

# Welcome and Announcements

**AHRQ ECHO National Nursing  
Home COVID-19 Action Network**



# Announcements

- Please type your ***name, email, and facility name*** in the chat box for us and ECHO Institute to capture your attendance – **this is for training center accountability**
- Please type your questions in the chat box, and they will be addressed during the situation discussion and/or the Q&A
- The materials from the sessions are available for you to download from our website at [https://www.unmc.edu/publichealth/centers/cbbeid/Project\\_ECHO/nursing\\_homes.html](https://www.unmc.edu/publichealth/centers/cbbeid/Project_ECHO/nursing_homes.html)
- The recording of the sessions, which are required by AHRQ and ECHO Institute, are available only for special circumstances and a request must be made to Krista Brown
- Throughout the week, if you have questions, concerns, or issues to raise, please send Krista an email at [Krista.Brown@unmc.edu](mailto:Krista.Brown@unmc.edu)
- Today we are working through the module of ***Stopping the Spread: Sustainable Infection Prevention***

# Week 17 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Public Health Core Team
1205 - 1215	COVID-19 Update	Public Health Core Team
1215 - 1300	Stopping the Spread: Sustainable Infection Prevention	Peg Bradke
1300 - 1330	Optional Q&A, Discussion, and Coaching	Public Health Core Team

# Core Domains

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# Content – Core Domains

“What do Nursing Homes need to implement systems that help prevent, manage, and improve COVID-19 outcomes?”

1. Post-vaccination practices – visitation policies, PPE practices ✓
2. Ongoing COVID-19 identification and treatment – plan for recognizing patients with COVID, post-COVID syndromes, testing, treatment, and cohorting
3. Emotional and organizational support for staff ✓
4. Vaccinations – vaccine confidence, testing, logistics, ongoing compliance and complications ✓
5. Addressing and supporting the needs of resident and families or care partners – isolation, family communications ✓
- 6. Stopping the spread (infection control) – building sustainable infection control practices**
7. Leadership communication for COVID-19 – huddles, rounding, etc. ✓
8. Leadership practices and behaviors to support teams during COVID-19 – teamwork, roles, and psychological safety ✓

# Chat Waterfall

As COVID-19 cases are on the rise, what is one thing keeping you up at night?

What is the “elephant in the room” for you?

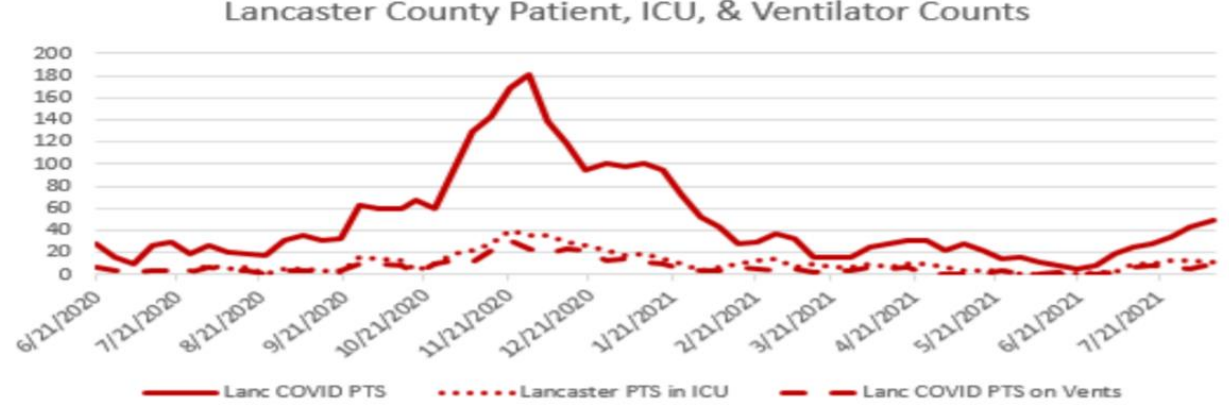
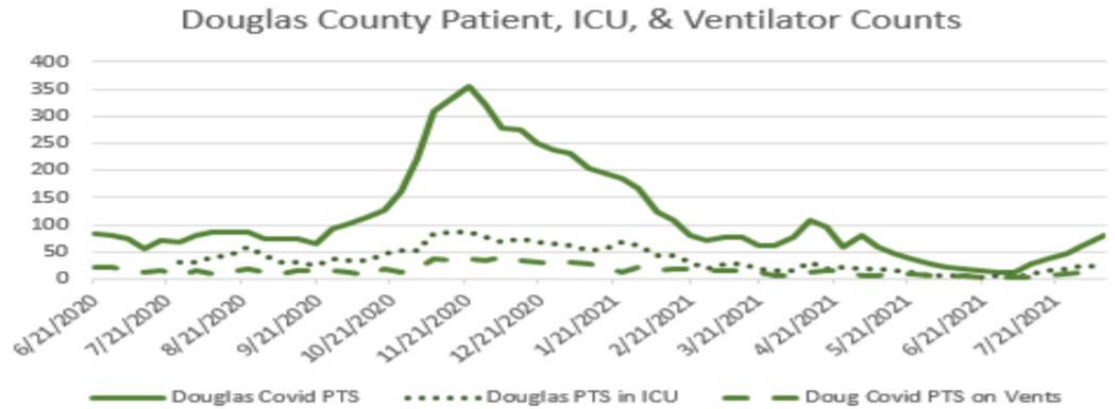
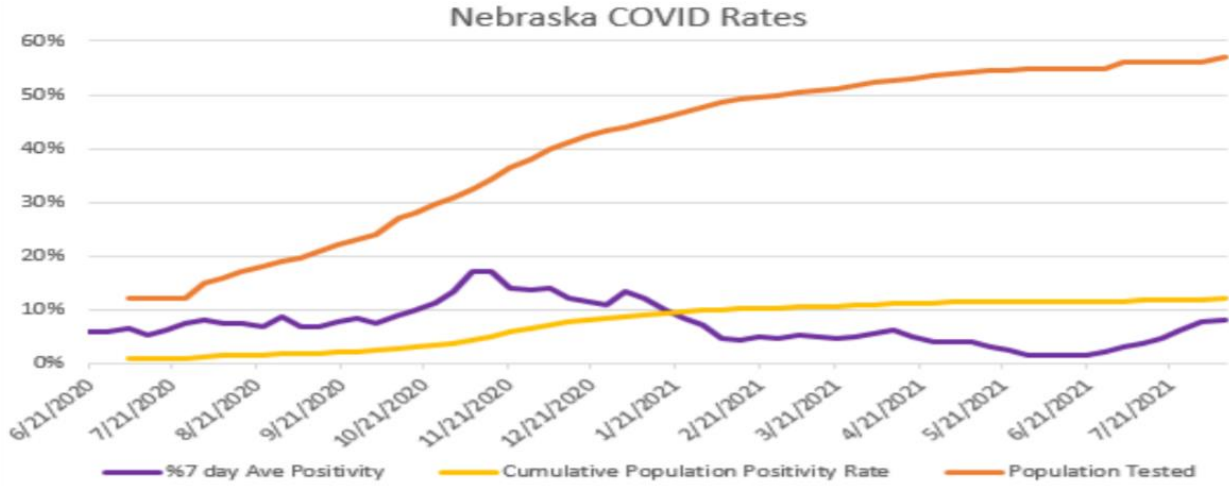
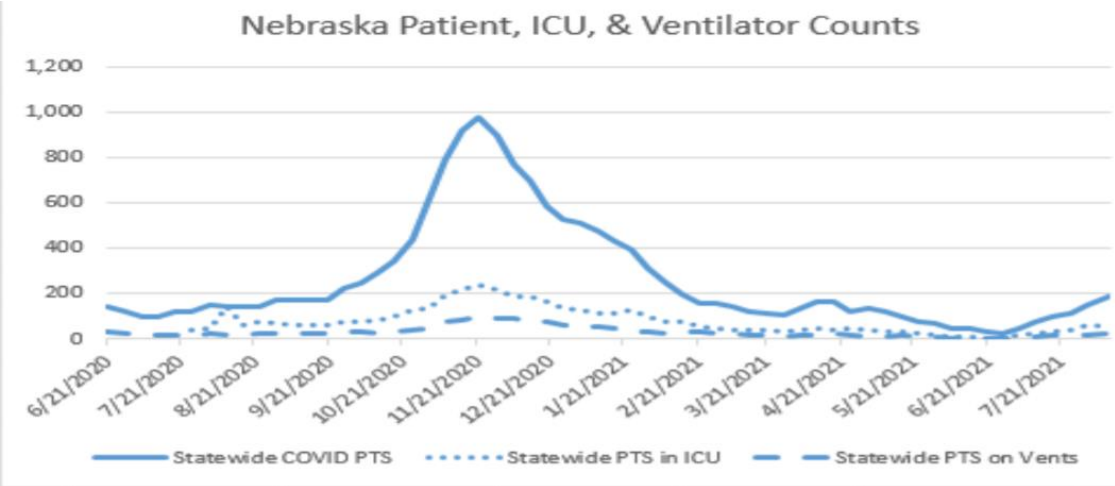


# Current State of the Pandemic

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# Nebraska COVID-19 Rates and Ventilator Counts as of 8/10/2021





# Nebraska COVID-19 ICU Data & Hospitalization Rates as of 08/10/2021

- Nebraska data and rates were presented

# US COVID-19 Infection Resources and Upcoming Events

- Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination:
  - Among Kentucky residents infected with SARS-CoV-2 in 2020, vaccination status of those reinfected during May–June 2021 was compared with that of residents who were not reinfected. In this case-control study, being unvaccinated was associated with 2.34 times the odds of reinfection compared with being fully vaccinated.
- US MILITARY VACCINE MANDATE SARS-CoV-2: [vaccination will be mandatory \[r20.rs6.net\]](#) for all 1.3 million members of the US Armed Forces no later than mid-September, or as soon as the US FDA fully licenses a vaccine, “whichever comes first,” US Secretary of Defense Lloyd J. Austin III said in an [August 9 message](#)
- Therapeutic Options to Prevent Severe COVID-19 in Immunocompromised People
  - **When:** Thursday, August 12, 2021, 2:00 PM – 3:00 PM ET
  - <https://www.zoomgov.com/j/1612254638?pwd=SmNaNIJEUWt3YWdBMGtNRjhXRIZ1UT09external icon>

# Continuing COVID-19 Vaccination in Post-Acute and Long-Term Care (PALTC): How to Thread the Needle

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# Never Pass Up an Opportunity To Give a COVID-19 Vaccine!



# Can the Resident Be Vaccinated Before They Are Admitted to the Facility?

- Check with local hospitals to see if they can offer a COVID-19 vaccine before the patient is discharged to your facility
- Some states are actively recommending that hospitals vaccinate patients before they are discharged to PALTC facilities



# Continuing COVID-19 Vaccination in PALTC



- AMDA strategy paper on continued COVID-19 vaccination in PALTC
- CDC reviews 3 options for PALTC to continue-COVID 19 vaccination:
  - Partner with a LTC pharmacy that is enrolled as a COVID-19 vaccine provider with your state
  - Partner with a LTC pharmacy that is enrolled as a COVID-19 vaccine provider through the Federal Retail Pharmacy Program for COVID-19 vaccination
  - Enroll directly with your state as a COVID-19 vaccine provider
- Connect with your current LTC Pharmacy and ask about how they can help supply the COVID-19 vaccine
- Connect with your Health Department if you are struggling

# Planning for Continued COVID-19 Vaccination

- Who will give the vaccination (pharmacist or PALTC Staff)?
  - Will you be receiving a vial or prefilled syringes?
  - 6-hour window for use from first puncture; this will include travel time for prefilled syringes
- Who will do the reporting?
- Can your new admission get their first vaccine shot in the hospital? Which vaccine, date of vaccine administration? Who will oversee and collect this information?
- Identify 1-2 main Vaccination Coordinators to understand the storage/handling/administration and reporting elements
  - Have a written procedure for the Vaccine Coordinator's responsibilities
- Obtain Legal Guardian/MDPOA approval **before** requesting vaccine



Slide developed by AMDA-The Society for Post-Acute and Long-Term Care Medicine, 2021

# Tips for Overcoming Challenges to Continued COVID-19 Vaccination

- Know which staff are both eligible and interested
  - Addressing vaccine hesitancy is a dynamic process; continue to have opportunities for staff, residents and families to ask questions
  - Do not just keep repeating the same facts about the vaccine – this does not motivate people to get vaccinated; keep the information engaging and up-to-date
- Know if a resident is able to make their own decision about receiving the COVID-19 vaccine
  - Have a clear process to talk to the MDPOA/Guardian and how the discussion will be documented in the medical record
- Have a point person on both ends – in the LTC pharmacy and in your facility
  - Vaccine availability can still be variable at times
  - Communicate early and often to ensure that no vaccine doses are wasted (e.g., staff not in the facility that day)



Slide developed by AMDA-The Society for Post-Acute and Long-Term Care Medicine, 2021



# Updated CMS Guidance on Vaccination Reporting

- On May 11, 2021, CMS published its interim final rule regarding COVID-19 vaccine immunization requirements for residents and staff; <https://public-inspection.federalregister.gov/2021-10122.pdf>
- The rule includes new requirements for educating residents and staff regarding the benefits and potential side effects of the COVID-19 vaccine and offering the vaccine
- LTC facilities must also report COVID-19 vaccine and therapeutics treatment information to the CDC's National Healthcare Safety Network (NHSN)
- CMS will make this reported information publicly available by posting it to its COVID-19 Nursing Home Data website



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# Updates on Reporting Vaccination Information to NHSN

- Revised data collection form
- Not all fields are required—only fields marked with a red asterisk or red box are required
- Must report cumulative vaccination coverage; include individuals who have ever received the COVID-19 vaccine (not just new vaccinations), and include vaccinations since December, 2020
- For healthcare professionals (HCP), include all HCP who were eligible to have worked at your facility for at least 1 day during the week of data collection
- Include employees, contractors, students, trainees, and volunteers who are scheduled to work in your facility at least 1 day every week



Cumulative Vaccination Coverage	
1. *Number of residents staying in this facility for at least 1 day during the week of data collection	<input type="text"/>
2. * <b>Cumulative number</b> of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020:	
2.1. <b>Only dose 1</b> of Pfizer-BioNTech COVID-19 vaccine	<input type="text"/>
2.2. <b>Dose 1 and dose 2</b> of Pfizer-BioNTech COVID-19 vaccine	<input type="text"/>
2.3. <b>Only dose 1</b> of Moderna COVID-19 vaccine	<input type="text"/>
2.4. <b>Dose 1 and dose 2</b> of Moderna COVID-19 vaccine	<input type="text"/>
2.5. <b>Dose</b> of Janssen COVID-19 vaccine	<input type="text"/>
2.99. Complete COVID-19 vaccination series: unspecified manufacturer	<input type="text"/>
<b>Any completed COVID-19 vaccine series</b>	<input type="text"/>
3. <b>Cumulative number</b> of residents in Question #1 with other conditions:	
3.1 *Medical contraindication or exclusion to COVID-19 vaccine	<input type="text"/>
3.2. Offered but declined COVID-19 vaccine	<input type="text"/>
3.3. Unknown COVID-19 vaccination status	<input type="text"/>



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# Provide clear leadership and adequate resources to support infection control

William M. Vaughan BSN, RN

# Culture: Walk the Walk

- Mission statement
- Stay current
- Set and clearly communicate expectations
- Design ongoing communication and transparency
  - Newsletters
    - Interview staff/residents/families/visitors
  - Highlight success
  - Brand development
  - Include all stakeholders
    - Hospitals/referral sources/vendors
- Lead by example
  - Leadership attendance at in-services/QAPI meetings
  - Leadership compliance with infection control practices
  - Blame free environment



Picture attribution: Pixabay

# Periodic Facility Assessment

- Define resource requirement
  - Beds/census
  - Resident population characteristics
  - Special care units
- Budget
  - Salary/benefits
    - Infection preventionist
    - Consultant pharmacist
    - Infectious disease consultant ?
  - Equipment
  - Supplies
  - Education
  - Anticipate reduced census
- Emergency preparedness
  - Resources
  - Consistent with overall plan



Picture attribution: Pixabay

# Empower Staff

- Define roles
  - Infection Preventionist
  - Medical Director
  - DON
  - Consultant Pharmacist
- Identify champions in all departments
- Provide ongoing education
  - Staffing
  - Online versus in-person
  - Accountability
- Resource availability
  - Challenges
- Blame free environment



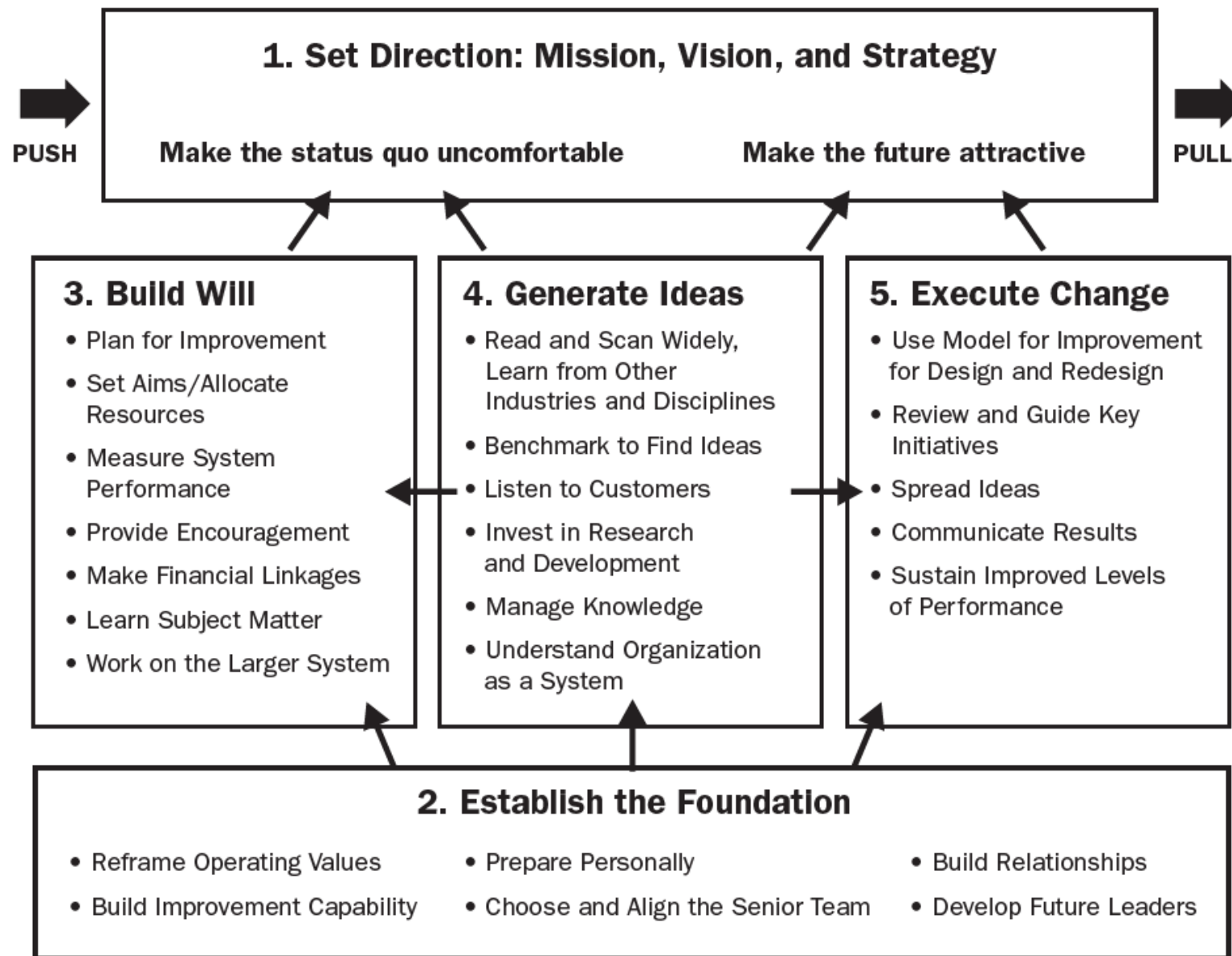
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# What is your Process?

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# Building Commitment

- Make a clear request
- Seek buy-in
- Understand responses
- Manage commitments
- Deal with commitment breakdowns



# Supporting Joy in Work

- Ask staff, “What matters to you?”
- Identify unique impediments?
- Commit to a systems approach?
- Use improvement science?



# Leadership Actions

- Communication strategies
- Leadership Rounds
- Huddles
- Engage employees in improvement efforts (Accountability vs. Responsibility)



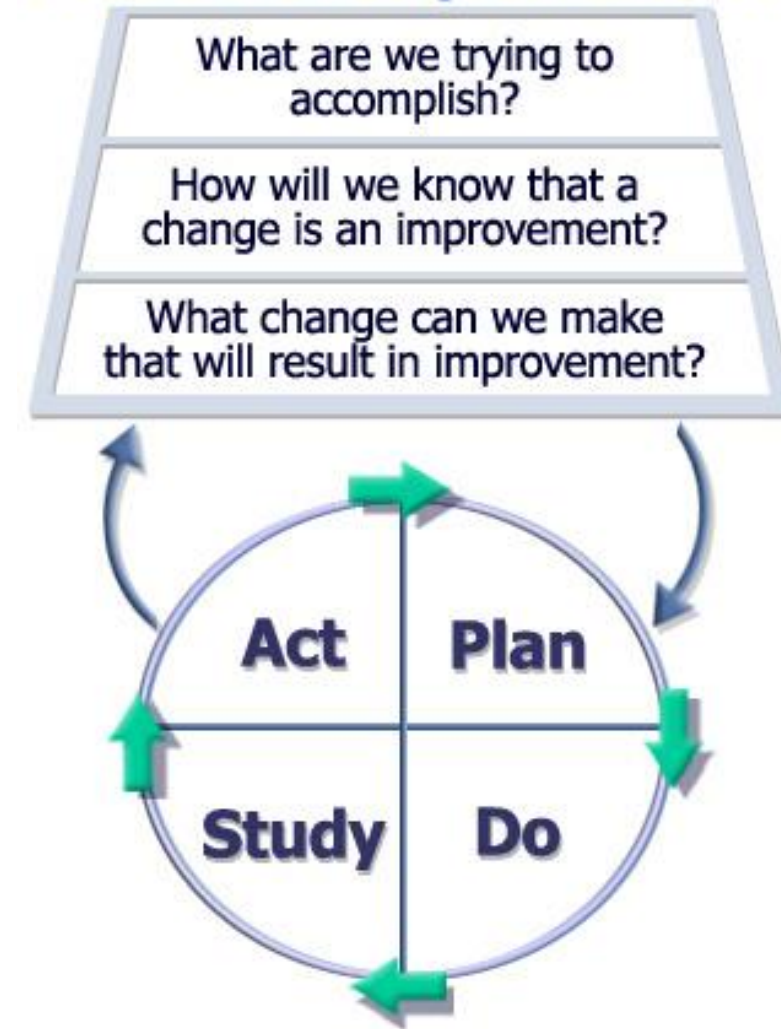
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# Creating Change

## Learn in Small Doses

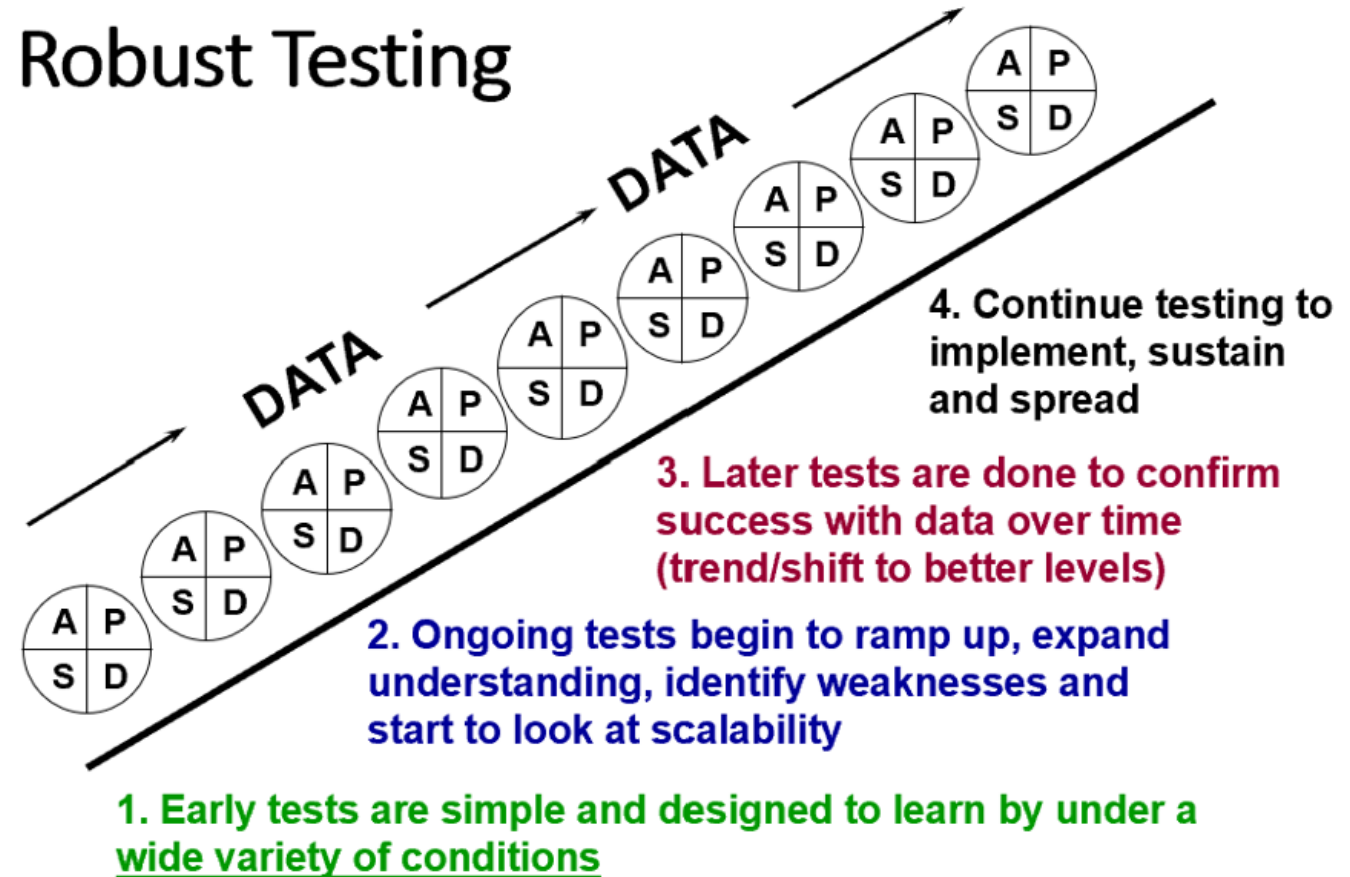
- Try new ideas with a portion of your staff. This will stack the deck in your favor and help minimize obstacles.
- Learn in small samples, get your process working, and then spread.

## Model for Improvement



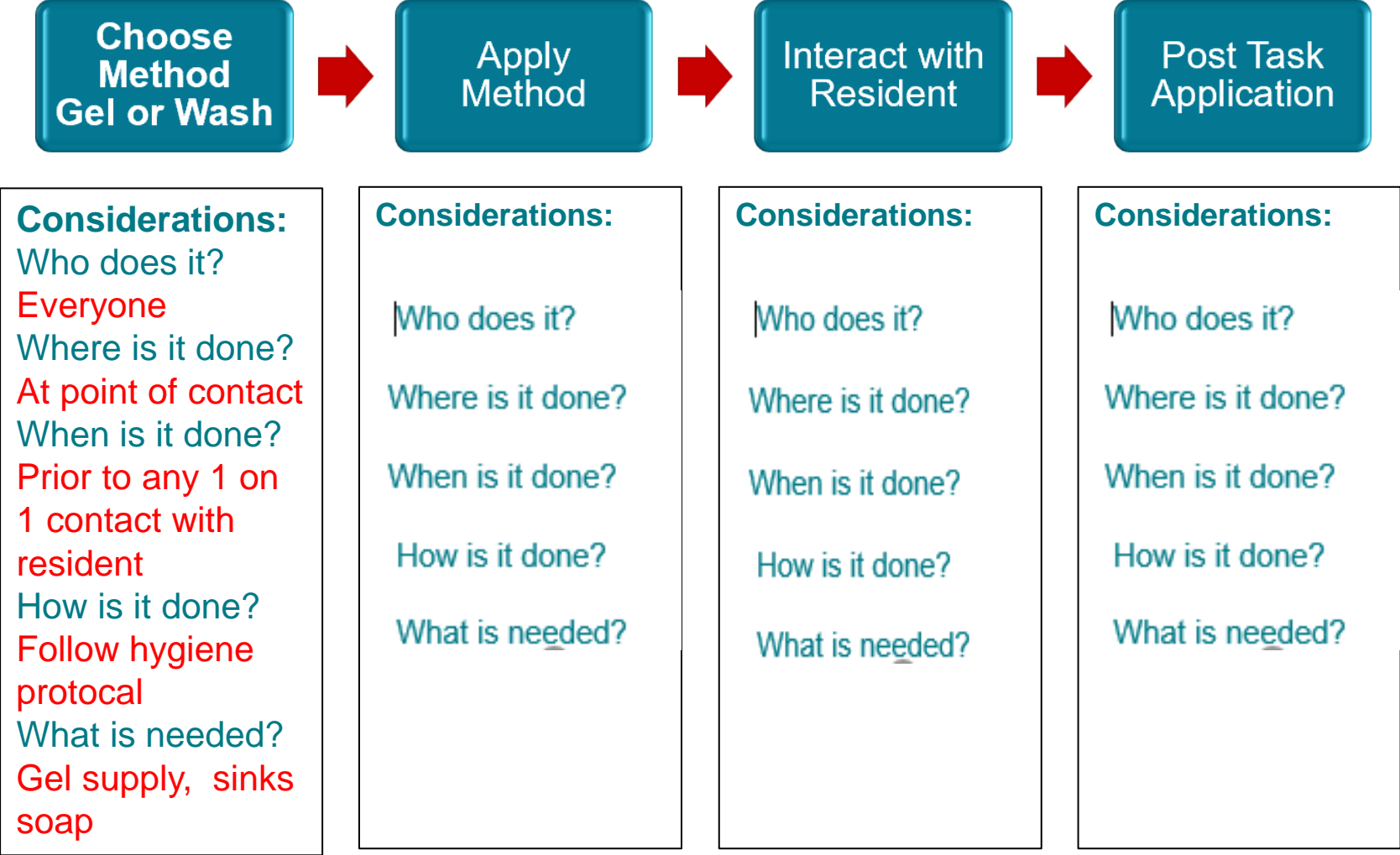
# Continue Testing until Designs are Robust

Test and Tweak  
until solutions  
work, here, there  
and everywhere!





# Key Attribute Worksheet (with one example)



# How to Make Changes Stick

- Stay focused on the KEY PROCESS
  - Having a goal is important but without the processes to get there, it is useless
- KEEP it SIMPLE!
  - An easy to do process with a trigger to act requires less motivation
- Commit to LEARNING how to continually increase the reliability of the process over time
  - You don't have to have it all right the first time through (or the second or the third)

# Highly Reliability

- Your process is **highly reliable**
- **IF** 5 direct staff describe all 5 attributes correctly
  - You know you have a process in place that people know about
  - You have a good chance that you can achieve 95% performance reliability AND sustain the process over time



# Low Reliability

- Your process is **highly unreliable**
- **IF** 4 out of 5 direct staff cannot describe the work with the 5 attributes you need to determine two things:
  1. Is this a common or infrequent failure?
    - is this something everyone can't articulate
    - or just one individual?
  2. Is it just the attributes that are problematic or if the whole process a problem? This helps you to isolate the problem and begin to think about improvement.

# Understanding Failure:

## Common Failure

*(More than 1 of the 5 Cannot Articulate the Attribute or Process)*

- Don't rely too heavily on education as THE FIX
- Gather your team, get CURIOUS to determine WHY this is occurring
- Inform staff on the WHY:
  - WHY is this process important
  - WHY do we do it this way
- Get CURIOUS – WHY is the process NOT being followed
- Develop a plan to fix ONE attribute
- Keep it SIMPLE!

## Infrequent Failures

*(Only 1 of the 5 Cannot Articulate the Attribute or Process)*

- Infrequent does NOT mean you have a bad process.
- Don't try to make it perfect – you will use up too many precious resources.
- Talk to that one person to reeducate or determine WHY it is occurring.
  - Determine if there is a simple fix
- MOVE ON to focus on another process

# Consider Human Factors

- Memory Failure:
  - Humans can hold somewhere between 4 and 7 items in their short-term memory
- Fatigue:
  - Physical and mental exhaustion
- Boredom:
  - The repeat nature of some of the things we need to do can lead to boredom with the task
- Overload:
  - Constantly deluge of new information and additional work for nursing home staff
- Distraction:
  - New policies, procedures
- Stress:
  - Emotional, financial, family stress
- Lack of Routine Practice:
  - Staff in new/different roles

# Gather Some Data

Source:  
California  
Department of Public Health



## Healthcare-Associated Infections Program Adherence Monitoring Hand Hygiene

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

**Instructions:** Observe at least 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? ✓ or ∅
Example	N	<input type="checkbox"/> before care/entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> upon leaving room *Remember: Hand hygiene should be performed before <u>and</u> after glove use	✓
HH1.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH2.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH3.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH4.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH5.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH6.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH7.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH8.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH9.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH10.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
<b>Disciplines:</b> CNA = Nurse Assistant      P = Physician D = Dietary                      RT = Respiratory Therapist N = Nurse                        S = Student VIS = Visitor VOL = Volunteer W = Social Worker OTH = Other, Specify U = Unknown			<b>Opportunities:</b> ✓ = Opportunity Successful ∅ = Opportunity Missed
<b>For HH1-HH10:</b>			
Total # HH Successful ("# ✓"): _____		Total # HH Opportunities Observed: _____	Adherence: _____% (Total # HH Successful ÷ Total HH Opportunities Observed x 100)

Version 2016.10.14

# Rules of Measurement in Reliable Design

- Keep it **SIMPLE**
- Make sure it is **DOABLE**
- Use **MINIMAL RESOURCES**
- Know what the data is telling you **OVER TIME**



Keep to a yes/no format



Small samples rather than all



Person/persons responsible for the design should do the data collection



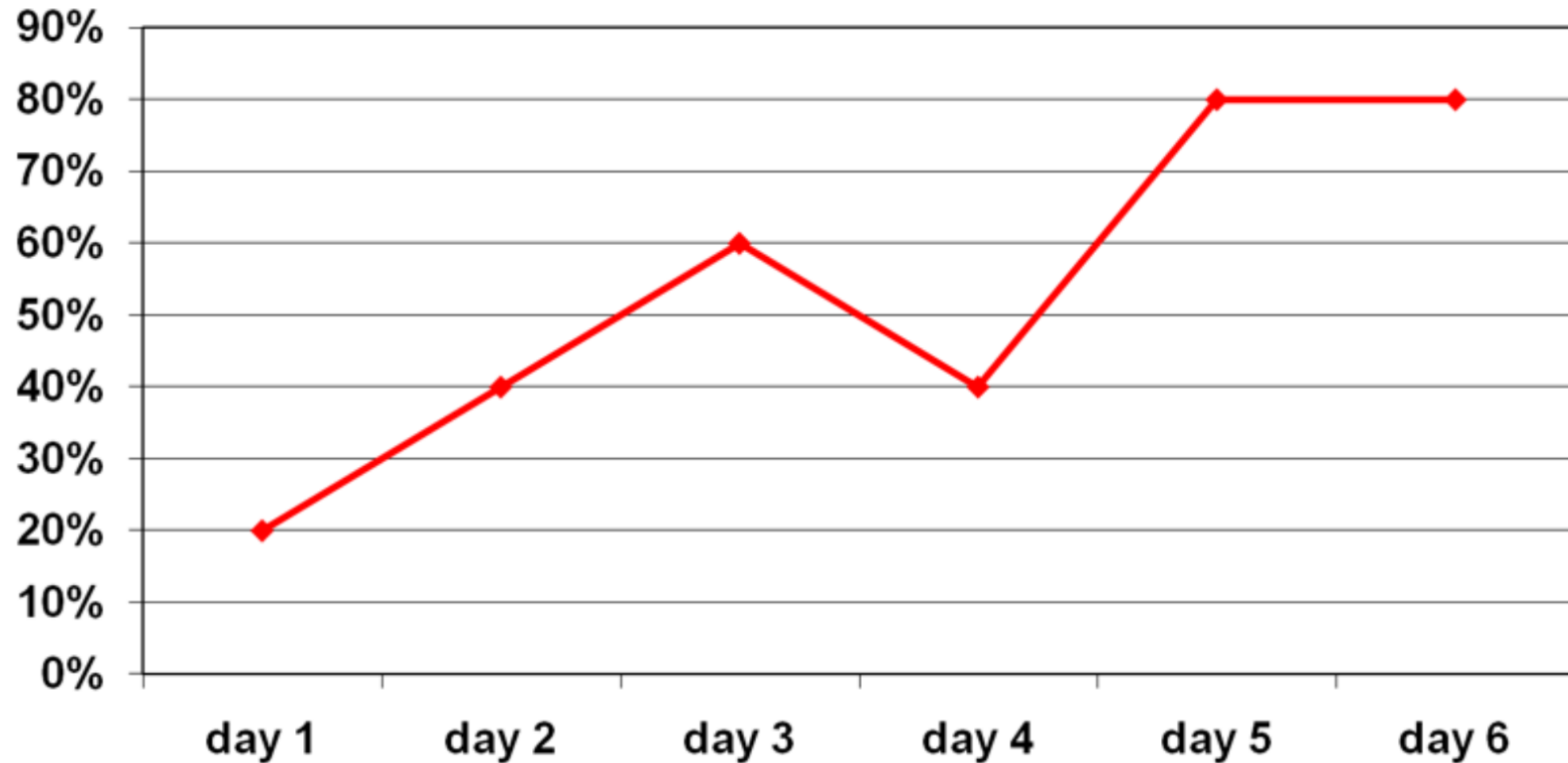
Plot your data overtime using line graphs or run charts



For a process thought to be reliable spot checks need to be made and defects studied

Adapted from Roger Resar

# Display your results



# Disinfecting Process Visuals

## 6 Steps for Safe & Effective Disinfectant Use



### Step 1: Check that your product is EPA-approved

Find the EPA registration number on the product. Then, check to see if it is on EPA's list of approved disinfectants at [epa.gov/listn](https://www.epa.gov/listn)



### Step 2: Read the directions

Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

### Step 3: Pre-clean the surface

Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.



### Step 4: Follow the contact time

You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

### Step 5: Wear gloves and wash your hands

For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting COVID-19. Wash your hands after removing the gloves.



### Step 6: Lock it up

Keep lids tightly closed and store out of reach of children.

[coronavirus.gov](https://coronavirus.gov)



# Incorporate the 5 Key Factors that Influence Adoption



Relative  
Advantage

Simple  
Easy

Trialable

Compatible

Observable

Advantage Photo by [Muhamad Reza Junianto](#) on [Unsplash](#)  
Easy Photo by [Tyler Lastovich](#) on [Unsplash](#)  
Trialable Photo by [Ho Hyou](#) on [Unsplash](#)  
Compatible Photo by [bhuvanesh gupta](#) on [Unsplash](#)  
Binoculars Photo by [Jen Theodore](#) on [Unsplash](#)

Adapted from ideas of Everett Rogers,  
Diffusion of Innovation by Phyllis M. Virgil



# Improvement Questions

- How has COVID-19 affected your hand hygiene efforts? What challenges did that bring. How did you meet those challenges?
- Is your process reliable? How do you monitor the reliability of hand hygiene practices?
- How do you provide hand hygiene practice feedback to staff ?
- What has worked well for your facility. What has not worked in terms of good hand hygiene?
- What creative, out of the box, ideas do you have – that seem far fetched, but just might have promise for hand hygiene?

How do you know you are successful? (Measures)

# Wrap up

- Final comments or questions?
- Any topics you would like the faculty to discuss next week?
- We would like to learn from you! Please share your ideas for tests of change, success stories, challenges and innovations by emailing us

# Slide Resources

- Medicare and Medicaid Programs; COVID-19 Vaccine Requirements for Long-Term Care (LTC) Facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs-IID) Residents, Clients, and Staff: <https://public-inspection.federalregister.gov/2021-10122.pdf>

# Information and Resources

- Six Ways Schools Can Promote COVID-19 Vaccination:  
<https://publichealthcollaborative.org/resources/six-ways-schools-can-promote-covid-19-vaccination/>
- CDC Introduces COVID-19 Viral Testing Online Tool: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/coronavirus-self-checker.html>
- Therapeutic Options to Prevent Severe COVID-19 in Immunocompromised People:  
<https://www.zoomgov.com/j/1612254638?pwd=SmNaNIJEUWt3YWdBMGtNRjhXRIZ1UT09>
- Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination
- U.S. plans to give extra COVID-19 shots to at-risk Americans, Fauci says:  
<https://www.reuters.com/world/us/us-plans-give-extra-covid-19-shots-at-risk-americans-fauci-2021-08-05/>

# Thank you!

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