

UNMC College of Public Health ECHO

February 17, 2021

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



Welcome and Announcements

Deborah Levy

**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
- 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
- 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
- Training Centers will receive a no notice audit – staff from the ECHO Institute will join one of our sessions between now and the end of the 16 weeks

CME and CNE Credits

- These sessions have been approved for both Physician and Nursing credits
- 1.5 credits will be awarded per session
- Approval is based on attending the 30 minutes of discussion and Q&A at the end of the formal 60 minutes
- You will be **required to complete 2 evaluations** to receive your continuing education credits
 - After the first 8 weeks
 - At the end of the 16 weeks
- You must type your **name, email, and facility name** in the chat box to be recognized as attending the session
- If you have questions or issues about these credits, please send Barbara Dodge an email at bdodge@unmc.edu

Week 14 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1225	Managing Social Isolation during COVID-19: Perspectives on Staff and Residents by Paige Hector	Thomas Magnuson
1225 -1255	Case Study/Scenario Presentation and Discussion	Public Health Core Team
1255 - 1300	Weekly Poll	Krista Brown
1300 - 1330	Continued Discussion and Q&A	Public Health Core Team

16-Week Curriculum Overview

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



16-Week Curriculum Overview – 1

- Preventing and Limiting the Spread of COVID-19 in Nursing Homes ✓
- Guidance and Practical Approaches for Use of Personal Protective Equipment (PPE) during COVID-19 ✓
- Approaches to Cohorting during COVID-19 ✓
- Promoting Solutions for Making the Built Environment Safer during COVID-19 ✓
- Guidance for Cleaning & Disinfecting during COVID-19 ✓
- COVID-19 Testing for Nursing Homes ✓
- COVID-19 Community Transmission and Nursing Home Screening Strategies ✓
- Staff Returning to Work Safely during COVID-19 ✓

16-Week Curriculum Overview – 2

- Interprofessional Team Management of Mild Cases of COVID-19 ✓
- Advance Care Planning in the Time of COVID-19 ✓
- Promoting Safe Care Transitions during COVID-19: Admissions, Discharges, and Transfers ✓
- Promoting Safe Visitation and Nursing Home Re-opening during COVID-19 ✓
- The Role of Certified Nursing Assistants (CNAs) in Managing and Supporting Residents and Families during COVID-19 ✓
- **Managing Social Isolation during COVID 19: Perspectives on Staff and Residents**
- Supporting the Emotional Well-being of Staff Caring for Residents during COVID-19
- Effective Leadership and Communication during COVID-19

Managing Social Isolation during COVID 19: Perspectives on Staff and Residents

- **Learning Objectives**

- Discuss the impact of social isolation and moral distress on residents and staff
- Define social isolation and loneliness

Social Isolation During a Pandemic, and After

Paige Hector, LMSW

Professional Speaker and Clinical Educator

Paige Ahead Healthcare Education & Consulting, LLC

www.paigeahead.com

paige@paigeahead.com

520-955-3387



We must first become
curious about the nature
of the problem.



Social Isolation



List the Challenges

- Stigma (free and reduced lunches, physical appearance, socio-economic status)
- Technology challenges
- Parent/caregiver fatigue and burnout
- Housing and food insecurity
- Some kids have childcare and household duties (much as an adult)
- Transportation concerns, can't afford bus ticket or don't live close to bus line
- Mental healthcare needs, limited access, stigma, not enough providers to meet the need
- Language differences
- Widening economic gap between wealthy families and families that are struggling
- Students not getting adequate exercise or sleep, increasing anxiety and depression
- All manner of abuse and neglect



Shannon Fisher, M. Ed.
Special Education Teacher, Mathematics

Acute and Long Term Care

- Rising patient acuity
- Disproportionate reimbursement
- Results in dissatisfaction and high staff turnover
- Impacts quality of care
- Adding to discouragement and demotivation:
 - Federal survey processes that only focus on deficiencies with compliance
 - Media reports biased toward publishing poor outcomes
 - Negative processes (e.g. legislative hearings and lawsuits)
 - All focusing on mistakes




Arif Nazir, MD, FACP, CMD, AGSF

Immediate Past President
American Medical Director's
Association (AMDA)

"No One Cares When Planes Don't Crash", May 2019

[https://www.jamda.com/article/S1525-8610\(19\)30321-4/fulltext?rss=yes](https://www.jamda.com/article/S1525-8610(19)30321-4/fulltext?rss=yes)

The background is a vibrant, abstract digital landscape. It features multiple layers of glowing binary code (0s and 1s) in shades of blue, cyan, and orange. These elements are arranged in a way that suggests depth and movement, with some appearing as if they are floating or streaming through the space. The overall effect is one of high-tech complexity and data flow.

*Individually, we do
not have the
bandwidth to
address all these
issues.*

We can still affect change!

Micro – individual resident/family level

- Staff to screen for trauma
- Providers to screen for trauma
- Refer for assessment and treatment when necessary

Mezzo – facility level

- Facility commitment to operationalize trauma-informed care principles
- Train, mentor and coach staff on TIC practices
- Collaborate with community professionals/experts to provide TIC assessment and treatment
- Affect sustainable culture change

Emotional and Psychological Trauma

“Result of **extraordinarily stressful events** that shatter your sense of security, making you feel **helpless** in a dangerous world. Often involve a threat to life or safety, but any situation that leaves you **feeling overwhelmed** and **isolated** can result in trauma, even if it doesn’t involve physical harm. The more **frightened and helpless** you feel, the more likely you are to be traumatized.”

(emphasis added)

Emotional and Psychological Trauma
<https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm>



Dr. Van der Kolk

Psychiatrist, trauma
researcher, and author of
*The Body Keeps the
Score: Brain, Mind, and
Body in the Healing of
Trauma*

The Virus is a Pre-Traumatic Condition: Two Core Variables

1. **Immobilization** – cannot move (quarantine, shelter-in-place)
2. **Unpredictability** – not knowing what is going to happen next, cannot say tomorrow will be a different day or the day after

When the world is unpredictable and you cannot move, then the vulnerability to become traumatized is very great.

Social isolation or Loneliness?



Social isolation is the **objective** physical separation from other people

Loneliness is the **subjective** distressed feeling of being alone or separated

They are different and can exist independently from each other

Losing sense of connection and community changes a person's perception of the world - may feel threatened, mistrustful – which can trigger the biological defense mechanism

*"Social isolation, loneliness in older people pose health risks", National Institute on Aging 2019,
<https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>*



Fight

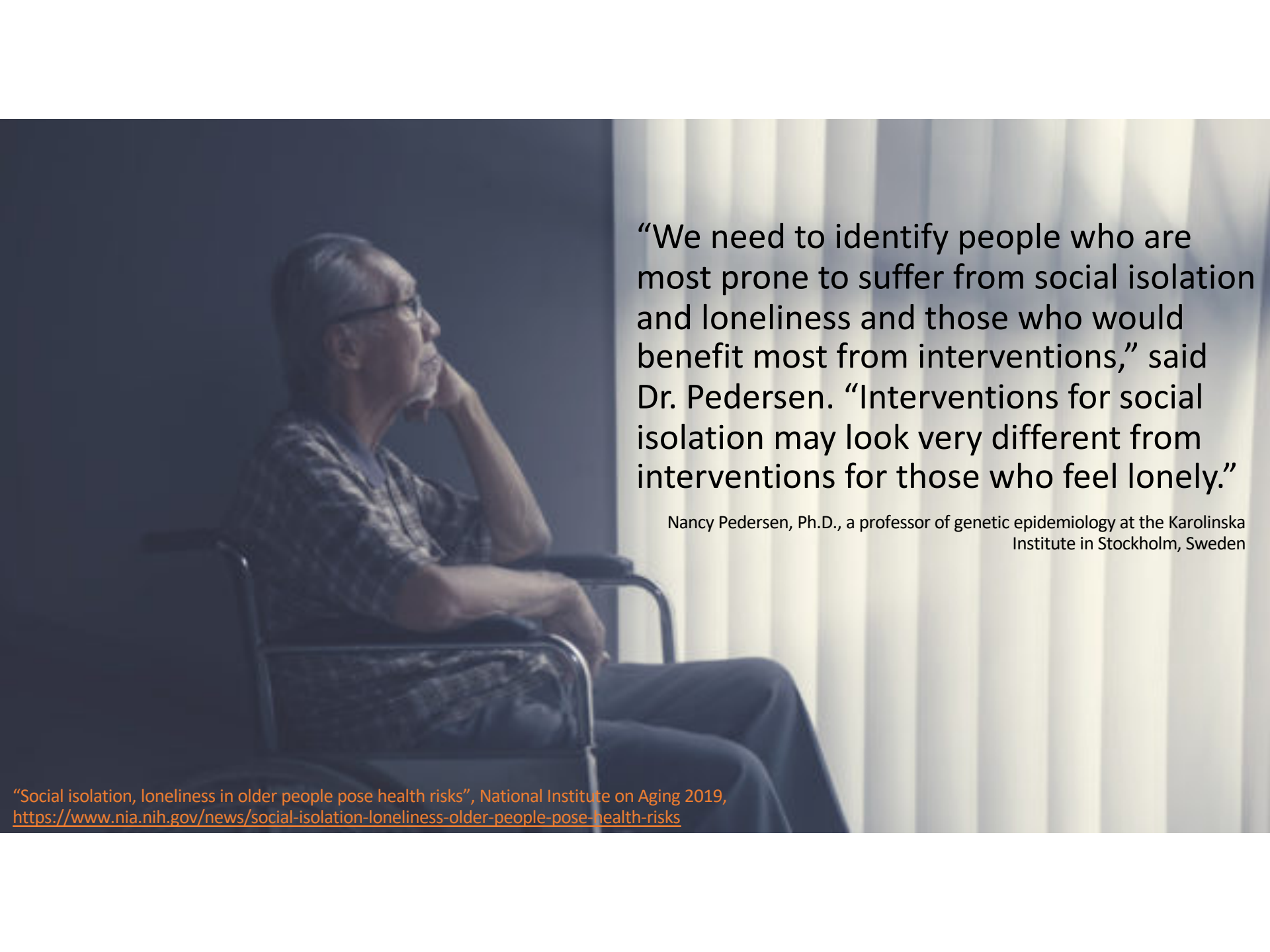


Flight



Freeze

Biological Defense Mechanism

A person with short grey hair and glasses is sitting in a wheelchair, looking out a window with vertical blinds. The person is wearing a patterned shirt and dark pants. The scene is dimly lit, with light coming from the window on the right.

“We need to identify people who are most prone to suffer from social isolation and loneliness and those who would benefit most from interventions,” said Dr. Pedersen. “Interventions for social isolation may look very different from interventions for those who feel lonely.”

Nancy Pedersen, Ph.D., a professor of genetic epidemiology at the Karolinska Institute in Stockholm, Sweden

“Social isolation, loneliness in older people pose health risks”, National Institute on Aging 2019,
<https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

Risks Associated with Isolation and Loneliness

- High blood pressure
- Heart disease
- Obesity
- Weakened immune system
- Anxiety
- Depression
- Cognitive decline
- Alzheimer's disease
- Death





Touch Starvation (skin hunger)

- Physical contact is limited or eliminated
- Instinctively, we want to touch someone, but we can't do it because of the fear associated with the pandemic
- Touch starvation increases stress, depression and anxiety, triggering a cascade of negative physiological effects
- Can increase heart rate, blood pressure, respiration and muscle tension, and suppress the digestive system and immune system leading to increased risk of infection
- Can lead to PTSD

Touch starvation is a consequence of COVID-19's physical distancing,
<https://www.tmc.edu/news/2020/05/touch-starvation/>

Do we believe that once we can touch, hug and hold people again that the negative effects of isolation and touch starvation will 'disappear'?





Edward Machtinger, MD

Professor of Medicine

Director, Women's HIV Program

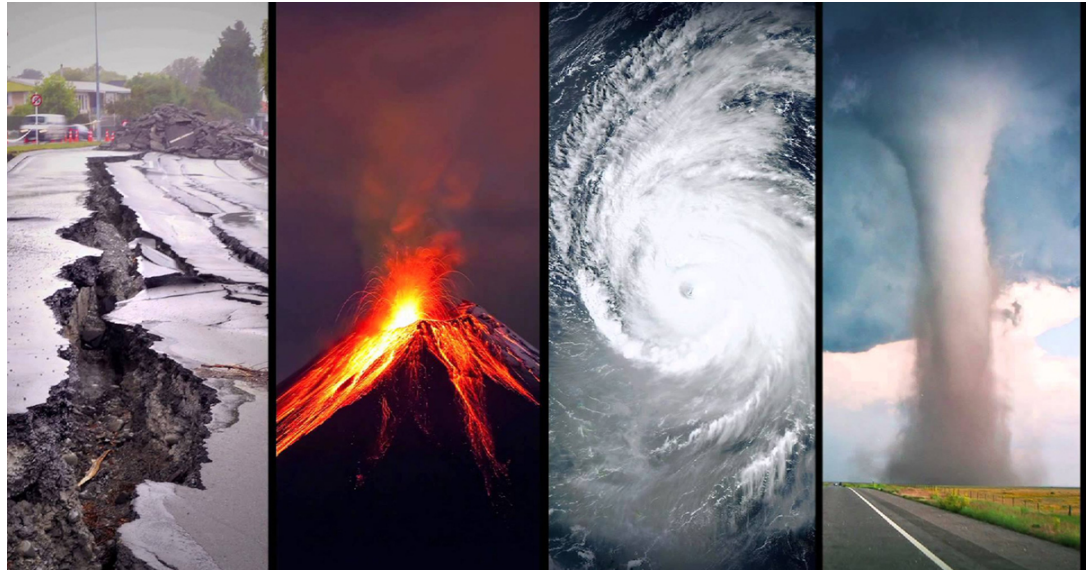
University of California, San Francisco

“My framework for thinking about this is that there are two pandemics – one caused by the virus and the other caused by the trauma and stress associated with the pandemic.”

<https://www.chcs.org/how-the-covid-19-pandemic-is-highlighting-the-importance-of-trauma-informed-care-qa-with-dr-edward-machtinger/>

After a Disaster, We See Increased...

- Morbidity and mortality
- Depression
- Anxiety
- Suicide
- Substance use
- Overdose
- Violence
- Heart attacks
- Strokes
- More...



How the COVID-19 Pandemic is Highlighting the Importance of Trauma-Informed Care: Q&A with Dr. Edward Machtinger
<https://www.chcs.org/how-the-covid-19-pandemic-is-highlighting-the-importance-of-trauma-informed-care-qa-with-dr-edward-machtinger/>



Predictable second wave of death after exposure to mass trauma.

How the COVID-19 Pandemic is Highlighting the Importance of Trauma-Informed Care: Q&A with Dr. Edward Machtinger
<https://www.chcs.org/how-the-covid-19-pandemic-is-highlighting-the-importance-of-trauma-informed-care-ga-with-dr-edward-machtinger/>

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

In the past month, have you ...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. been constantly on guard, watchful, or easily startled?	YES	NO
4. felt numb or detached from people, activities, or your surroundings?	YES	NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1-5.	TOTAL SCORE	

<https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf>

Supplement to the PC-PTSD-5

Provided courtesy of
Barbara Ganzel PhD, LMSW
Director, Gerontology Institute
Ithaca College

Box 3.9

DELAYED REACTION TO TRAUMA Signs & Symptoms of Posttraumatic Stress

Possible Delayed Emotional Reactions YES/ NO source_____

Irritability; Aggression; Negative affect; Distress at trauma reminders; Fear of trauma happening again; Negative thoughts about self; Detachment; Feelings of vulnerability; Mood swings; Grief reactions.

Possible Delayed Physical Reactions YES/ NO source_____

Nightmares; sleep disturbance; Hypervigilance/Heightened startle; Persistent fatigue; Changes in appetite or digestion or cortisol levels; Lowered immune function/more colds and infections; Focus on aches and pains

Possible Delayed Cognitive Reactions YES/ NO source_____

Intrusive memories; Flashbacks; Exaggerated self-blame or blame of others about the event(s); Difficulty concentrating; Belief that avoidance or other behaviors will protect them from trauma; Avoidance of trauma-related feelings or memories or preoccupation with the event; Panic & phobia-like behavior in response to trauma triggers; Inability to remember key features of the trauma

Possible Delayed Behavioral Reactions YES/ NO source_____

Avoidance of event reminders ; Decreased interest in activities; Risky or destructive behavior; Isolation/withdrawal; Disrupted social relationships; History of abuse of alcohol or drugs

Possible Delayed Existential Reactions YES/ NO source_____

Questioning ("why me"), disillusionment, cynicism; Loss of purpose or faith; Hopelessness; Also potential adaptive responses such as re-establishing priorities, redefining meaning and importance of life, reviewing life assumptions to accommodate trauma.

Adapted from HHS (2014). *TIP-57*, pp. 61-62.



What are the
unmet needs?

Needs

Physical well-being

air
food
water
shelter
protection
(emotional)
safety
movement
rest
sleep
touch
sexual
expression
health
comfort
warmth

Harmony

peace
tranquility
relaxation
beauty
order
ease
predictability
familiarity
stability
balance
completion
wholeness

Autonomy

choice
freedom
time
space
independence

Power

self-esteem
confidence
dignity
inner power
empowerment
competence
effectiveness

Pleasure

to celebrate
to mourn
flow
humor
laughter
vitality
challenge
stimulation

Connection

collaboration
reciprocity
communication
company
to belong
durability
continuity
to give
to receive
to see / to be seen
to hear / to be heard
to understand
to be understood

Liveliness

to discover
adventure
passion
spontaneity
play

Authenticity

honesty
integrity
transparency
openness
self-expression

Meaning

to learn
growth
to contribute
to enrich life
hope
creativity
inspiration
purpose
clarity
awareness
liberation
transformation
to matter
participate
to be present
simplicity

Love and attention

love
compassion
care
attention
acceptance
appreciation
reassurance
affection
trust
involvement
respect
care
support
nearness
intimacy
tenderness
softness
sensitivity
friendliness



www.cupofempathy.com



Feelings when my needs are fulfilled

Physical feelings

relaxed
comfortable
energetic
centered
balanced
big
soft
strong
lively
in flow
full
free

Well-rested

refreshed
restored
recharged
awake
alert

Peaceful

calm
quiet
bright
zen
at ease
relieved
serene
carefree
unconcerned

Satisfied

fulfilled
satisfied
content

Cheerful

happy
amused
joyous
cheerful
delighted
ecstatic

Enthusiastic

excited
adventurous
playful
lively
eager
passionate
thrilled
radiant

Loving

tender
warm
openhearted
compassionate
friendly
sympathetic
touched

Thankful

grateful
moved
touched

Amazed

surprised
flabbergasted

Hopeful

heartened
encouraged
desirous
optimistic

Curious

fascinated
interested
engaged
involved
inspired

Confident

resolute
confident
powerful
open
proud
safe

Feelings when my needs are not fulfilled

Physical feelings

pain
limp
empty
small
smothered
short of breath
tense
wretched
sick

Sad

disappointed
dispirited
melancholic
depressed
down
gloomy
desirous
nostalgic

Regret

guilty
repentance

Worried

tense
nervous
anxious

Pain

hurt
lonely
wretched
mourning

Vulnerable

fragile
uncertain
sensitive

Tired

defeated
burnt-out
exhausted
sleepy
weary

Withdrawn

bored
detached
isolated
alienated
apathetic
cold
numb
impatient

Ashamed

guilty
embarrassed
shy

Desperate

helpless
hopeless
powerless
uncertain

Skeptical

torn
lost
bewildered
perplexed
confused

Scared

afraid
suspicious
panic
paralyzed
startled
anxious

Uncomfortable

troubled
nervous
restless
uncertain
insecure

Envious

jealous

Shocked

startled
upset
surprised
disturbed
alert
panic
overwhelmed

Frustrated

irritated
annoyed
impatient
embittered
irritable

Rage

angry
mad
upset
furious
resentful

Hate

hostile
aversion
bitter
loathing
contempt



Social Isolation Needs to be Included in Ongoing Disaster Planning

- Emotional, psychological and physical distress will continue, even when the pandemic “ends”
- Adopting and sustaining a culture of TIC is crucial
- What issues/challenges can we anticipate as we begin re-entry into “usual” community life?
- What do we need to be prepared for?

Process Improvement

Trauma informed care task
force



Process Improvement Project (PIP) Idea

Video calls and other technology

- What is the process in your facility? Scheduling? Oversight? Devices? Infection control?
- What are the barriers?
- What works?
- Conversation starters to help facilitate a rewarding experience (name the grief *and* elicit smiles, laughter, new shared experiences)
- What to do if the resident becomes distressed or confused?



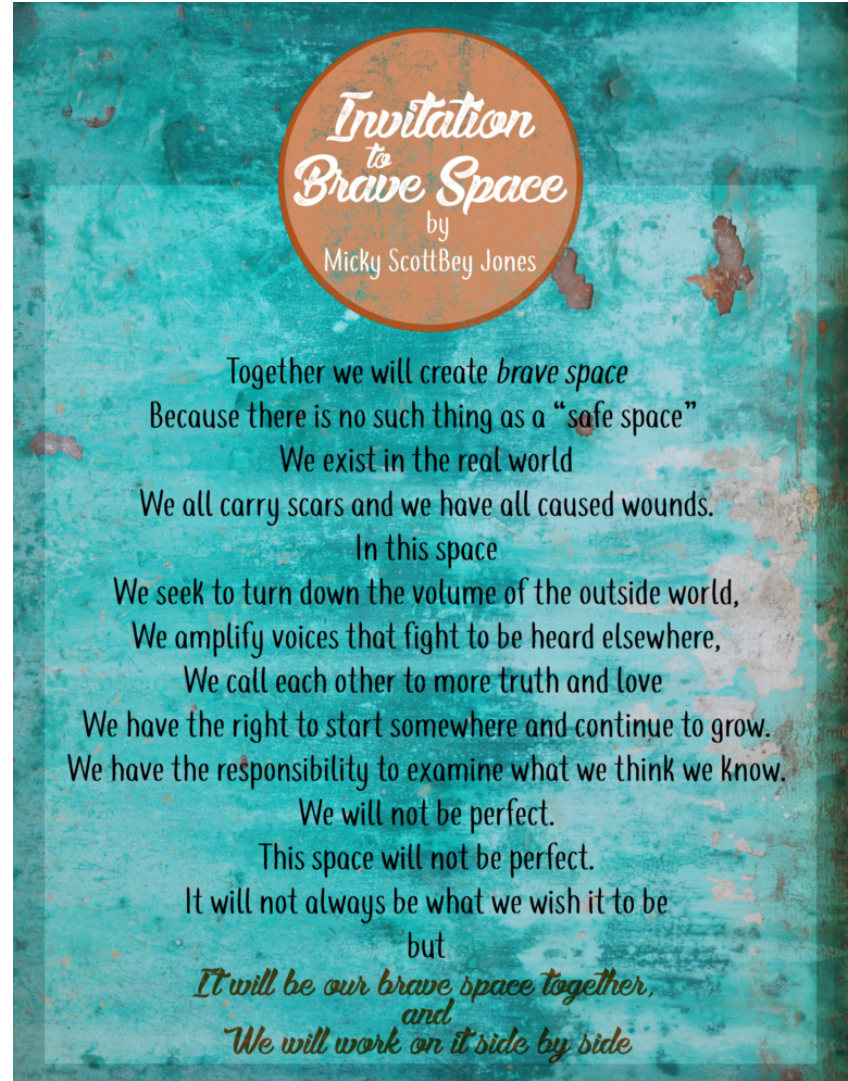
The pivotal change we are talking must be INGRAINED culture change, not just adding a screening tool to a list of tasks or putting a generic care plan on the chart.

We need sustainable culture change,
not just the
“culture of the pandemic.”

Invitation to Brave Space



Micky ScottBey Jones
“The Justice Doula”





Thank you for
your time.

Paige

All Teach All Learn

Case Study/Situation Presentation and Discussion

UNMC Public Health Core Team

Weekly Poll

Krista Brown

**AHRQ ECHO National Nursing
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Continued Discussion and Q&A

UNMC Public Health Core Team

**AHRQ ECHO National Nursing
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Resource Links – 1

Video: Session 14 Presentation Social Isolation:

https://www.youtube.com/watch?v=rY3j-QnA_q4&feature=youtu.be

Slide Resource Links

“No One Cares When Planes Don’t Crash”, May 2019

[https://www.jamda.com/article/S1525-8610\(19\)30321-4/fulltext?rss=yes](https://www.jamda.com/article/S1525-8610(19)30321-4/fulltext?rss=yes)

Emotional and Psychological Trauma

<https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm>

Lifelines: How COVID-19 Creates 'Pre-Traumatic Conditions' in the Brain

By ALEX MCOWEN & PETER BIELLO • MAY 4, 2020

Social isolation, loneliness in older people pose health risks”, National Institute on Aging 2019

<https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

Resource Links – 2

Touch starvation is a consequence of COVID-19's physical distancing

<https://www.tmc.edu/news/2020/05/touch-starvation/>

How the COVID-19 Pandemic is Highlighting the Importance of Trauma-Informed Care:
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<https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf>

<https://cupofempathy.com/get-the-empathy-toolkit/>

Resource Links – 3

Additional Information

CDC COVID Data Tracker

<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm>

New York Times: How Nine COVID-19 Vaccines Work

<https://www.nytimes.com/interactive/2021/health/how-covid-19-vaccines-work.html> [nytimes.com]

Washington Post: Nursing Homes Skipping Vaccines

https://www.washingtonpost.com/outlook/nursing-home-skip-vaccine/2021/02/12/4d31d17a-6bfa-11eb-9f80-3d7646ce1bc0_story.html

Resource Links – 4

Additional Information

<https://www.kff.org/report-section/kff-covid-19-vaccine-monitor-january-2021-vaccine-hesitancy/>

<https://www.cdc.gov/vaccines/partners/vaccinate-with-confidence.html>

<https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html>

Vaccine hesitancy – Moving practice beyond binary vaccination outcomes in community pharmacy
<https://journals.sagepub.com/doi/10.1177/1715163519878745>

<https://www.washingtonpost.com/technology/2021/02/16/covid-vaccine-misinformation-evangelical-mark-beast/>

<https://covid19vaccinescommunicationprinciples.org/>

<https://webliteracy.pressbooks.com/>

<https://firstdraftnews.org/>



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