in responding?	<ul style="list-style-type: none"> Step back and gather thoughts before responding. Determine if too emotional to respond at the given time. If have had to handle similar situation previously, will feel more comfortable speaking up again. 	<ul style="list-style-type: none"> Be in a public location which can help situations be de-escalated, feeling physically safe in your environment Make sure you know your own triggers Find someone that you feel safe discussing the situation with that can help address it as to not continue to trigger yourself and create a larger issue The differences between being a bystander and an "upstander". Being aware of our privilege in a situation. 	<ul style="list-style-type: none"> Previous relationship Personal knowledge Shared acknowledgement of harm Comfort with yourself Knowledge of the situation
3. What support would you value most from the organization?	<ul style="list-style-type: none"> May need to know who to escalate problem to, if issue is unable to be addressed with person making original statement. Be assured of no retaliation. If colleagues have a positive response from speaking up in the past, will feel comfortable with the culture. Consider big picture impact of overall situation. Am I speaking up to influence positive change for colleagues. Potential to remain anonymous 	<ul style="list-style-type: none"> There is a fear that you don't know how you will be impacted by reporting and therefore choose to stay silent Resources and leadership to help you deal with the trauma that has occurred, EAP Policies on micro-aggression Visible processes for situations that occur for both staff and for patients 	<ul style="list-style-type: none"> Documentation Policies and procedures Education Code of conduct Means to amend and remediate situation Culture of safety Annual reinforcement or refreshment Sensitivity training when necessary Cultural humility



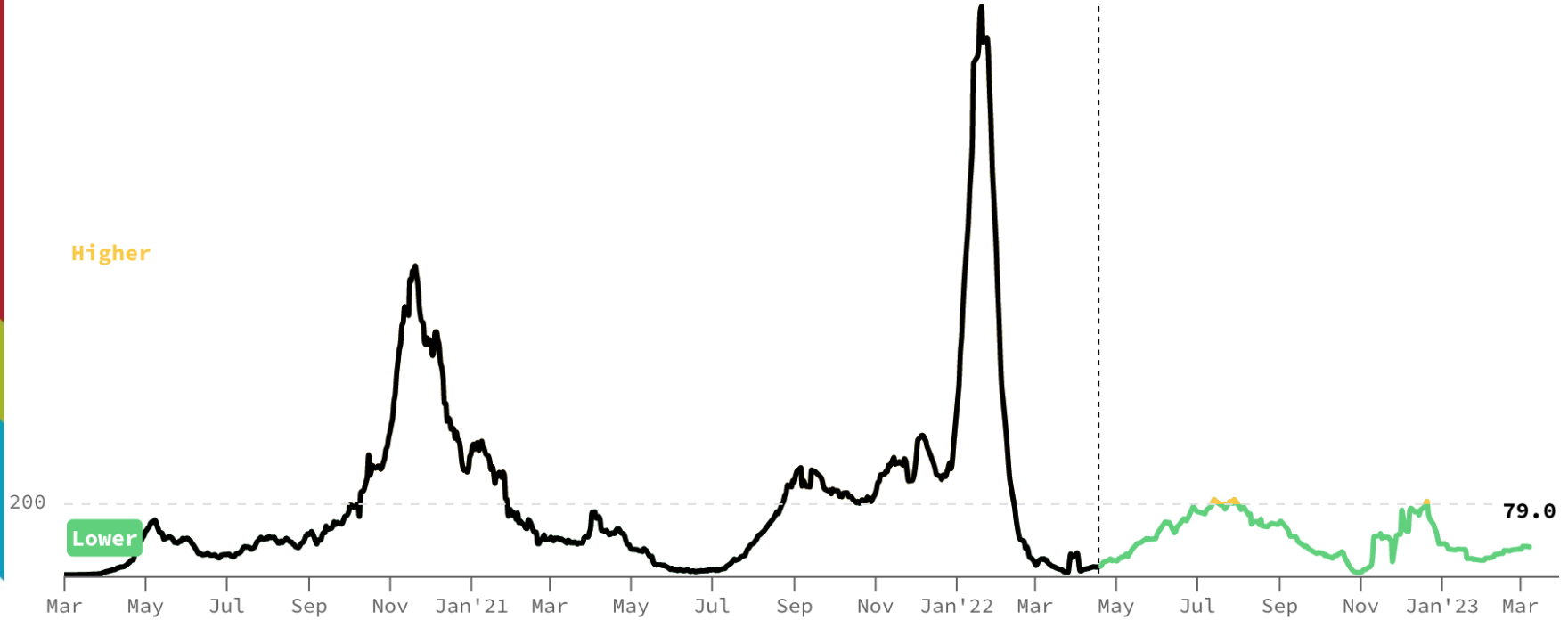
Miro Board



Current State of COVID-19 in Nebraska

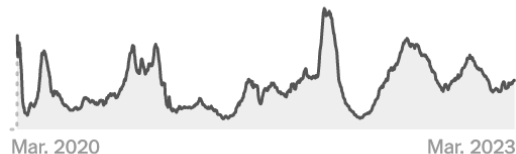


Nebraska COVID-19 Statistics

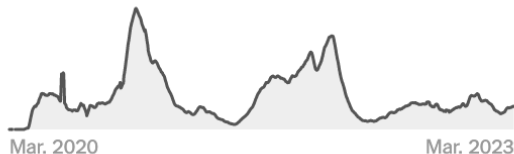


Nebraska COVID-19 Statistics

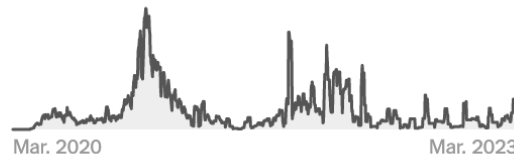
Test positivity rate



Hospitalized



Deaths



DAILY AVG. ON MAR. 9

PER 100,000

14-DAY CHANGE

Cases	218	11	+13%
Test positivity	15%	—	+17%
Hospitalized	192	10	+7%
In I.C.U.s	21	1	+76%
Deaths	3	<1	+34%



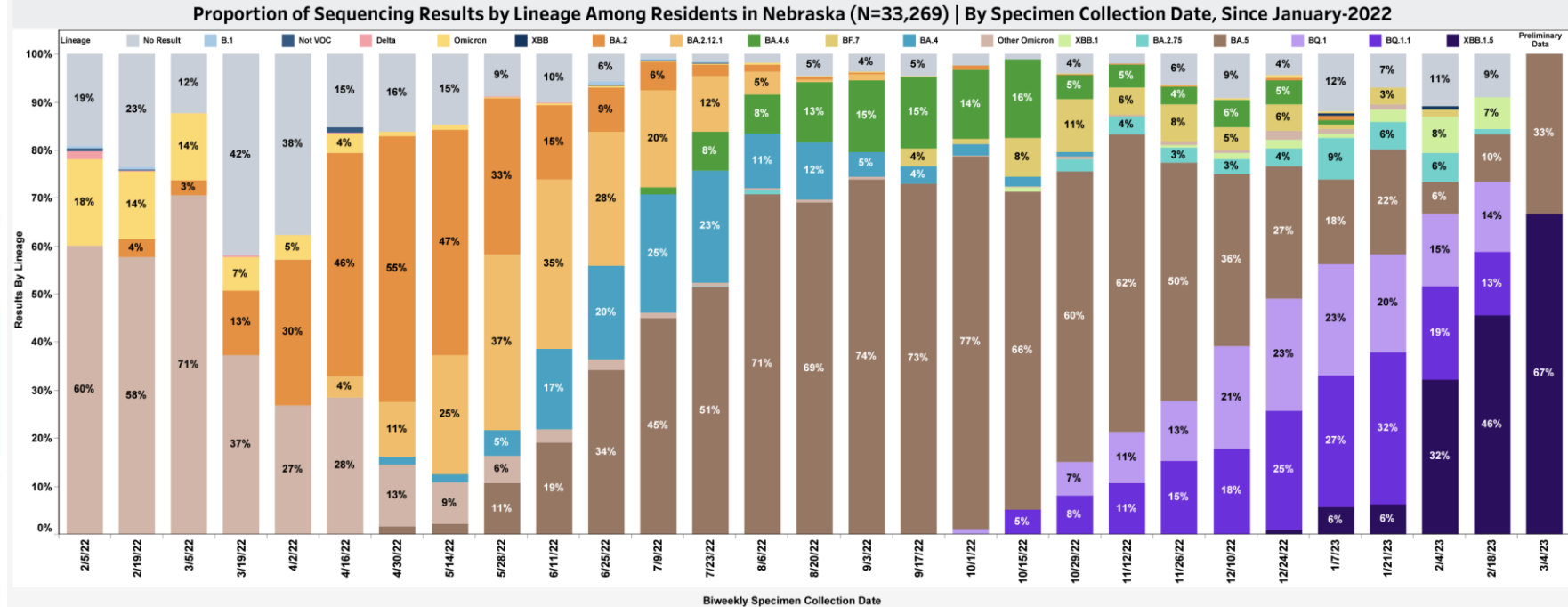
Nebraska COVID-19 Statistics

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%
11/2/22	61.6	6.0	177	3.9%
11/16/22	100.3	8.2	203	4.9%
12/7/22	126.2	15	290	6.4%
12/21/22	182.5	11	300	6.2%
1/4/23	88.3	9.4	228	5.2%
1/18/23	72.7	9.0	212	4.6%
2/1/23	41.5	5.0	151	3.3%
2/15/23	59.5	6.3	142	3.0%
3/1/23	71.7	9.8	177	3.6%
3/9/23	79.0	9.4	192	4.4%

Nebraska COVID-19 Statistics

Preliminary sequencing data reflects the predominance of XBB 1.5

Nebraska SARS-CoV-2 Genomic Surveillance Report



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 **April 5th** on:
 - Didactic: Infection Prevention and Control: ***Injection Safety and Infection Prevention and Control During Point of Care Testing***
 - Discussion Topic: ***Navigating Through Failure***



Poll Results



Thanks

