

UNMC College of Public Health ECHO

June 9, 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 starting the "Leadership Practices and Behaviors" domain based on voting last week, and likely will be compressing the 5 sessions provided by IHI into 2-3 sessions

Week 8 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1215	COVID-19 Update	Deborah Levy
1215 - 1300	Leadership Practices & Behaviors to Support Teams	Matt Beacom 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**

Current State of the Pandemic

Nebraska and Nationally

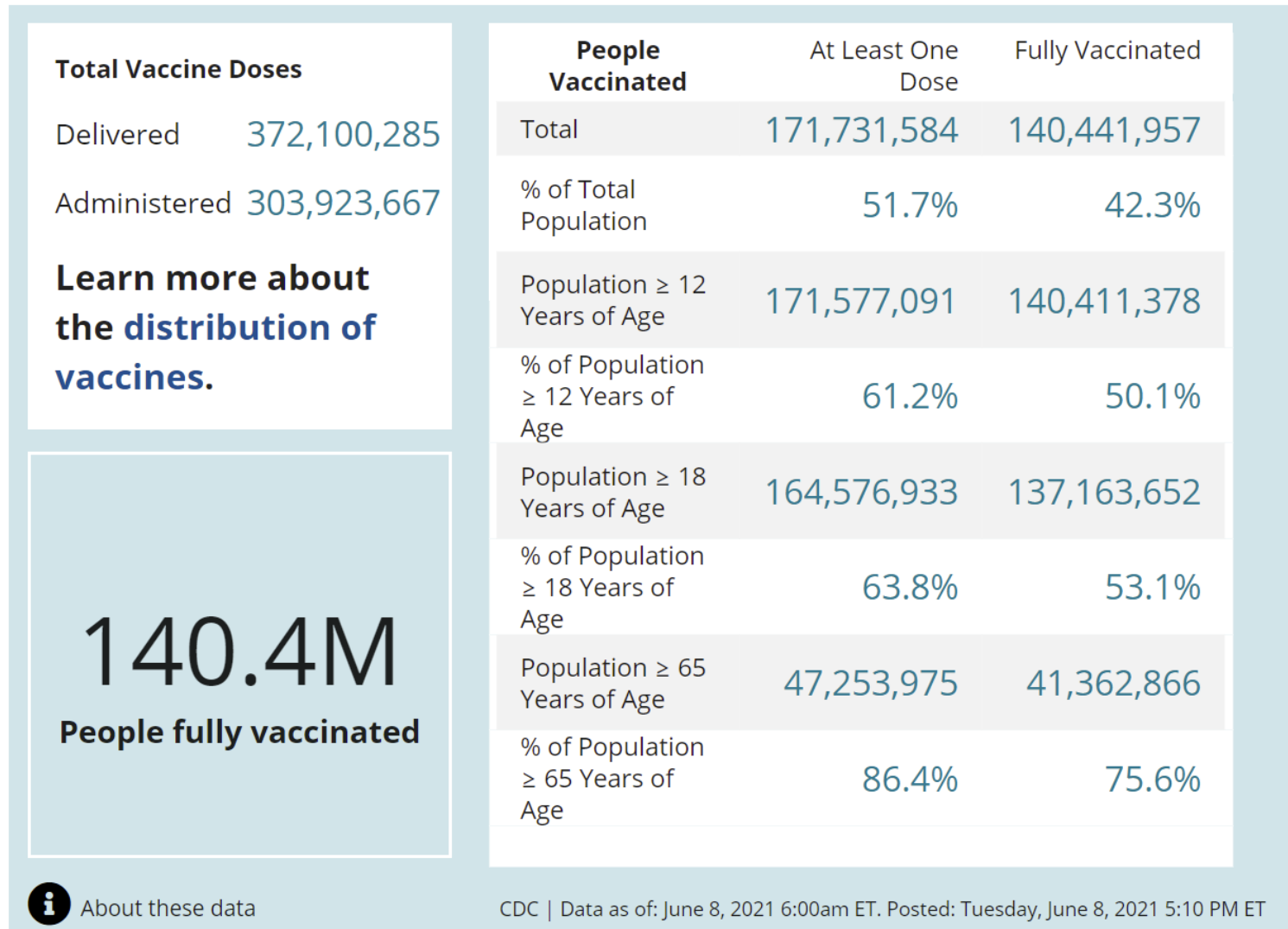
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COVID-19 Update – State of Nebraska as of 6/08/2021

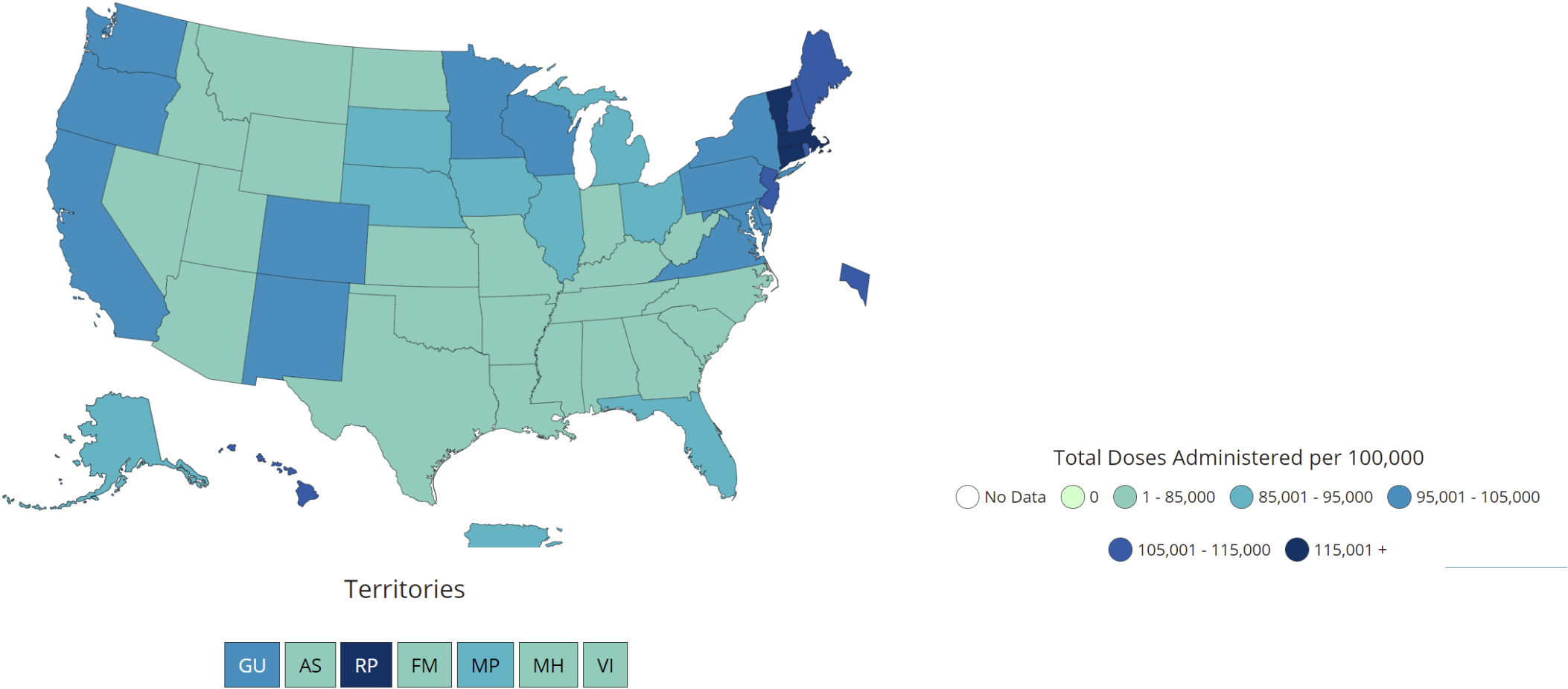
- COVID-19 data and rates were presented

US Number of People Vaccinated – CDC 6/08/2021



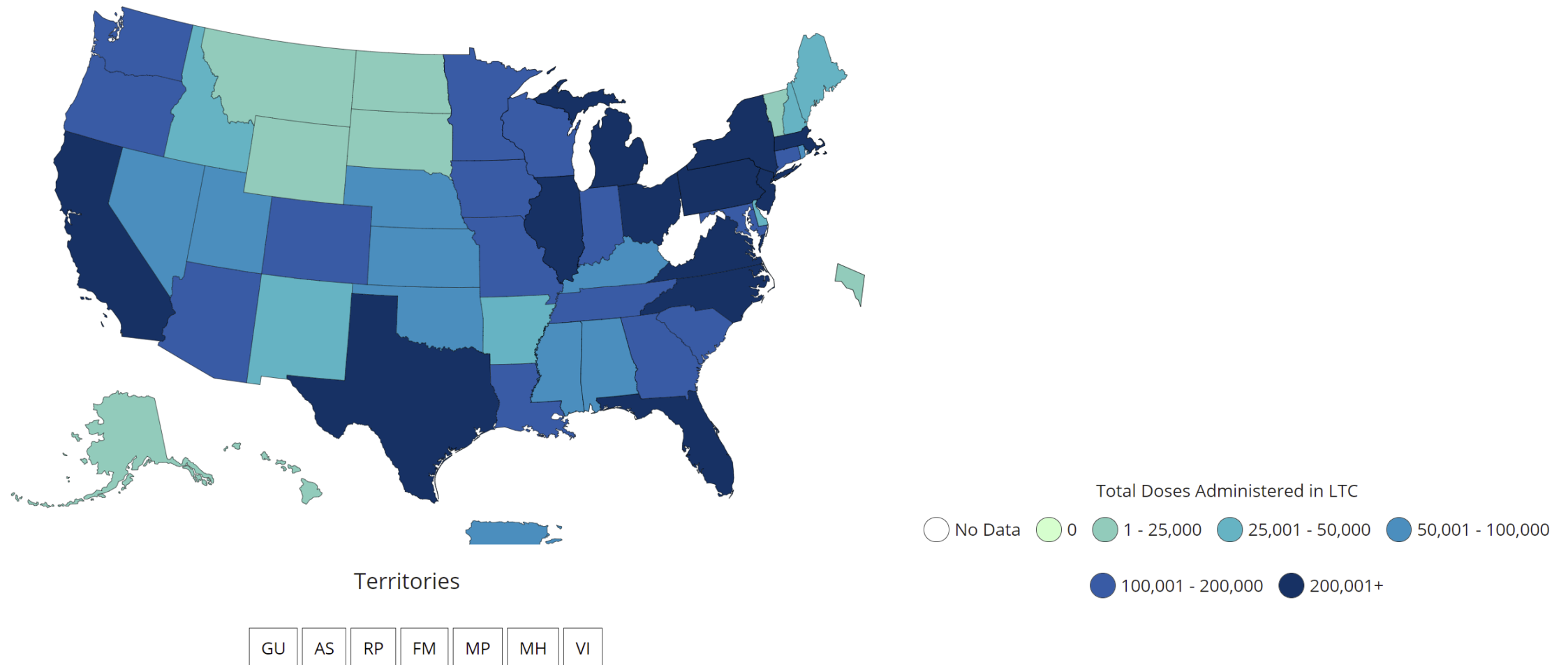
US Rate of Total Doses Administered – CDC 6/08/2021

Total Doses Administered Reported to the CDC by State/Territory
and for Select Federal Entities per 100,000 of the Total Population

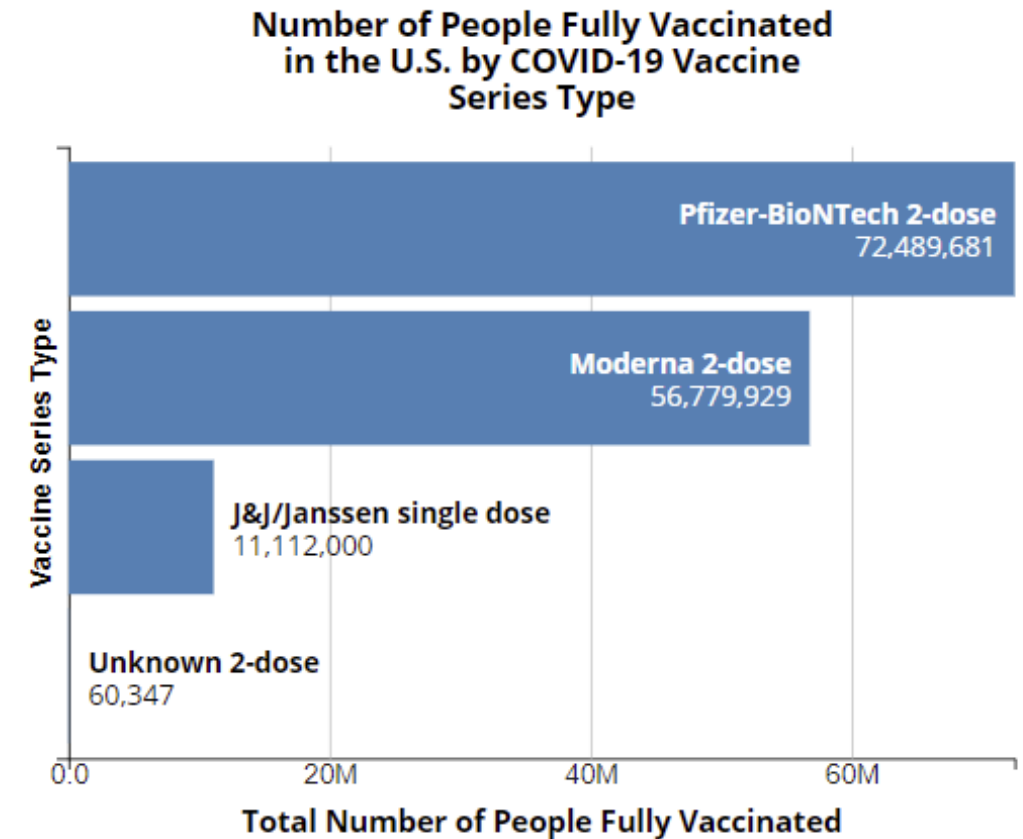
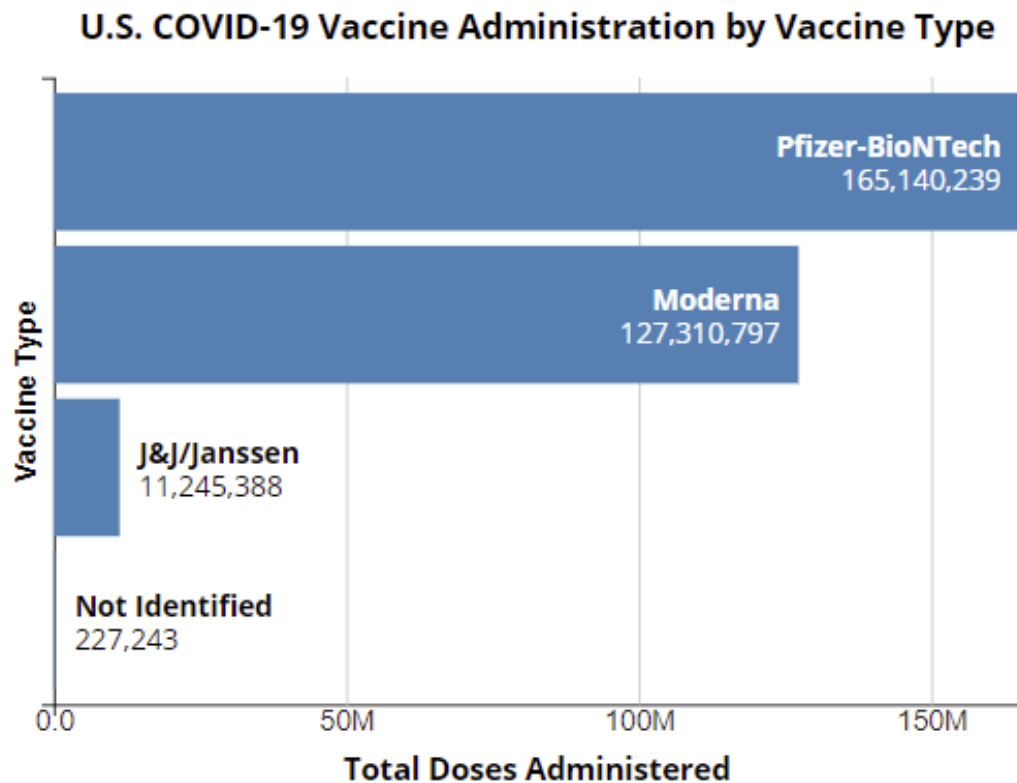


Total Vaccine Doses Administered – LTC Program

Total Doses Administered Reported to CDC by State/Territory, Federal Pharmacy Partnership for LTC Program



CDC Data by Vaccine Type



COVID-19 Vaccine Update – CDC MMWR

- Decreases in COVID-19 Cases, Emergency Department Visits, Hospital Admissions, and Deaths Among Older Adults Following the Introduction of COVID-19 Vaccine — United States, September 6, 2020–May 1, 2021
 - By May 1, 2021, 82%, 63%, and 42% of adults aged ≥ 65 , 50–64, and 18–49 years, respectively, had received ≥ 1 vaccine dose
 - From November 29–December 12, 2020 to April 18–May 1, 2021, the rate ratios of COVID-19 incidence, emergency department visits, hospital admissions, and deaths among adults aged ≥ 65 years (≥ 70 years for hospitalizations) to adults aged 18–49 years declined 40%, 59%, 65%, and 66%, respectively
- The greater decline in COVID-19 morbidity and mortality in older adults, the age group with the highest vaccination rates, demonstrates the potential impact of increasing population-level vaccination coverage
- The findings in the report are subject to at least five limitations

COVID-19 Vaccine Update – Preprint Research

- Prevention and Attenuation of COVID-19 by BNT162b2 and mRNA-1273 Vaccines
 - SARS-CoV-2 was detected in 204 (5.1%) participants; 16 were partially (≥ 14 days post-dose-1 to 13 days after dose-2) or fully (≥ 14 days post-dose-2) vaccinated, and 156 were unvaccinated; 32 with indeterminate status (< 14 days after dose-1) were excluded
 - VE of full vaccination was 91% against symptomatic or asymptomatic SARS-CoV-2 infection
 - VE of partial vaccination was 81%
 - Among partially or fully vaccinated participants with SARS-CoV-2 infection, mean viral RNA load (Log10 copies/mL) was 40% lower
 - Risk of self-reported febrile COVID-19 was 58% lower and 2.3 fewer days were spent sick in bed compared to unvaccinated infected participants
 - Authorized mRNA vaccines were highly effective among working-age adults in preventing SARS-CoV-2 infections when administered in real-world conditions and attenuated viral RNA load, febrile symptoms, and illness duration among those with breakthrough infection despite vaccination

COVID-19 Vaccine Update – United Kingdom

- SARS-CoV-2 Delta variant: Pfizer-BioNTech vaccine recipients have lower antibody levels (reported in Outbreak News)
 - Antibody levels that are able to recognise and fight the new SARS-CoV-2 Delta variant (B.1.617.2) are on average lower than those against previously circulating variants in the UK based on laboratory data from the Francis Crick Institute and the National Institute for Health Research (NIHR) UCLH Biomedical Research Centre, published as a Research letter in *The Lancet*
 - Levels of these antibodies are lower with increasing age and the levels decline over time, providing additional evidence in support of plans to deliver a vaccination boost to vulnerable people in the fall
 - The researchers support current plans to reduce the dose gap between vaccines since they found that after just one dose of the Pfizer-BioNTech vaccine, people are less likely to develop antibody levels against the Delta variant as high as those seen against the previously dominant B.1.1.7 (Alpha) variant

The Regulated Adult and the Importance of Self-Care for Maintaining Team Stability

Sarah Sjostrom, MSN, RN, ACNP-BC

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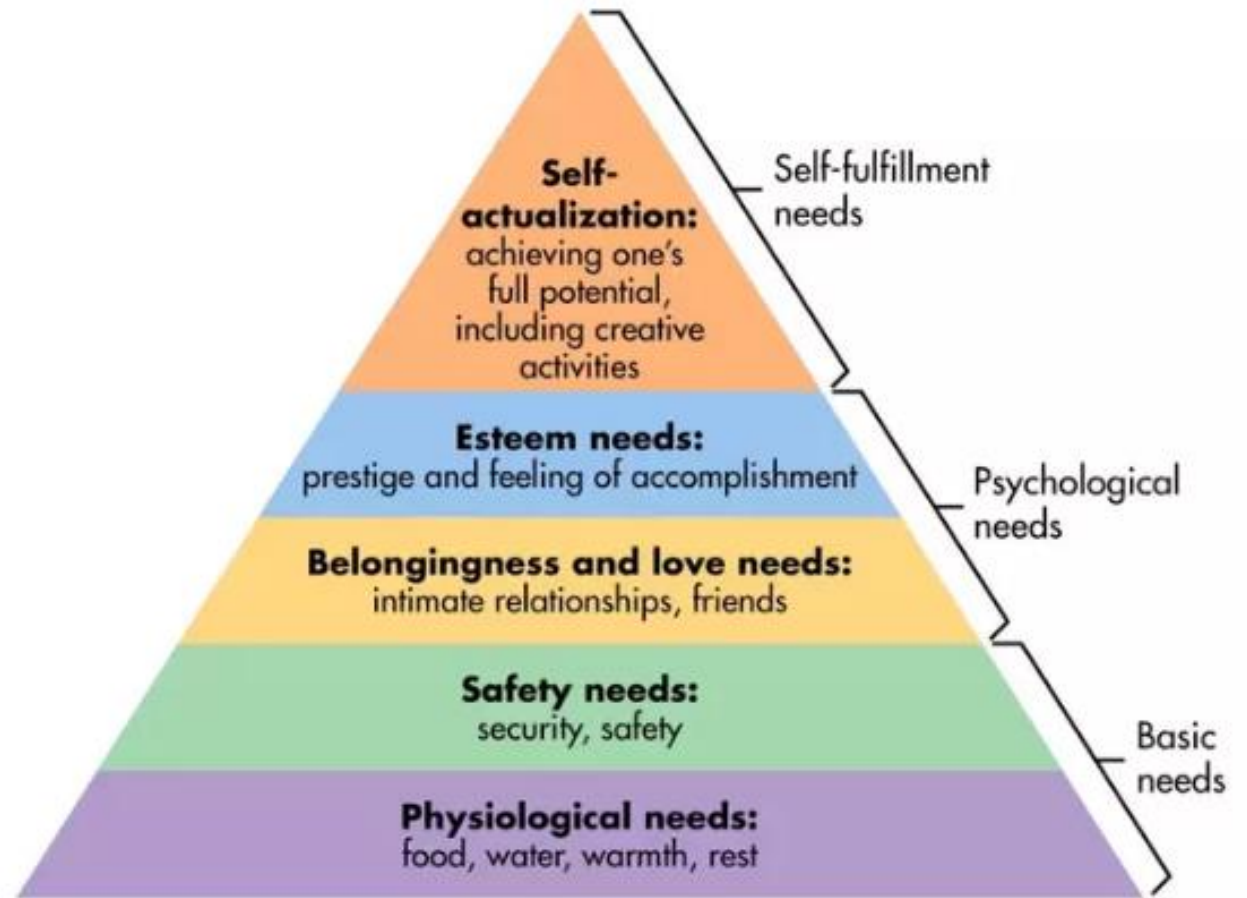
Today's Speaker

Sarah Sjostrom, RN, MSN, ACNP-BC
Associate Chief Nursing Officer
Hebrew Rehabilitation Center
Dedham & Boston, MA



Listen to Maslow: Necessities vs. Niceties

- Leadership and staff need shift perspective
- Start small, small doses, small changes



What is self-care?



FIT YOUR OWN OXYGEN MASK FIRST

You're no use to anyone if you're running on empty.
Caring for yourself first is often the
best thing you can do, in order to help others.
It isn't selfish, or egocentric.
Just really good advice.

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Saying "Yes"

- Get outdoors
- Stay active
- Connect with friends and family
- Enjoy your favorite snack or chocolate
- Take a nap
- Reserve a moment for an attitude of gratitude
- Take a bath
- Listen to music

Saying "No"

- Taking a step back
- Saying "no"
- Setting boundaries
- Staying at home
- Spending time alone
- Disconnect from devices and social media
- Let it go – forgive yourself
- Don't take on more and ask for help

The Stress Continuum Model

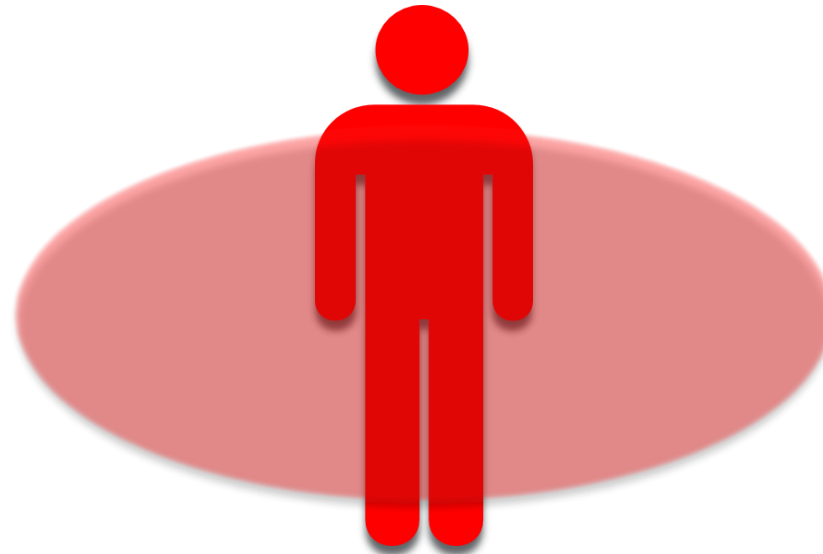
READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<p>DEFINITION</p> <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness <p>FEATURES</p> <ul style="list-style-type: none"> At one's best Well-trained and prepared In control Physically, mentally and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically 	<p>DEFINITION</p> <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk <p>FEATURES</p> <ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun <p>CAUSES</p> <ul style="list-style-type: none"> Any stressor 	<p>DEFINITION</p> <ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves a scar Higher risk <p>FEATURES</p> <ul style="list-style-type: none"> Loss of control Panic, rage or depression No longer feeling like normal self Excessive guilt, shame or blame <p>CAUSES</p> <ul style="list-style-type: none"> Life threat Loss Moral injury Wear and tear 	<p>DEFINITION</p> <ul style="list-style-type: none"> Clinical mental disorder Unhealed stress injury causing life impairment <p>FEATURES</p> <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment <p>TYPES</p> <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse

The Impact of Emotions

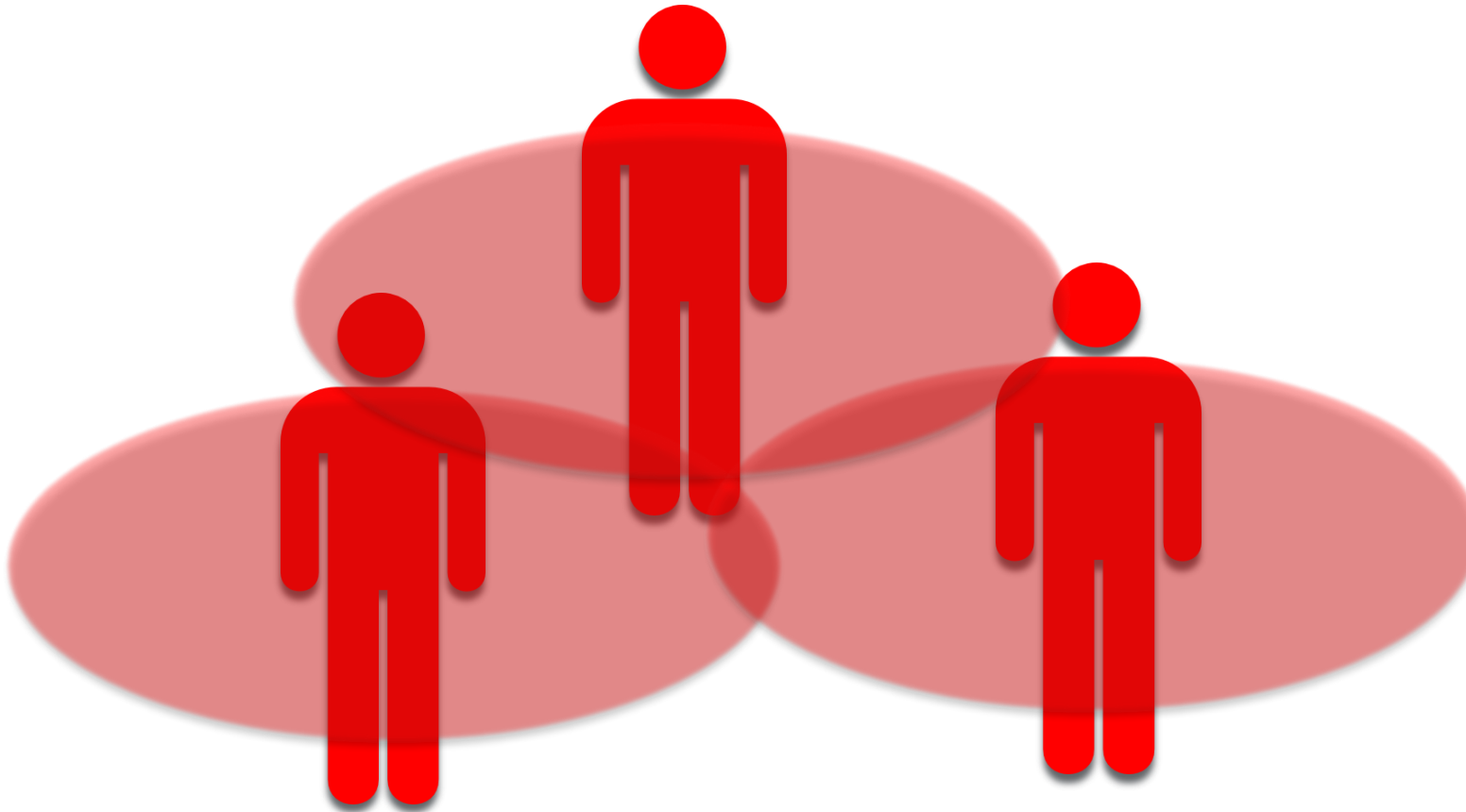
Emotion Contagion Theory

“tendency to automatically mimic and synchronize facial expressions, vocalizations, postures and movements with those of another person and, consequently, to converge emotionally” (Hatfield et al., 1994).

We are not emotional islands



Emotion Contagion and Your Team



- We respond to even the smallest of micro-expressions from others.
- Your expressions can affect or dictate your emotion.
- This results in team members being able to “**catch**” the emotions of those around them, both positive and negative.

It's Not What You Say...

What are you saying without saying anything at all?



Words 7%



Tone 38%



Body Language 55%

As emotional creatures, we give more value to non-verbal cues. If your gestures and tone contradict your words, people will not believe your words

Leadership Practices & Behaviors to Support Teams

The Regulated Adult and the Importance of Self-Care

Waterfall Question: Self Reflection

- Pause for a moment and think back over a recent conversation/interaction you have had with a co-worker. Is there anything you would do differently as you reflect back on that?

Let's use one of these to make an aim for you.

Improvement Questions:

- What is working?
- What is not working?
 1. Why?
 2. Why?
 3. Why?
 4. Why?
 5. Why?
- What would success look like?
- How would you know (what would you see) if successful?
- What could you try that would get you closer to success?
- What could you try out before the next call?

Model for Improvement



Langley, G.J., Nolan, K.M., Nolan, T.W., Norman, C.L., & Provost, L.P. (2009). *The improvement guide: A practical approach to enhancing organizational performance* (2nd Ed.). San Francisco: Jossey-Bass.

5 Why's

- What is not working: Getting all my daily tasks completed
 - Why – Too many request/demands both personally and professionally
 - Why – Many interruptions throughout the day
 - Why – I don't say "NO"
 - Why – I don't delegate as I should (personnel/professionally)
 - Why – I feel guilty delegating to others; often feel it is just easier to do myself

-Success would be ability to delegate at least 1-2 tasks without guilt.

The Power of Observation: Identifying Team Members in Distress

Sarah Sjostrom, MSN, RN, ACNP

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3-Tiered Approach to Observation and Action



Notice

Notice when you have been
bumped out of your green zone

Notice when a colleague has been
bumped out of their green zone



Act

If you see something, say
something

- Offer support to the distressed person
- Say something to a trusted support of the distressed person



Be Prepared

Know at least 2 trusted resources
you could use yourself or could
offer to a coworker in distress

*A resource can be a person, a
song, a glass of water, a referral

Case Study: Simple Yet Effective

Notice

Act

Be
Prepared

Think through what you may hear:

- “I’m fine”
- “I am so tired”
- “I am overwhelmed”
- “I am on the brink”

Make a note of possible immediate responses

- Acknowledge that you heard their response
- Relate to their feelings (have you had similar feelings; can you acknowledge a past episode of feeling similar?)

Have an idea of an immediate opportunity to distract or pause

- Take a brief walk? Get a cup of coffee? Sit down outside and pause a minute?

Have a list of accessible resources in your community

- Seek out community services, employee assistance programs, etc.



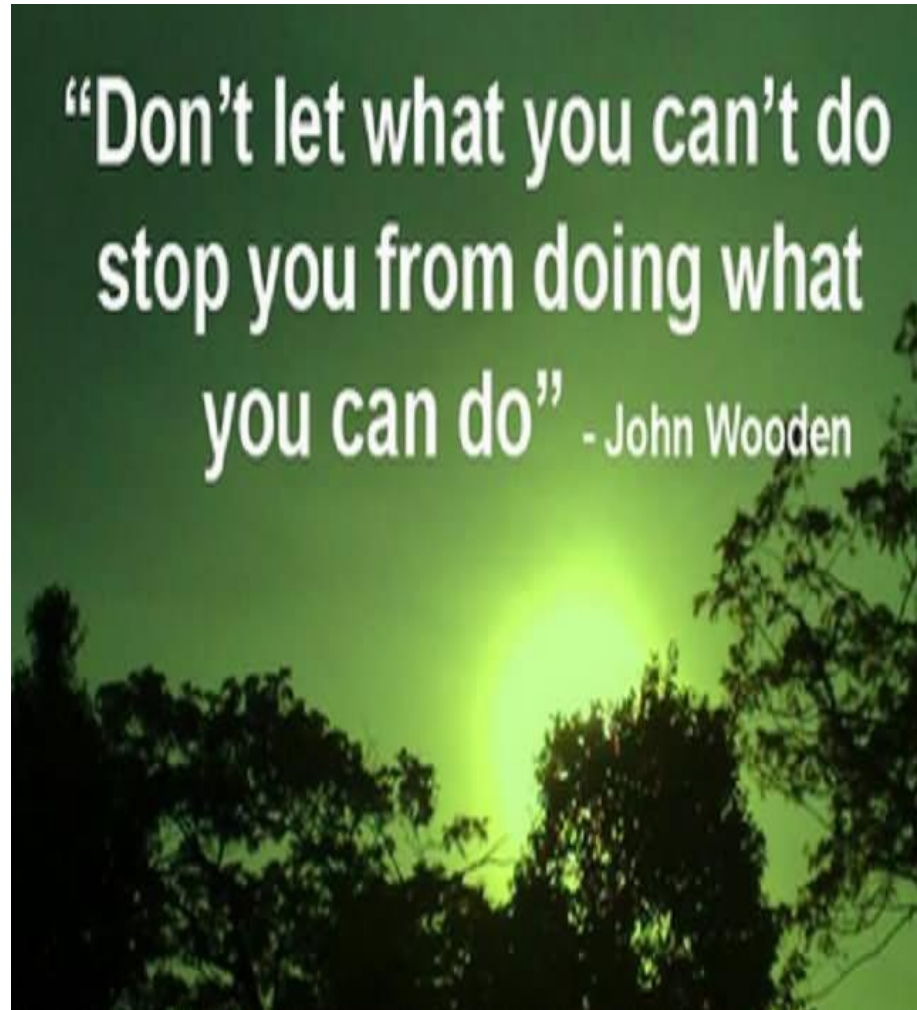
Making the Connection: Successful Communication in Stressful Times

Sarah Sjostrom, MSN, RN, ACNP

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Sure! There. Are. Barriers.



Not One Size Fits All

- Not all people need the same information presented in the same way
- Consider the 5 Essential Elements of Trauma Intervention
- Be sensitive to any cultural considerations that impact how someone may communicate

Teachback: An Important Communication Skill

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Universal Precautions

- **Everyone benefits from clear information**
- Many individuals are at risk of misunderstanding, but it is difficult to identify them
- Assessing reading levels in the does not ensure a person's understanding

Build Mastery for Teachback

- Teach in segments, one topic at a time
- Ask our team members how they learn best
 - written, discussions, recordings, etc.
- Stop and check understanding, then move to another topic
- Slow down when speaking
- If written materials are used, highlight or underline vital information
- Match terminology in written materials, to what is taught or provided elsewhere
- Emphasize what they should do, what action to take

Utilizing Teachback skills in written material

User-friendly written materials use:

- Simple words (1-2 syllables)
- Short sentences(4-6 words)
- Short paragraphs (2-3 sentences)
- Headings and bullets
- Highlighted or circled key information
- Lots of white space
- Use visual aids
- Be careful with color



Teachback Skills

- Explain needed information
- You do not want your team member to view Teach Back as a test, but rather of how well you explained the concept. You can place the responsibility on yourself.
- Can be both a diagnostic and teaching tool
- Teach in segments, one topic at a time
- Slow down and take pauses – think about your tone (rushed, irritated, hurried vs calm, helpful)

Teachback scripting

- Ask in a non-shaming way for the individual to explain in his or her own words what was understood
 - Uses statements such as:
 - “I want to make sure I explained everything clearly to you. Can you please explain it back to me in your own words?”
- OR
- “I want to make sure I did a good job explaining this to you because it can be very confusing. Can you tell me what changes we decided to make?”

Teachback Exercise

- Think about the scenario and give it a thumbs up  or thumbs down 
- Think through your experience:
 - What was the team member's reaction?
 - What was it like for you doing teach back?
 - Did it feel like extra work?
 - How would you build teach back into the daily work?
 - How could you use teach back to communicate to the team?

Example

“I’m going to talk to you about what you need to do as you follow our infection prevention practice”

1. Gown is donned first and tied at waist and neck
2. Don mask or N95 respirator
3. Secure nosepiece with both hands
4. Secure elastic bands or ties securely
5. Mask or N95 fits snug to face and below chin
6. Goggles or face shield is donned
7. Hand Hygiene is performed
8. Gloves extend to cover wrist of gown

“Do you understand these?” “Do you have questions?”

Example

“I’m going to talk to you about what you need to do every day to maintain our infection control processes.”

1. Gown is donned first and tied at waist and neck
2. Don mask or N95 respirator
3. Secure nosepiece with both hands
4. Secure elastic bands or ties securely
5. Mask or N95 fits snug to face and below chin
6. Goggles or face shield is donned
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“I teach people about this every day, and sometimes I go over it quickly or may not make myself clear. I want to make sure you know what you need to do. So, can you tell me some things you will do each day?”

Example

“I am going to go through one of our infection prevention processes and I want you to be able to follow this the information. I will be asking you to repeat the list back to me so I can be sure you can follow it.”

1. Gown is donned first and tied at waist and neck
2. Don mask or N95 respirator
3. Secure nosepiece with both hands
4. Secure elastic bands or ties securely
5. Mask or N95 fits snug to face and below chin
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“List 8 things for me that you are going to do?”

Example

“I’m going to talk to you about what you need to do as you follow our infection prevention practice

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We just discussed a lot of things. You might be doing some of these already. Have you already been doing these things? What do you think will/is be the hardest one for you to do?

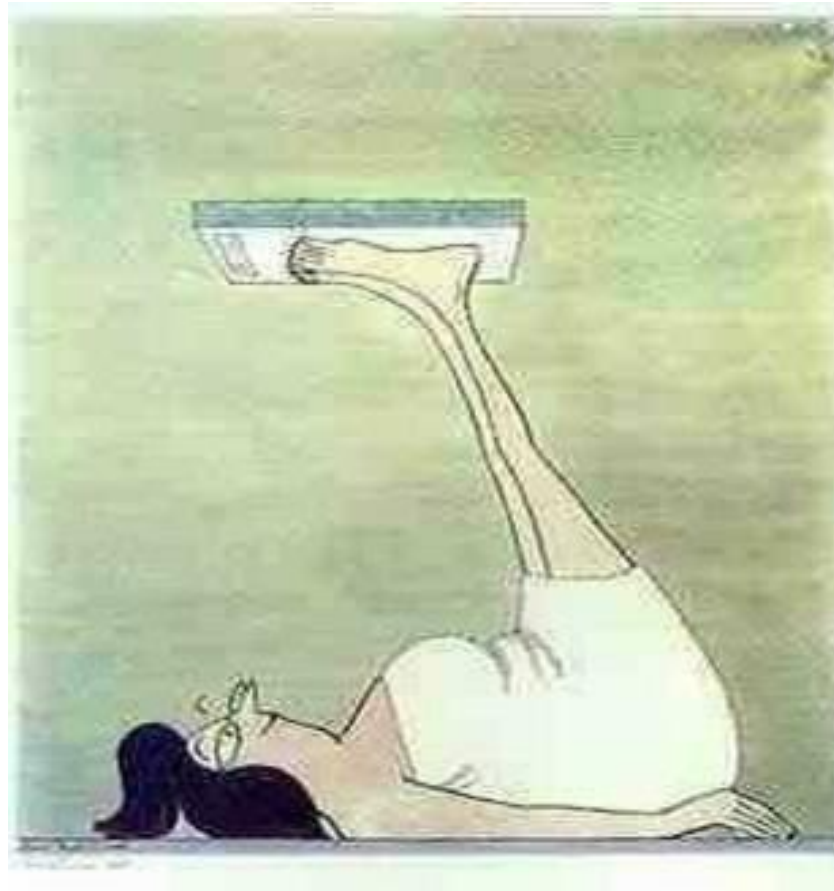
Example

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“I know we just talked about a lot of things. When you coworker asks you about or process, what are you going to tell her?”

How often do we close the loop?



“If they don’t do what we want, we haven’t given them the right information.”

Vice Admiral Richard Carmona, Former Surgeon General

Slide Resources

- Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. (2009). *The improvement guide: a practical approach to enhancing organizational performance*. John Wiley & Sons.

Vaccine Resources and References

Decreases in COVID-19 Cases, Emergency Department Visits, Hospital Admissions, and Deaths Among Older Adults Following the Introduction of COVID-19 Vaccine — United States, September 6, 2020–May 1, 2021

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7023e2.htm>

Prevention and Attenuation of COVID-19 by BNT162b2 and mRNA-1273 Vaccines

<https://www.medrxiv.org/content/10.1101/2021.06.01.21257987v2.full>

Neutralising Antibody Activity Against SARS-CoV-2 VOCs B.1.617.2 and B.1.351 by BNT162b2 Vaccination

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01290-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01290-3/fulltext)

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.

Thank you!

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