

# Welcome to ECHO COVID-19 Action Network Continuation Phase: Session 2

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



# Session 2 Agenda

Time	Didactic(s) / Case-Based Discussion(s)
15 minutes	Welcome/Housekeeping/Discussion
5 minutes	As the Virus Turns: Episode 2
5 minutes	California COVID-19 Data Update
10 minutes	Vaccine Acceptance
15 minutes	Quality Improvement Corner
5 minutes	Group Discussion
5 minutes	Wrap-Up and Key Takeaways
30 minutes	OPTIONAL: Questions & Answers/Feedback



**Questions? Email:**  
[nursingecho@stanford.edu](mailto:nursingecho@stanford.edu)

### **Accreditation Statement**

In support of improving patient care, Stanford Medicine 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.

### **Credit Designation**

#### **American Medical Association (AMA)**

Stanford Medicine designates this other activity for a maximum of *27 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### **American Nurses Credentialing Center (ANCC)**

Stanford Medicine designates this other activity for a maximum of 27 ANCC contact hours.


### **Disclosure**

There are **no relevant financial relationships** with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

***CME credits are processed by the end of the series. Instructions on how to view your credits will be provided.***

# Attendance

- **Claim Attendance.** Check the chat for today's link.
- **Missed a Session?** Watch the recording and claim participation. Monthly attendance reports will be provided to you.

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

## Cohort 1 Attendance

This attendance form is for participants of the Cohort 1 (Alameda, Santa Clara, Contra Costa) ECHO session hosted by Stanford Center for Continuing Medical Education.

# CLAIM ATTENDANCE

First Name \*

Last Name \*

Which session are you marking as attended? \*

Select

Participated in Live Session or Watched Recording? \*

Live

E-mail Address \*

Please make sure that your email address is spelled correctly. We will email you any new information to you.



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

Session 11 Recording



# Respect Private Health Information

- To protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
  - Names
  - Locations
  - Dates
  - Employment
  - Other Common Identifiers
- 
- For educational and quality improvement purposes, we will be recording this ECHO Session. By participating in this ECHO session you are consenting to be recorded – we appreciate and value your participation.

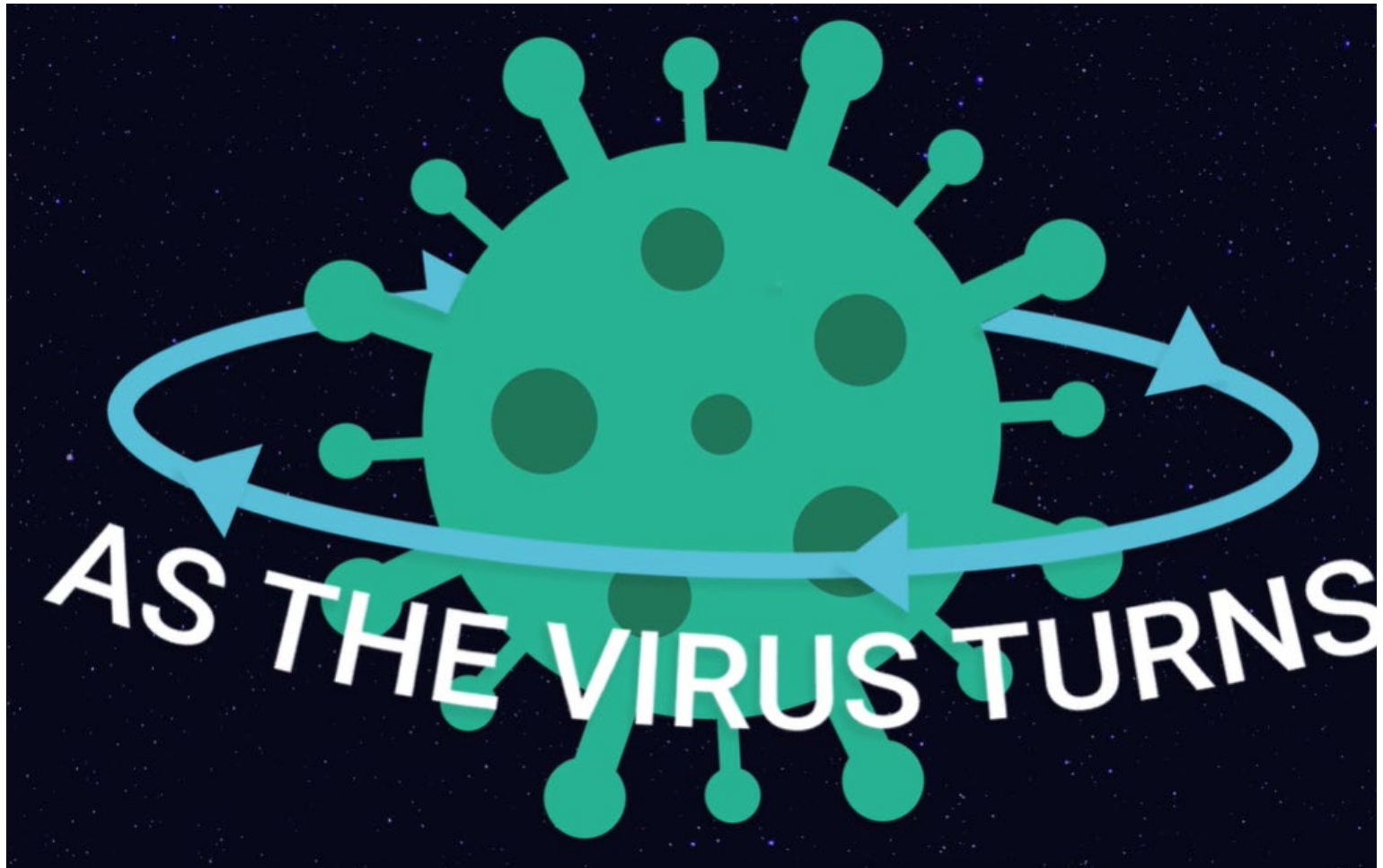
# Opening Poll Question

**1. What did you do to improve your facility's COVID-related practices in the last week, if anything? Check all that apply. (Multiple choice)**

- Identified a change opportunity but did not act on it
- Worked on a change opportunity myself
- Worked on a change opportunity with a team
- Made a small change that will help my facility's response to COVID
- Made a big change that will help my facility's response to COVID
- Have not identified or worked on a change opportunity yet



# The Virus Turns: Genomic Surveillance of SARS-CoV-2



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## Poll Question

What facility/organization type do you represent?

- Nursing Home
- Assisted Living Facility
- Intermediate Care Facility
- Hospital
- Public Health
- Stakeholder
- Other

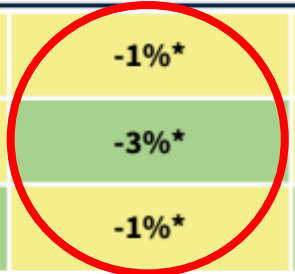




# California COVID-19 Weekly Data Update



	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES		
NEW COVID-19 CASES (RATE PER 100,000)	15,940 (40)	-23%	23,849 (46)	429,120 (129)		
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.5%	+0.0%*	2.0%	5.2%		
LABORATORY (RT-PCR) LAB TESTS (TESTS PER 100,000)	1,198,218** (3,033**)	+5%**	1,395,937** (2,711**)	8,524,956** (2,569**)		
COVID-19 DEATHS (RATE PER 100,000)	484 (1.2)	-33%	626 (1.2)	4,777 (1.4)		
PERCENT OF HOUSEHOLDS WITH ≥1 NEW RESIDENT COVID-19 CASE	2%†	-1%*	2%	4%		
PERCENT OF BUSINESSES WITH ≥1 NEW STAFF COVID-19 CASE	2%†	-3%*	2%	12%		
PERCENT OF HOUSEHOLDS WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%†	-1%*	0%	1%		
CONFIRMED AND SUSPECTED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,838 (8)	+4% (+4%)	7,025 (8)	75,314 (10)		
CONFIRMED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,683 (3)	-11% (-11%)	2,439 (3)	38,949 (5)		
PERCENT OF HOSPITALS WITH COVID-19 SHORTAGES (PERCENT)	9 (2%)	+0%	18 (3%)	336 (6%)		
PERCENT OF HOSPITALS WITH COVID-19 SHORTAGES (PERCENT)	66 (18%)	+2%	91 (17%)	634 (12%)		
COVID-19 VACCINE SUMMARY AS OF 4/23/2021	DOSES DELIVERED		RECEIVED AT LEAST ONE DOSE		FULLY VACCINATED	
	TOTAL	RATE PER 100,000	TOTAL	PERCENT OF POPULATION	TOTAL	PERCENT OF POPULATION



# California State Profile Report

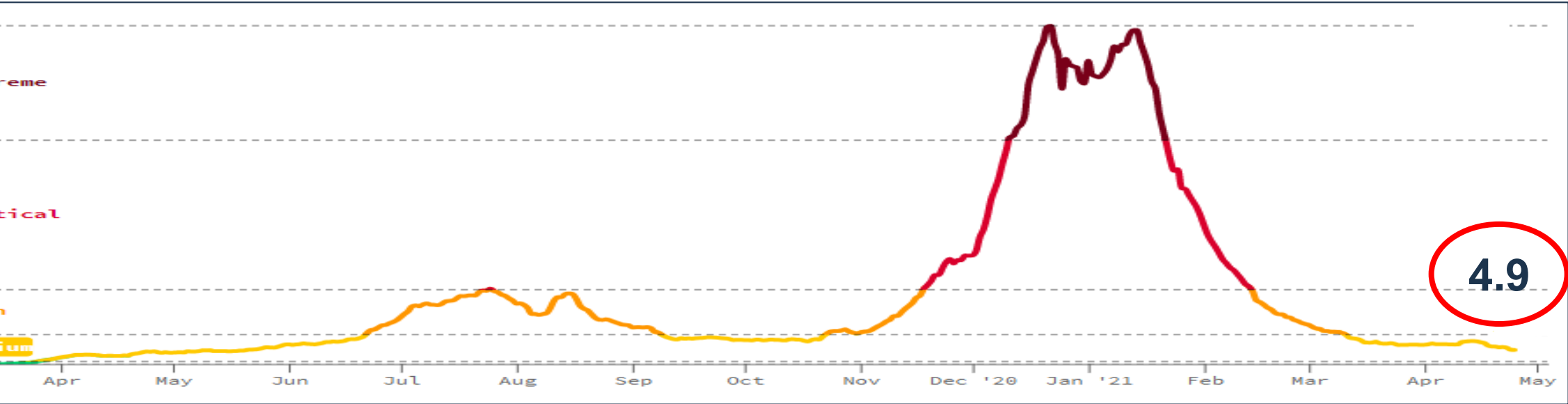
## April 23, 2021

<https://healthdata.gov/Community/COVID-19-State-Profile-Report-Combined-Set/5mth-2h7d>

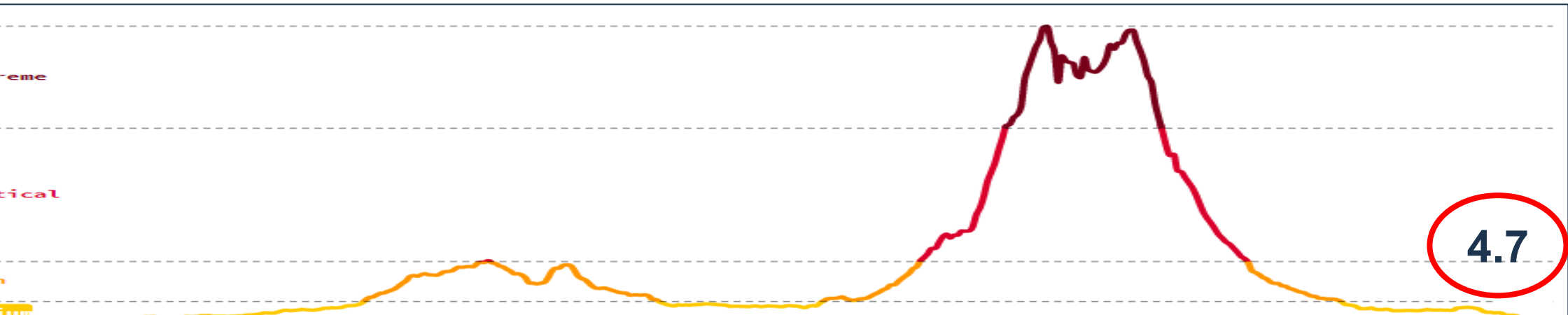
# New Cases Per 100K Population

[covidactnow.org/us/california-ca/?s=1769690](https://covidactnow.org/us/california-ca/?s=1769690)

Weekly trend  
4.9 cases per 100,000 residents

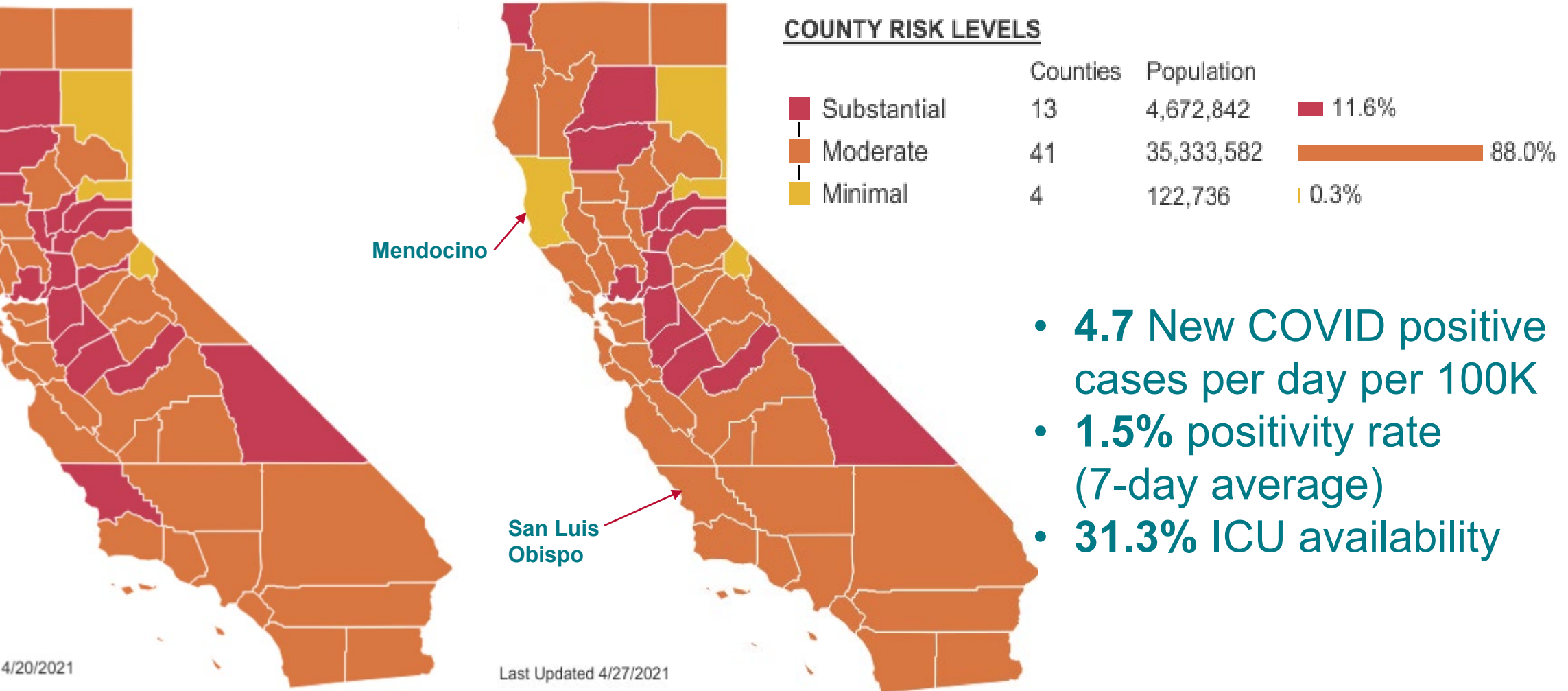


Weekly trend  
4.7 cases per 100,000 residents





# California's County Risk Levels



- **4.7** New COVID positive cases per day per 100K
- **1.5%** positivity rate (7-day average)
- **31.3%** ICU availability

WIDESPREAD

SUBSTANTIAL

MODERATE

MINIMAL

# Addressing Vaccine Acceptance

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## Poll Question: COVID-19 Vaccine

**What percentage of your staff are fully vaccinated?**

- 100%
  - 85–99%
  - 65–85%
  - 50–65%
  - Under 50%
  - Not sure
-

# Waterfall:

What are some of the reasons staff may be hesitant to receive the COVID-19 vaccine?



# New Testing Guidance

“Fully vaccinated staff  
do not have to be  
routinely tested.”

	Website Link
QSO-20-38-NH	<a href="https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf</a>
AFL 20-53 (dates pending)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53</a>



# New CMS & CDC Guidance on Masking & Distancing

allows fully vaccinated residents to resume dining activities without masking or social distancing, as long as there are not unvaccinated individuals present.

allows fully vaccinated visitors and residents to visit without masks and social distancing, as long as they are alone in a room without unvaccinated individuals.

allows fully vaccinated HCP to dine/socialize in break rooms and conduct meetings without masks or distancing, unless unvaccinated individuals are present.

no	Website Link
S QSO-20-39-NH	<a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a>
C Guidance	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html</a>
H AFL 20-22.7 (dates pending)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx</a>



# Waterfall:

How might this new guidance incentivize your unvaccinated staff to get the COVID-19 vaccine?



# Mindfulness Moment

<https://www.youtube.com/watch?v=IdFD-L-Csz0>

# Quality Improvement Corner: Motivational Interviewing

Beliefs change with time or new knowledge, so we have to ride it out. Listen hard, don't judge and let them move at their own pace.”

- Tina Sandri

## Question for Discussion

How do you establish trust with your individual staff?

- Type your response in the chat box



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# Motivational Interviewing

**Definition:** A collaborative, person-centered form of guiding to elicit and strengthen motivation for change<sup>1</sup>

**Originated** as an approach to behavior change, specifically for individuals with substance use disorders.

**Focus:** Exploring and resolving ambivalence focusing on the motivation with the individual that facilitates change.

**It supports change that is consistent with the person's own values and concerns.**



# Motivational Interviewing



**Goal:** Ask questions and explore change talk

Change Talk:

- “I want, I would like to, I wish, I could, I might be able to...”

Sustain Talk:

- “Yeah, but...”
- The polite “yes” but it’s really a no.
- The angry “No!”
- “I have no desire to get vaccinated.”
- “I’m afraid of the side effects.”



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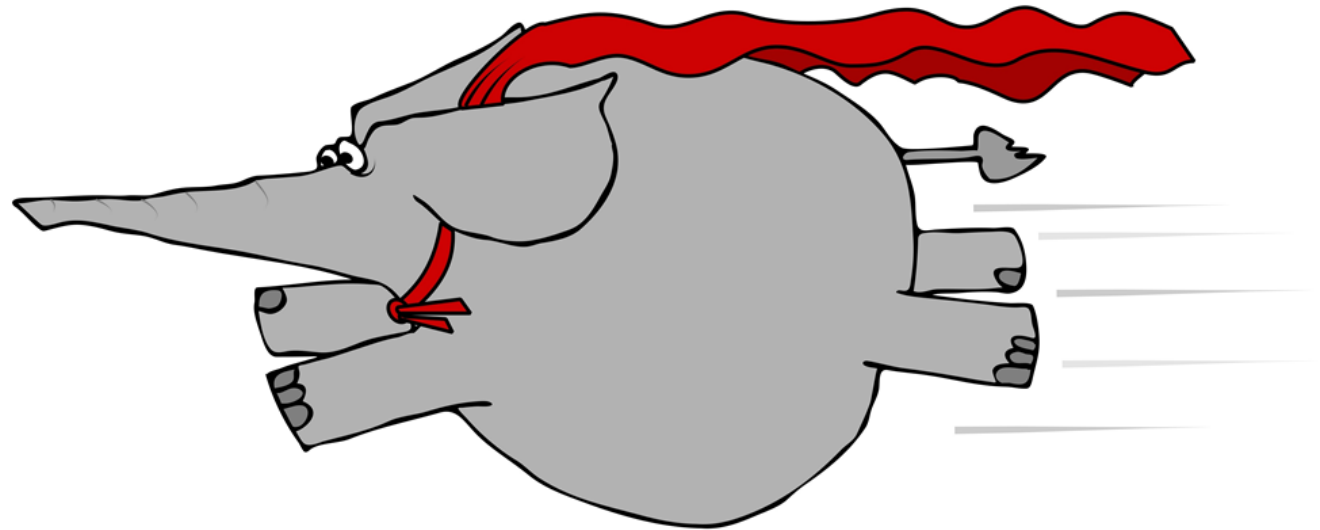
# Resist the “Righting Reflex”

Our desire to correct what is wrong and keep people from harm

Our desire to “fix” the person

Our good intentions

Usually generates a feeling that you are working too hard.



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# What Motivational Interviewing (MI) **IS** and is **NOT**:

## MI **IS**:

The spirit of interpersonal relationship

Collaboration

Evocation

(drawing out one's ideas and motivations)

Autonomy

## MI **IS NOT**:

- **A set of technical interventions**
  - **Confrontation**
  - **Expert fact lecturing**
  - **Authority**
- 

# Skills to Practice



- Open Ended Questions
  - Then listen to **understand** not to respond!



- Affirmations/Recognize Strengths
  - “You take care of your family so well. I can understand why you’re concerned.”



- Reflective Listening / Explore-Offer-Explore
  - “I’ve heard others express this concern. Would you share some of your reasons for not wanting to vaccinate right now?” Offer info, then explore their response.



- Providing Information/Advice *with Permission*
  - Don’t forget to explore their response!



- Summarizing the Conversation
  - Communicate understanding, include important elements of discussion, and can shift the direction to exploring possible change

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# Helpful Tips for Motivational Interviewing

A person may blurt out a big statement to get us to react

- Our response needs to be measured and non-reactive

Don't challenge against mis-information

Authority plus information equals reactance

Give the person space to express themselves

Change is a ***process*** and not an *event*

Thank the person for the discussion

‘It’s understandable to think a bit before making a decision.’

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## This Week's Closing Discussion

What steps are you taking to understand why staff are hesitant?

What techniques are you using to talk to your staff about vaccine acceptance?

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# Today's Key Takeaways

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## Closing Poll Question

**How much will the information from today's session help you improve your quality-improvement and COVID-related programs?**

Not much

Some

A lot

Not Sure

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# See You Next Week!

Same time, same day: ENTER DATE

Registration link:

Email for questions/ideas:

**The upcoming Q&A Section is OPTIONAL.  
You are welcome jump off the line.**

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# General Q&A

# Thank You!