

UNMC College of Public Health ECHO

July 28, 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 – **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
- 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
- Today we are continuing the module of “*Addressing and Supporting Needs of Residents, Families, and Care Partners*”
- We are postponing a discussion of Adam Grant’s NY Times article on “languishing” to address concerns raised last week as part of the waterfall question regarding what's top of your mind

Week 15 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1215	COVID-19 Update	Deborah Levy
1215 - 1220	Poll – Vaccine Concerns	Krista Brown
1220 - 1300	Addressing & Supporting Needs of Residents, Families, and Care Partners	Peg Bradke
1300 - 1330	Optional Q&A, Discussion, and Coaching	Public Health Core Team

Core Domains

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



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



What is “top of mind” for you today?

What challenges or thoughts would you like to share?

Current State of the Pandemic

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

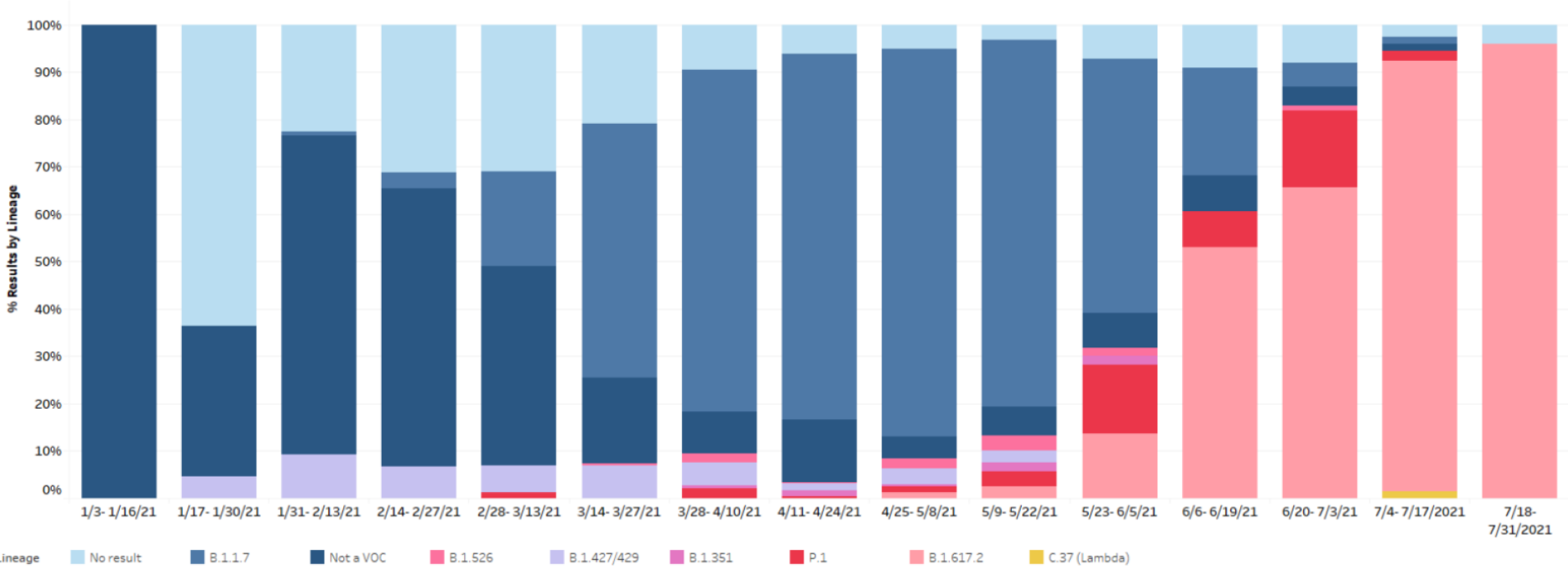


COVID-19 Update – State of Nebraska as of 7/28/2021

- Nebraska specific COVID-19 data were presented

Sequenced Viral Lineages in Nebraska Residents as of 7/27/2021

Proportion of Sequencing Results by Lineage Among Nebraska Residents (N= 2,982) | CHI and NPHL Performed Only, January 11 - July 20, 2021
As of July 25, 2021



COVID-19 Update – US

- COVID-19 cases are increasing across the country, up more than 300% nationally from June 19 to July 23, driven largely by a surging Delta variant
- **More and more data demonstrate that those who are infected with the Delta variant have higher viral load and are more contagious than those infected with other strains of the virus**
- **New evidence that some vaccinated people who are infected with Delta (vaccine breakthrough) also have higher viral loads and, importantly, may be contagious**
- COVID-19 wards may be less packed, but patients are trending younger and sicker
- For health workers, the hamster wheel of exhausting routines continues, but the difference is that treating the willfully unvaccinated is demoralizing
- Hospitals feeling the strain because of understaffing rather than total number of admitted COVID-19 patients
- Healthcare systems in many states are getting ready to restart their "critical care coordination" using strategies developed during the last surge to level load through patient transfers – no one size fits all and the strategies vary
- Veterans Affairs Department announced on Monday it will require all frontline healthcare workers to get vaccinated
- President supposedly will announce on Thursday a requirement that all federal employees and contractors be vaccinated against Covid-19, or be required to submit to regular testing and mitigation requirements

CDC – COVID-19 Prevention Strategies



<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7030e2-H.pdf>

Staff Vaccination to Prevent Higher Crude Rates of Preventable COVID Infection



COVID-19 in Residents of CMS-Certified Skilled Nursing Facilities

Crude Rate per 1,000 Resident Weeks, Stratified by Vaccination Coverage of Staff

Data from the two weeks ending 11 July 2021

Quartile of Staff Vaccination Coverage (percentile)	Staff Vaccination Coverage	Crude Rate of COVID in Residents per 1,000 Resident-weeks, for the two weeks ending 11 July	
1 (0 th -25 th)	0-44%	0.77	Highly significant reductions in incidence between these strata, $P<0.0001$
2 (26 th -50 th)	45-59%	0.54	
3 (51 st -75 th)	60-74%	0.26	Reduction between these strata not significant
4 (76 th -100 th)	75+%	0.31	
Overall, national		0.4	

- There was a 29% significant reduction in the case rate from Q1 to Q2 of staff vaccination coverage
- There was a 52% significant reduction in the case rate from Q2 to Q3 of staff vaccination coverage

Data limited to facilities reporting vaccination coverage.



Follow-up to Last Week's Top of Mind Responses

- Feelings of anxiety and impending doom due to surge in Delta COVID cases
- Lack of mask wearing by visitors to the facilities and in community settings
- Reinfections and vaccine breakthroughs
- Number of unvaccinated
- Communication breakdowns

Addressing COVID-19 Vaccine Breakthroughs

- Vaccine do an excellent job of reducing risk of experiencing severe disease
- While they also reduce the risks of being infected, they do not eliminate it
- Most experts, unlike the media, consider true "breakthrough" cases to be those in which vaccinated individuals experience COVID-19 symptoms, and such cases are rare
- Dr. Stefan Baral, an epidemiologist at Johns Hopkins, puts it as "testing positive for SARS-CoV-2 with pre-existing immunity (vaccination/infection) and experiencing mild or no symptoms is a test result, not a disease"
- Need to differentiate between measurable virus in throats and a disease
- However, the rare vaccinated individual who is experiencing severe symptoms could be capable of transmitting the virus to others (especially if infected with the Delta variant strain)

Addressing the Unvaccinated Individuals

- **America Is Getting Unvaccinated People All Wrong:** they're not all anti-vaxxers, and treating them as such is making things worse
- **Your Vaccinated Immune System Is Ready for Breakthroughs:** getting COVID-19 when you're vaccinated isn't the same as getting COVID-19 when you're unvaccinated

Poll

Common Vaccine Myths

Poll Follow-up: Chat

What one reason or barrier are you hearing THE MOST?

Chat Waterfall



Type in one word/phrase:

- To use when communicating with our residents/families

AND

- NOT to use when communication with our residents/families

COVID-19 Supporting the Psychosocial Wellbeing of Residents, Families, and Care Partners

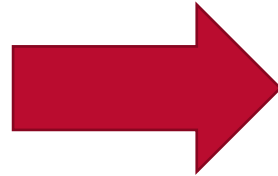
Resource Enhancement to Enrich Person-Centered Wellbeing

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



Universal Precautions Model Related to Trauma Informed Care

- Gloving and gowning no matter level of hazard



Assume all individuals have a history of trauma and glove up metaphorically to reduce possibility of triggering or re-traumatizing others

Trauma-Informed Organization Change Manual, <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>

F699 Trauma-Informed Care (483.25 Quality of Care)

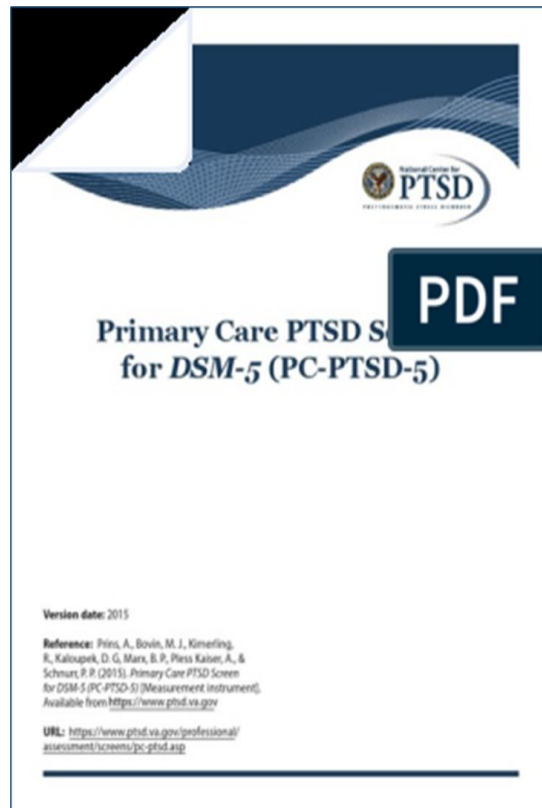
- “The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.”
- No guidance issued, yet...

Regulations that include trauma-informed care

- F659 qualified persons
- F699 trauma informed care (effective 11/28/2019)
- F741 sufficient competent staff, behavioral health needs
- F740 behavioral health services
- F742 treatment/services for mental-psychosocial concerns
- F743 no pattern of behavioral difficulties unless unavoidable

“Resources to Support Trauma Informed Care for Persons in Post-Acute and Long Term Care Settings” (pg.3)
<https://www.lsqa.org/wp-content/uploads/2018/09/Trauma-Informed-Care-Resources.pdf>

Suggestion for Screening for CURRENT Symptoms



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

Categories of Resource States (*coping strategies*)

- Personality traits
- Skills/things you do well
- Experiences/Successes/Proud moments: building something, completing an education program, finishing a painting, fostering a pet
- Hobbies
- Spirituality / Faith
- Values: compassion, community, integrity, relationships, creativity
- Emotional strengths: FAMILY, courage, patience, gratitude, faith

Please, give us a job.

“Family members want jobs. We feel a complete lack of control over the medical situation, and we want you to tell us what we can do to help. Please tell us what we can do to help...It means giving us actionable, feasible tasks to put on our to-do list...literally anything I can do to make the situation just slightly less painful for everyone involved...If you don't have something for me to do, find something. No task is too small.”



Zimmerman BA. Patient's Sister, Seeking Job. JAMA. 2020; 323: 1670-1671.

Considerations When Creating Personal Safety Care Plans and Coping Resources

- Co-create with family members/care partners (bring pictures to help tell the story)
- Be intentional about **creating and using** these resources
 - Think through how these resources will be integrated into activities
- Ask for staff involvement –What have they discover in their interactions?
 - Make it Fun-----Make visible and integrate resource strategies and examples into family communications, bulletin boards, newsletters, staff break rooms, resident rooms
- Communicate the purpose and goal of the resources
 - Provide opportunities to practice using the strategies

Use the strength (resource state) to support resilience in the present moment!

”Remember how you [*fill in brief statement that highlights a resource*].”

- Ran a successful business...
 - Accomplished....
 - Made it through...
 - Took such wonderful care of your children...
 - Built your home...
- Tell me that story again...
 - Remind me of the emotions and thoughts...

COVID-19 Supporting the Psychosocial Wellbeing of Residents, Families, and Care Partners

Resource Enhancement to Enrich Person-Centered Wellbeing
– Improvement with an Empathy Exercise

Empathy



© 2015 Press Ganey Associates, Inc.

Acknowledge Suffering

WE SHOULD ACKNOWLEDGE OUR PATIENTS ARE
SUFFERING AND SHOW THEM THAT WE UNDERSTAND

Lead in	Acknowledgment of other person	Description of the feelings	Description of the situation (<i>optional</i>)
<ul style="list-style-type: none">• I hear that...• I see that...• It sounds like...• I can understand that	<ul style="list-style-type: none">• You• You and your family	Anxious, frustrated, disappointed, nervous, confused, surprised, happy	Because ...[content of the message]
<ul style="list-style-type: none">• You seem/look/sound...• I can't imagine how...			



© 2015 Press Ganey Associates, Inc.

Patient says, “I didn’t get much sleep last night.”

- A. “Your doctor can prescribe something to help with that.”
- B. “Well, this isn’t a hotel. You shouldn’t expect a restful sleep each night.”
- C. “I don’t think I’ve had a full night’s sleep since my daughter was born – and she’s six!”
- D. “What was keeping you up?”
- E. “I imagine you’re already pretty tired. Lack of sleep must make your stay even tougher.”



© 2015 Press Ganey Associates, Inc.

Patient says, “My spouse has a lot of questions, but he/she isn’t here right now to ask.”

- A. “I can have your doctor give your wife/husband a call.”
- B. “Your spouse should have written down the questions so we’d have them now.”
- C. “We had a patient last week whose spouse had more questions than you could imagine. I think (s)he had us on speed dial.”
- D. “What kind of questions are they?”
- E. “It sounds like keeping your spouse informed is very important to you.”



© 2015 Press Ganey Associates, Inc.

Patient says, “I still have a lot of pain, and the pain meds just make me feel sick. They don’t make me feel any better.”

- A. “I can speak with your doctor about that. He may be able to prescribe something that would be less likely to cause nausea.”
- B. “You just went through open-heart surgery. You can’t expect a magic drug will take all your pain away.”
- C. “I was given Vicodin after I had foot surgery. I threw up all night, every night for a week.”
- D. “When did the nausea begin?”
- E. “I’m so sorry the pain medications are making you feel sick. That must make this whole experience even tougher.”



© 2015 Press Ganey Associates, Inc.

Patient says: “I’m really tired of this. No one knows what’s wrong with me. No one has any answers, and if they do, no one is taking the time to tell me.”

- A. “I can make sure the doctor makes time to speak with you when he comes in today.”
- B. “This is going to take some time. You need to be more patient. ”
- C. “When my spouse had a similar health incident a few years ago, no one had any answers. It was terrible! We are leaps and bounds ahead of where we were then.”
- D. “Have you expressed these concerns with your doctor?”
- E. “It sounds like you are frustrated both with the lack of answers as well as the lack of time you have had to discuss your questions with the care team.”



© 2015 Press Ganey Associates, Inc.

Patient says, “My back hurts. These beds are terrible.”

- A. “Let’s rearrange these pillows so we can make the bed more comfortable for you.”
- B. “You’re in a hospital. You can’t expect all the comforts of home.”
- C. “I can relate. I have to see a chiropractor twice a week!”
- D. “Where does it hurt?”
- E. “These beds can be tough on the back. It sounds like you’re pretty sore.”



© 2015 Press Ganey Associates, Inc.

Patient says, “I don’t think I’m ready to be discharged yet.”

- A. “We’ll go through all of your questions before you leave and make sure that you have everything you need to know in writing so you can refer to it later.”
- B. “You need to trust that we know when you are ready to go home.”
- C. “No one ever feels ready to be discharged. I was frightened about going home the last time I stayed here as a patient.”
- D. “Are you concerned about who will help care for you at home?”
- E. “You sound concerned about leaving the hospital.”



© 2015 Press Ganey Associates, Inc.

Patient says, “It hurts.”

- A. “I’ll get some ice chips to help with the pain.”
- B. “You need to toughen up.”
- C. “The bright side is that you only had surgery on one foot. Imagine if we did them both!”
- D. “How bad is the pain on a scale from 1-10?”
- E. “I can’t imagine the pain you’re experiencing now. ”



© 2015 Press Ganey Associates, Inc.

Patient says, “I don’t understand.”

- A. “I can make sure the doctor walks you through this so you understand everything you need.”
- B. “You’re probably not going to understand everything.”
- C. “You understand a whole lot more than most patients!”
- D. “Do you have questions about the doctor’s diagnosis?”
- E. “I imagine you’re feeling overwhelmed with all of the information that you’ve received.”

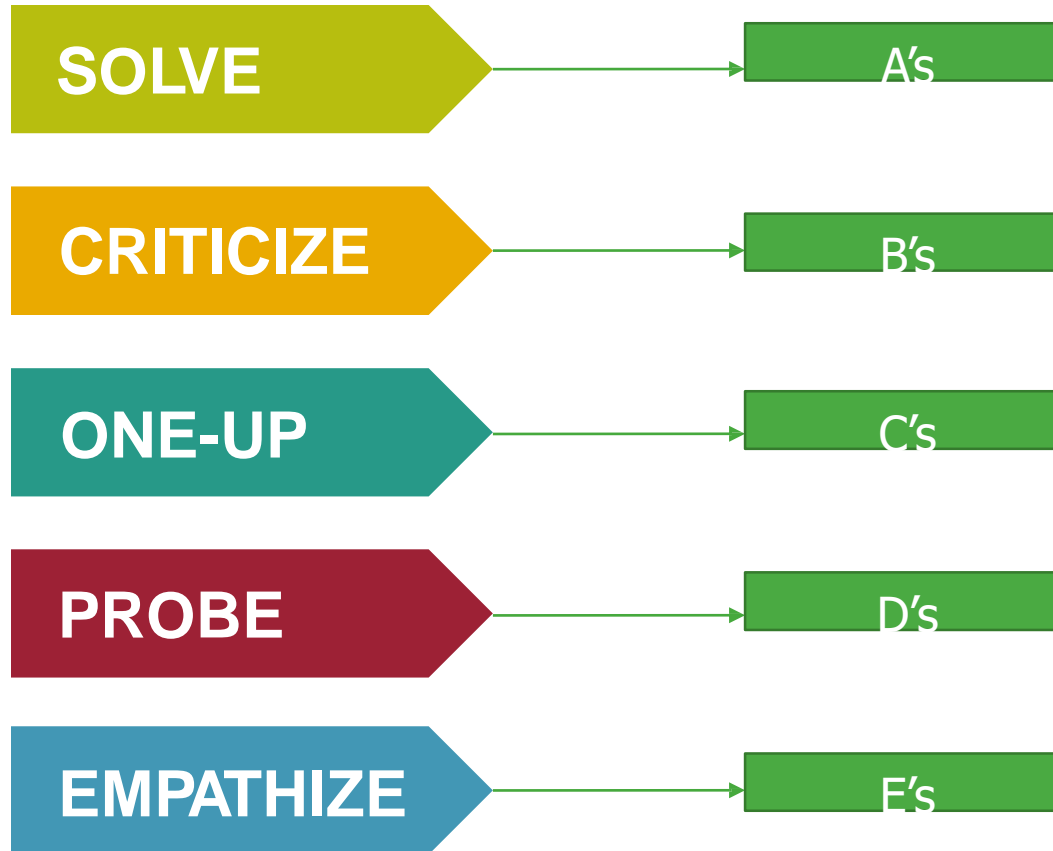


© 2015 Press Ganey Associates, Inc.

Types of Listening Responses

Five types

Add 'em up



There are 5 types
of listening responses

Most individuals operate
within 1 or 2 categories
as their first response.



© 2015 Press Ganey Associates, Inc.

Scope Example: “I’m Thirsty”

Five types of listening responses:

SOLVE

“Here, have some water.”

CRITICIZE

“You shouldn’t have had so much salt.”
“You never drink enough water.”

ONE-UP

“I’m parched! I haven’t had a sip of water all day!”

PROBE

“Have you been drinking enough water?”
“Have you had headaches as well?”

EMPATHIZE

“I’m sorry that you are feeling thirsty. I imagine that’s frustrating for you.”



© 2015 Press Ganey Associates, Inc.

Autonomy Reduces Suffering

AUTONOMY HELPS PRESERVE DIGNITY in RESIDENTS

How are you doing this?



© 2015 Press Ganey Associates, Inc.

THE CHALLENGE



Can you tell me one thing about each of your residents or their families that has nothing to do why they are in our facility?

- ✓ *Where would this information live that's easily accessible for residents and staff?*
- ✓ *How would you integrate into huddles/rounds, care conferences?*
- ✓ *How would leaders model these actions?*



© 2015 Press Ganey Associates, Inc.

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

- Trauma-Informed Organization Change Manual, <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>
- “Resources to Support Trauma Informed Care for Persons in Post-Acute and Long Term Care Settings” (pg.3) <https://www.lsqin.org/wp-content/uploads/2018/09/Trauma-Informed-Care-Resources.pdf>
- Zimmerman BA. Patient’s Sister, Seeking Job. JAMA. 2020; 323: 1670-1671.

Information and Resources

Guidance for Implementing COVID-19 Prevention Strategies in the Context of Varying Community Transmission Levels and Vaccination Coverage

<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7030e2-H.pdf>

CDC-HAN: Vaccination to Prevent COVID-19 Outbreaks with Current and Emergent Variants in the US

<https://emergency.cdc.gov/han/2021/han00447.asp>

The Atlantic - America Is Getting Unvaccinated People All Wrong

<https://amp.theatlantic.com/amp/article/619523/>

The Atlantic - Your Vaccinated Immune System Is Ready for Breakthroughs

<https://www.theatlantic.com/science/archive/2021/07/anatomy-of-a-vaccine-breakthrough/619562/>

Thank you!

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

