

Welcome to ECHO COVID-19 Action Network Continuation Phase:

Session 9: Leadership Practices: The Regulated Adult



Questions? Email:
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.



Questions?

Visit: www.hsag.com/echo

Contact: canursinghomes@hsag.com

Accreditation

Health Services Advisory Group, Inc., is the CE provider for this event. Provider approved by the CA Board of Registered Nursing, Provider Number 16578, for 1 contact hour; and approved by the California Nursing Home Administrator Program, Provider Number 1729, to offer 1.0 contact hour.

BRN and NH Administrator Program credits are awarded by session. Instructions and claim credit links for each session are posted on the NH Community page and in the post session email.

***Sessions 4-8 are currently approved.
Applications pending for weeks 9-13.***

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.
- **Interested in the \$6,000 compensation to your facility?**
 - Deadline for all eligible nursing homes to submit their agreement and W9 is **August 16th**.
 - After meeting the training requirements, the deadline to submit your invoice is **September 23rd**.

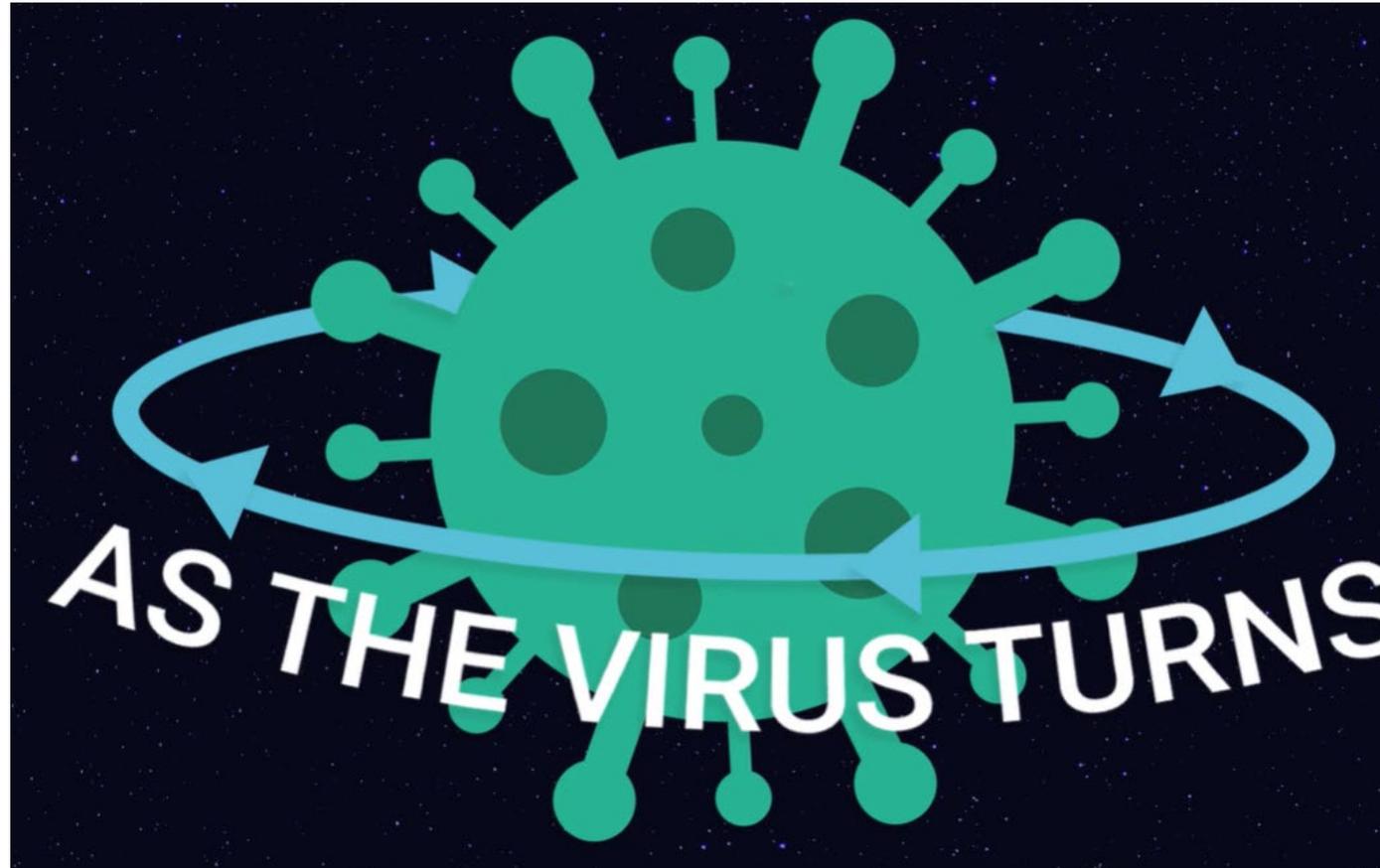
If you have any questions about this process, email: ECHONursingHome@salud.unm.edu.



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.

As The Virus Turns: The Reality of Viral Spread



California COVID-19 Weekly Data Update

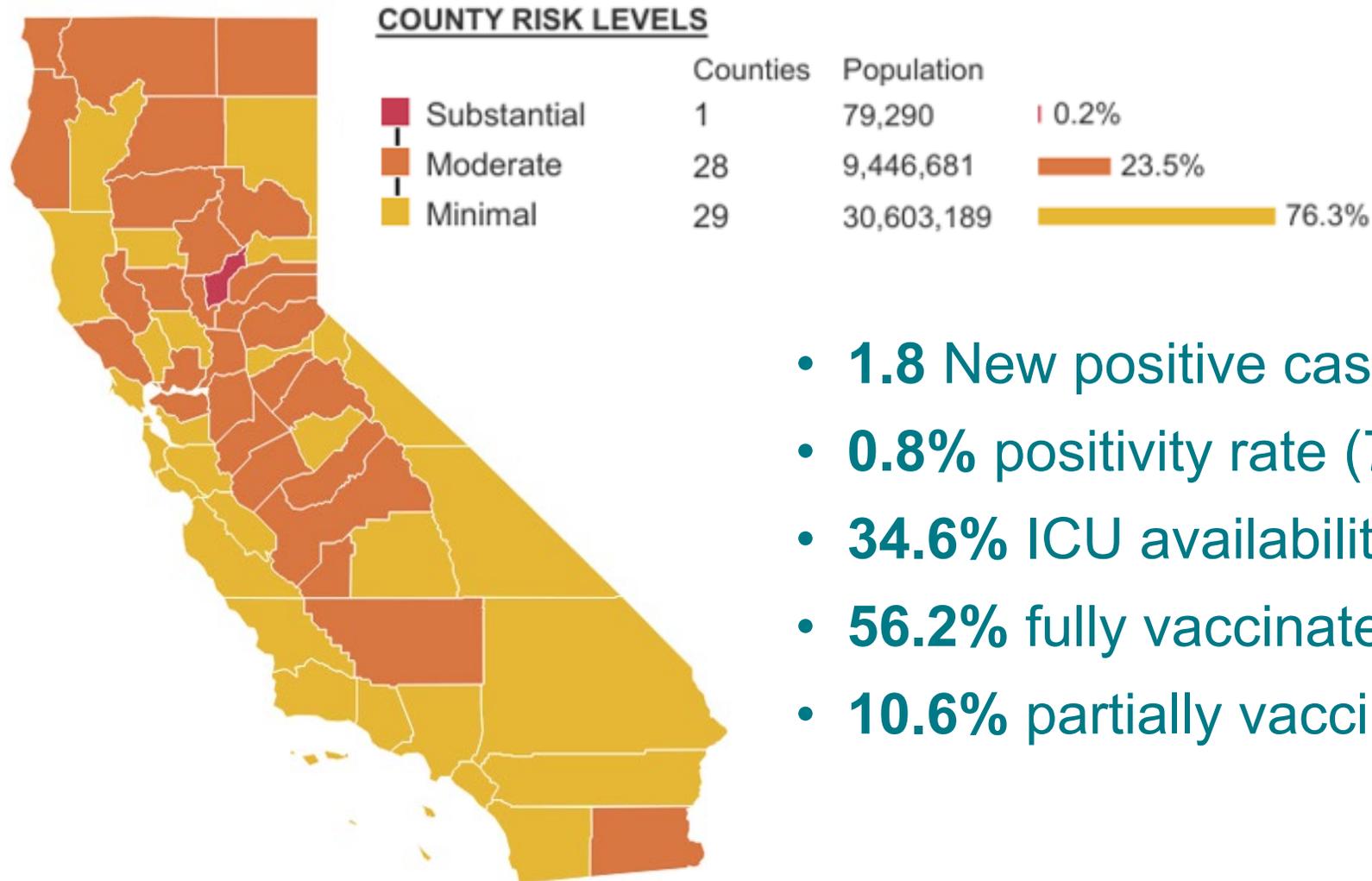
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California's County Risk Levels—Updated June 15th

<https://covid19.ca.gov/vaccination-progress-data/#overview>

<https://covid19.ca.gov/state-dashboard/>



- **1.8** New positive cases per day per 100K
- **0.8%** positivity rate (7-day avg)
- **34.6%** ICU availability
- **56.2%** fully vaccinated
- **10.6%** partially vaccinated

California's COVID-19 State Profile Report—Updated June 11th

<https://healthdata.gov/Community/COVID-19-State-Profile-Report-California/7pid-y24r>

	LAST WEEK	CHANGE FROM PREVIOUS WEEK
RATE OF NEW COVID-19 CASES PER 100,000	11	-11%
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.8%	0.0%
NEW CONFIRMED COVID-19 HOSPITAL ADMISSIONS / 100 BEDS	2	+2%
RATE OF NEW COVID-19 DEATHS PER 100,000	0.1	+26%
COMMUNITY TRANSMISSION LEVEL	MODERATE TRANSMISSION	
PEOPLE RECEIVED AT LEAST 1 DOSE	23,112,688 people	58.5% of total pop.
PEOPLE 18+ RECEIVED AT LEAST 1 DOSE	21,922,319 people	71.6% of 18+ pop.
PEOPLE FULLY VACCINATED	18,029,751 people	45.6% of total pop.
PEOPLE 18+ FULLY VACCINATED	17,401,994 people	56.8% of 18+ pop.
SARS-CoV-2 Variants of Concern		
<ul style="list-style-type: none"> The following proportions of variants of concern have been identified in California: B.1.1.7 (58.1%), B.1.351 (1.0%), B.1.427/B.1.429 (5.1%), P.1 (9.5%) 		

Trends in COVID-19 Cases in the CA – June 16

https://covid.cdc.gov/covid-data-tracker/#compare-trends_newcases

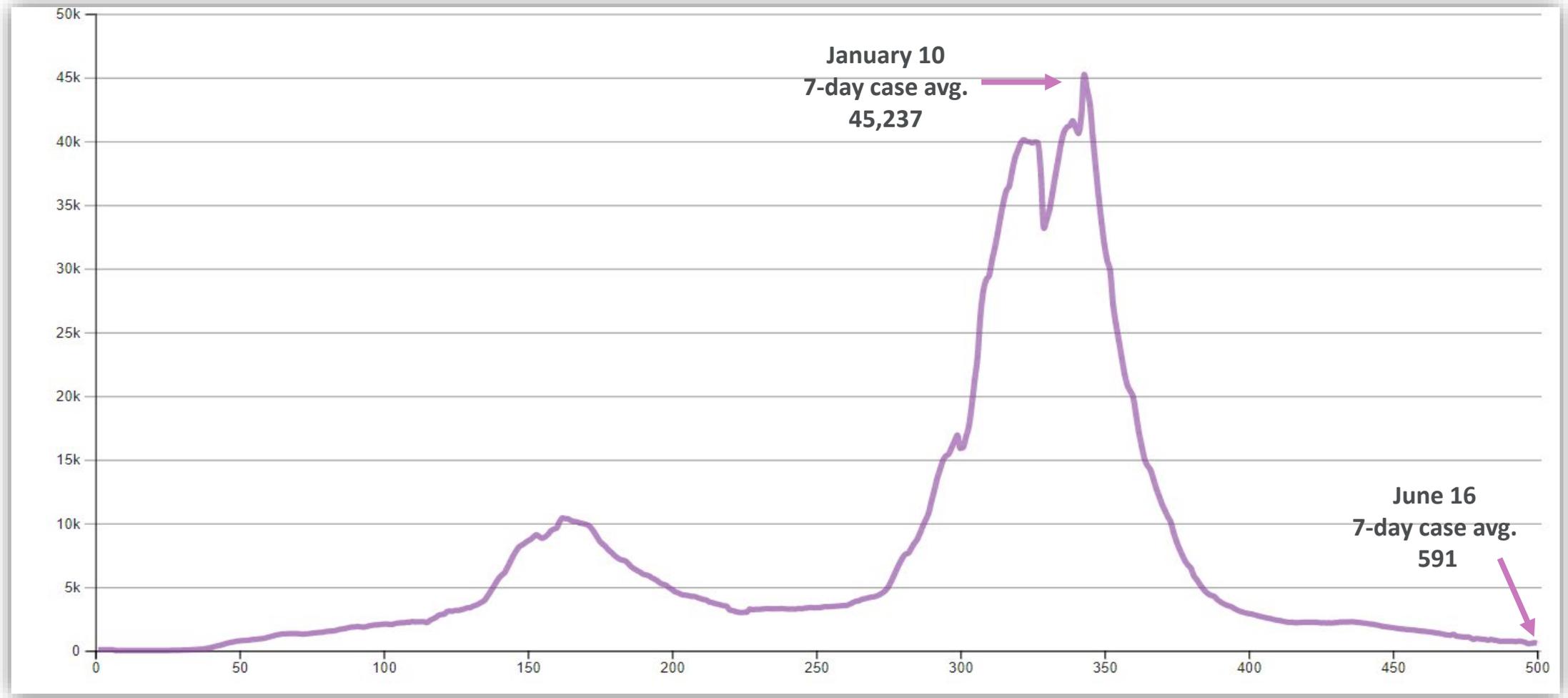
United States
At a Glance

Cases Total 33,327,096
Last 30 Days

Deaths Total 598,301
Last 30 Days

65.0% of Adults with At Least
One Vaccination

Community Transmission Moderate



Number of days since 10 average daily cases first recorded

California Variants – Updated June 16

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-Variants.aspx>

Known Variants of Concern (VOC) in California

WHO Label	Variant	Background Information	# of CA Cases
Alpha	B.1.1.7	Detected in United Kingdom, September 2020	9,535
Beta	B.1.351	Detected in South Africa, May 2020	108
Gamma	P.1	Detected in Brazil, November 2020	1,375
Delta	B.1.617.2	Detected in India, October 2020	349
Epsilon	B.1.427	Detected in California, February 2021	6,924
Epsilon	B.1.429	Detected in California, February 2021	13,060

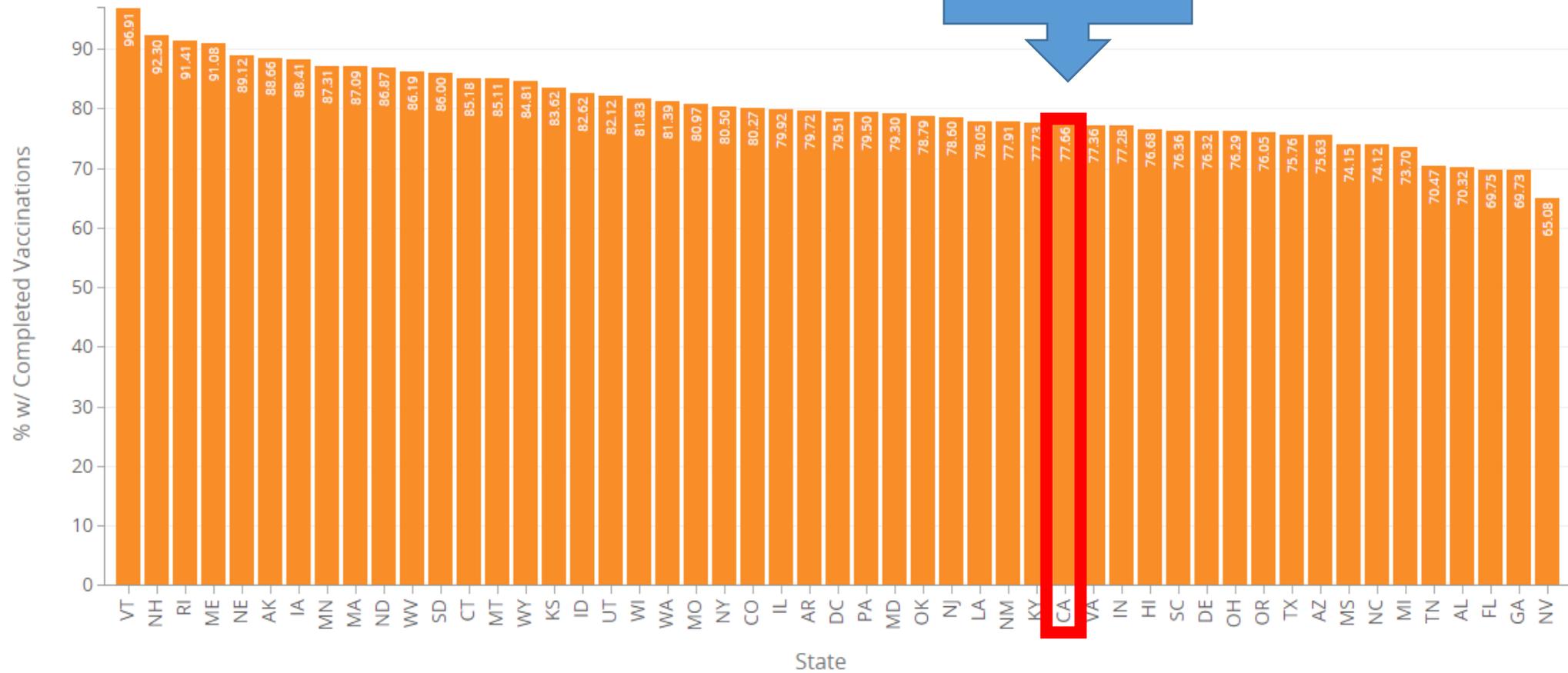
Known Variants of Interest (VOI) in California

WHO Label	Variant	Background Information	# of CA Cases
Iota	B.1.526	Detected in New York, November 2020	606
Not available	B.1.526.1	Detected in New York, October 2020	522
Eta	B.1.525	Detected in United Kingdom and Nigeria, December 2020	51
Zeta	P.2	Detected in Brazil, April 2020	81
Kappa	B.1.617.1	Detected in India, October 2020	60
Not available	B.1.617.3	Detected in India, October 2020	1

Percent of Current Residents and Staff with COVID-19 Vaccinations

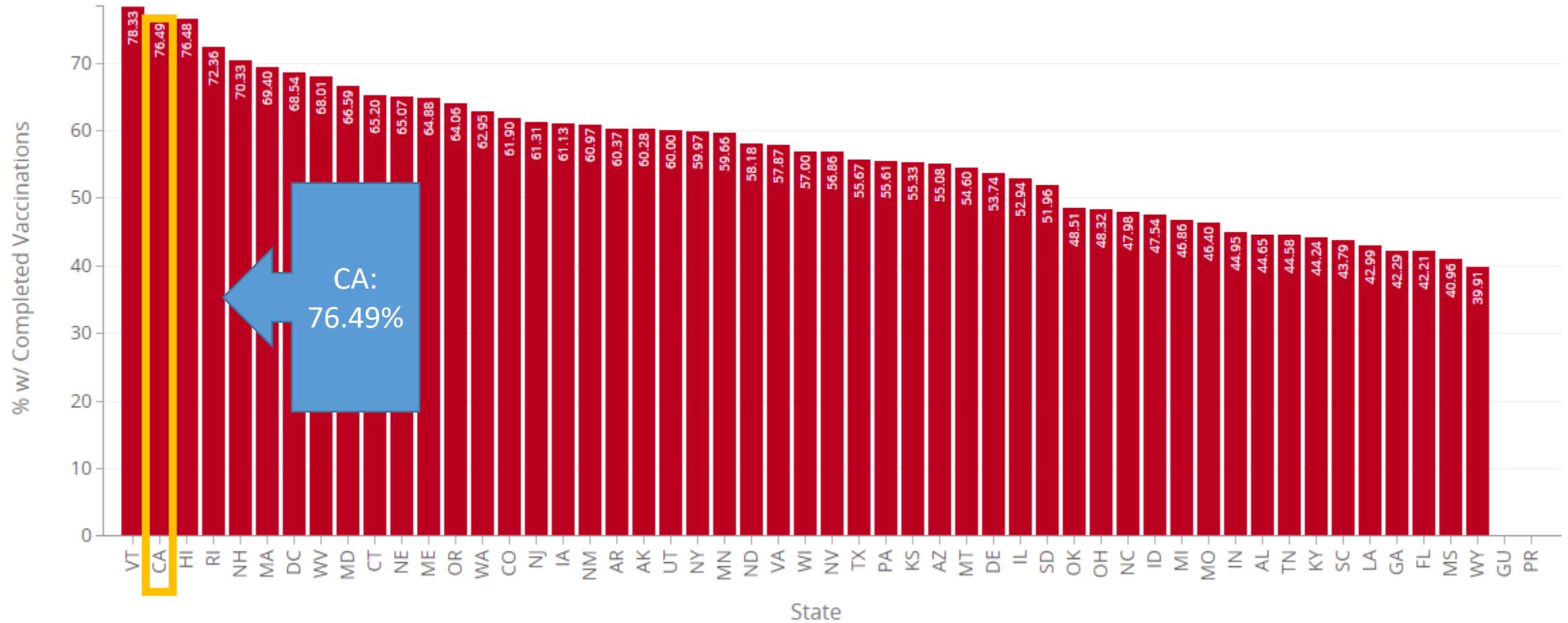
Percent of Current Residents with Completed COVID-19 Vaccinations

Note: This shows the average percentage among facilities who have reported vaccination data



Percent of Current Staff with Completed COVID-19 Vaccinations

Note: This shows the average percentage among facilities who have reported vaccination data



California's Digital COVID-19 Vaccine Record

<https://myvaccinerecord.cdph.ca.gov/>

- Access a QR code and digital copy of your COVID-19 vaccination record.
- Individuals can share their proof of vaccination using either this electronic version from the portal or the white card given at time of vaccination.



Digital COVID-19 Vaccine Record

Leadership Practices & Behaviors to Support Teams

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Leadership in Nursing Homes

- “Leadership is about accepting responsibility for enabling others to achieve shared purpose under conditions of uncertainty.” (Marshall Ganz)
- Wise compassionate leadership is the ability to do hard things in a human way. (<https://hbr.org/2020/12/compassionate-leadership-is-necessary-but-not-sufficient>)
- “Neither the leader, nor the team members are emotional islands”

Nursing Home Team Roles



Nursing Home Administrators and Directors of Nursing

Role: Design and execute a strategy that supports a culture of wellbeing and growth for all staff.



Medical Directors/ Onsite Clinicians

Role: Participate in the development of a culture of wellbeing for all staff, including



Point of Care Staff

Role: Acquire or improve skills that support emotional and organizational wellbeing.



Residents and Family Members

Role: Actively participate with the nursing home partners in creating an emotionally safe environment

Our Focus the Next Five Weeks

- **Leadership Practices & Behaviors to Support Teams**
 - Week 9 (this week): The Regulated Adult and the Importance of Self-Care
 - Week 10: The Power of Observation
 - Week 11: Making the Connection
 - Week 12: Time Management in Stressful Times
 - Week 13: Building a Culture of Hope

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

<https://youtu.be/ek2fP7PHwV0>

The Regulated Adult and the Importance of Self-Care



- Understand how you Self-regulate
 - Four simple questions:
 - How are you doing right now?
 - What are the biggest challenges you are facing right now as a result of it?
 - From your perspective, how can I be most helpful to you?
 - How and in what frequency should we stay in touch to check in?

Additional Resources

National Center for PTSD Coronavirus Websites

- https://www.ptsd.va.gov/covid/list_employers_leaders.asp (for employers, leaders)
- Supporting your staff during the COVID-19 pandemic:
https://www.ptsd.va.gov/covid/COVID_leaders_support_staff.asp
- Resources for times of crisis: <https://www.ccl.org/coronavirus-resources/>
- How leaders can maximize trust and minimize stress:
<https://www.apa.org/news/apa/2020/03/covid-19-leadership>
- Understanding Regulation <https://youtu.be/L3qIYGwmHYY>

Mindfulness Moment

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Quality Improvement Corner: Vaccine Hesitancy Performance Improvement Project (PIP)

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Multiple Choice QI Poll Question

What part of resolving vaccine hesitancy with patients and staff is most challenging for your nursing home to implement?

- a. Finding time for one-on-one conversations
- b. Comfort with using motivational interviewing (MI)
- c. Other messaging
- d. Finding a trusted messenger
- e. Other
- f. NA – We are 100% vaccinated!



Increasing vaccination rates in your practice requires that you:



Learn More:

<https://www.ahrq.gov/nursing-home/materials/prevention/vaccine-trust.html>

Exploring best practices to resolve vaccine hesitancy? Let's Start a PIP!

1. Get curious about the nature of the problem.

- Observe it
- Talk to staff (huddles!)
- Map/diagram/brainstorm
- Measure it

2. Set a goal for what you want to achieve.

3. Decide what you want to try.

4. Test/try it on a small scale...1 day, 1 resident, 1 staff member, 1 new idea.

5. Measure your impact in ways that make sense.

Step 1: Get Curious!

- What are the most pressing challenges/questions?
 - This requirement adds one more thing for busy staff to take on. Staff still refuse to take the vaccine. What is the best education approach? What will survey check? What public data will be shared? Where can we get access to the vaccine?
- Where is our system the weakest?
 - No one point-person is addressing vaccine hesitancy. Education has not been effective in our facility. Vaccine rate hasn't changed in over a month. Consensus is that Covid is "over".
- What are we most worried about?
 - Staff quitting due to pressure. Poor public perception if vaccine rates are low. An outbreak in our facility.
- What tools can we use to identify weaknesses in our current system?
 - Root-cause analysis, pareto charts (80/20 rule), electronic health records, dyads, team huddles, QAPI committee, basic observations.

Do we have a reliable process? How will we know?

General Q&A

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Thank You!

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