

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

## Session 13: Building a Culture of Hope

AHRQ ECHO National Nursing  
Home COVID-19 Action Network





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.***



Questions?

Visit: [www.hsag.com/echo](http://www.hsag.com/echo)

Contact: [canursinghomes@hsag.com](mailto: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 4-13 are currently approved.  
Applications pending for weeks 14-19.***

# 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.



**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? \*

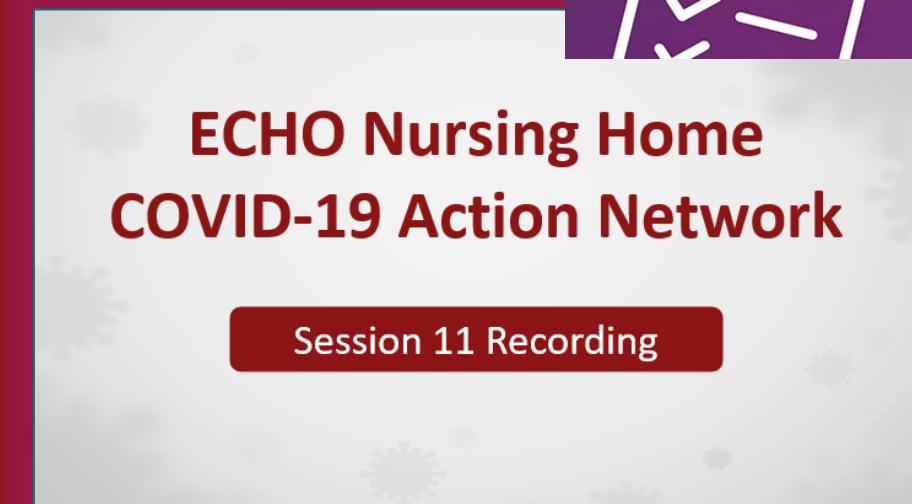
Select

Participated in Live Session or Watched Recording? \*

Live

E-mail Address \*

Please make sure that your email address is spelled correctly. We will not share your e-mail address with anyone else or use it to send you any new information to you.



# Training Compensation

- 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 (2 or more participants at 13 or more sessions), the deadline to submit your invoice is **September 23rd**.

If you have any questions about this process,  
email: [ECHONursingHome@salud.unm.edu](mailto:ECHONursingHome@salud.unm.edu).

Certified Attendance Reports and Certificates of Participation are being distributed this week for those nursing homes that are currently eligible.





# 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.

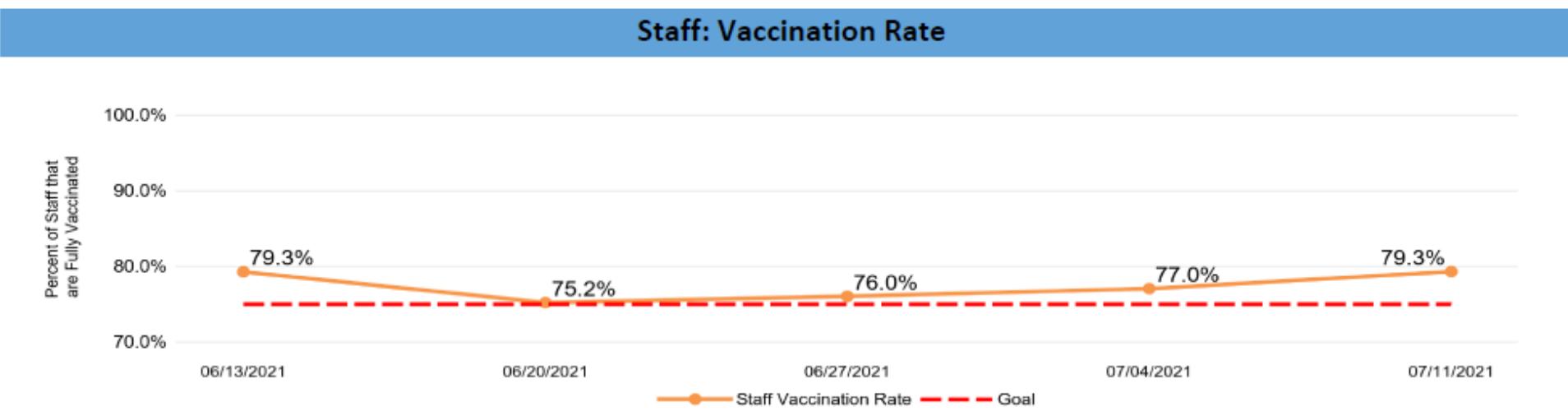
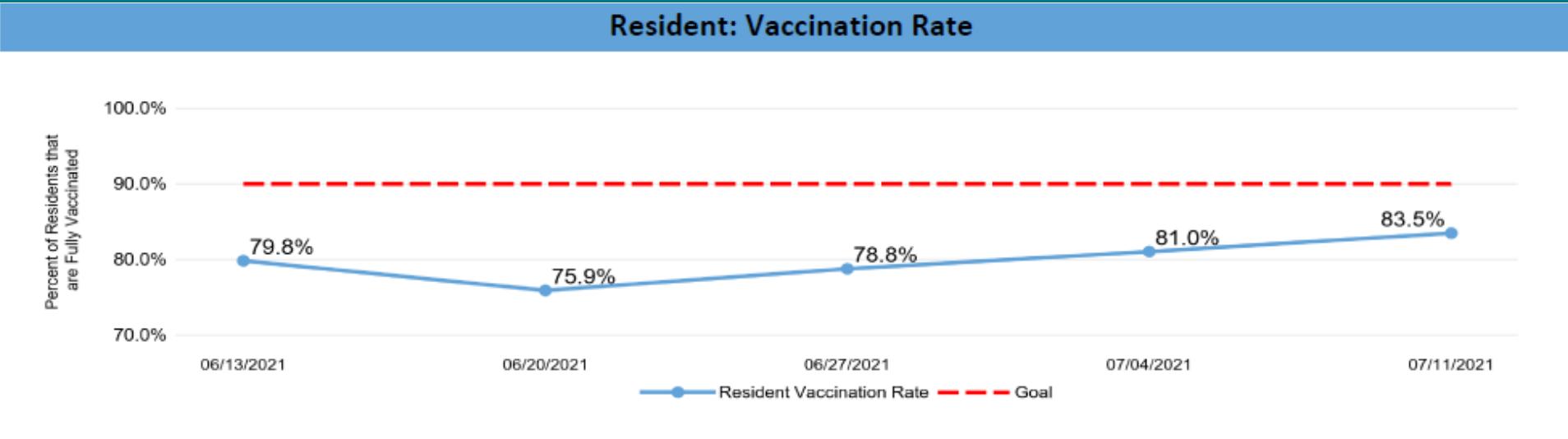
# *Full Speed Ahead!* COVID-19 Vaccination Recognition Program

- Increasing nursing home COVID-19 vaccination rates is a CMS national priority.
- Using NHSN data, HSAG will recognize nursing homes that have met this challenge.
- Data will be reviewed quarterly and facilities will receive a certificate of achievement for meeting either of the following criteria:
  - Exceeding a 75% staff vaccination rate for 4 consecutive weeks.
  - Exceeding a 90% resident vaccination rate for 4 consecutive weeks.

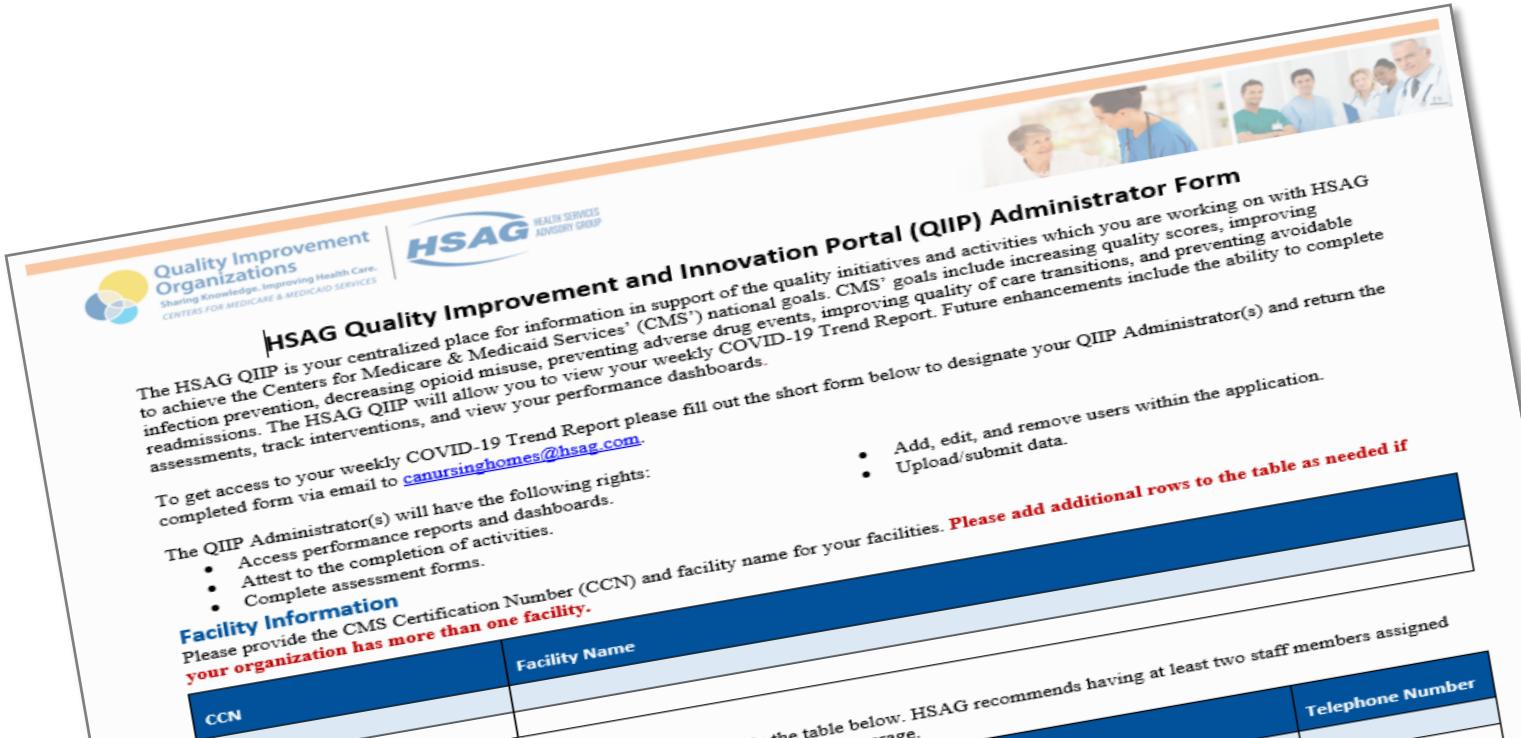


# Facility-Specific COVID-19 Vaccine Data Report

Available at—<https://qiip.hsag.com>



# To Access the Quality Improvement Innovation Portal (QIIP) for Facility Report

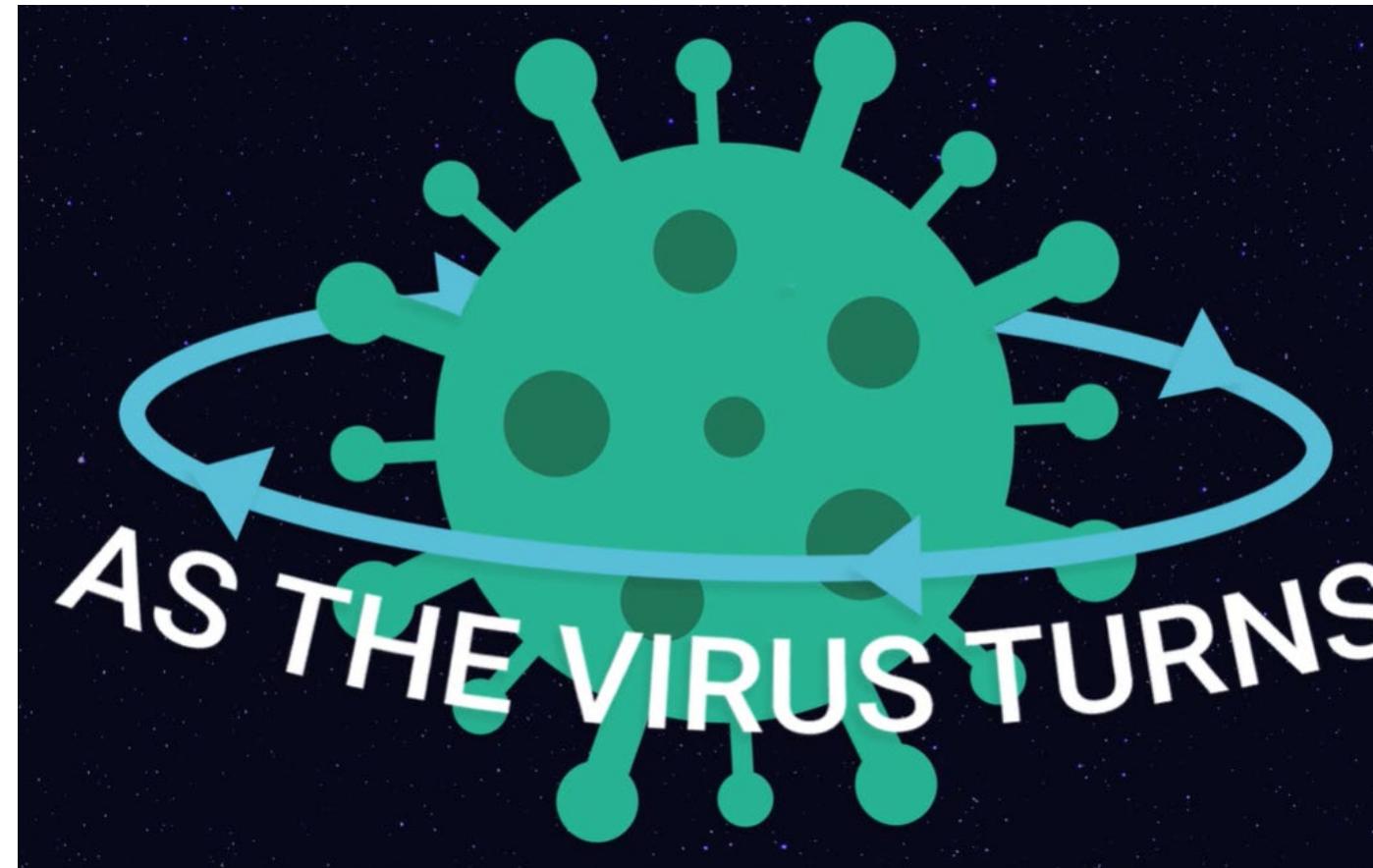


[www.hsag.com/covid-19/long-term-care-facilities/](http://www.hsag.com/covid-19/long-term-care-facilities/)

Under California Resources, click on

“California HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form”

# As The Virus Turns: SARS-CoV-2 Is Growing in Case Counts



[As the Virus Turns" \(Edition 15\) - YouTube](#)

# COVID-19 Cases on the Rise



Line shows 7-day moving average of **new cases per day** in this state. Dot corresponds to most recent day.



The **greener** the background, the bigger the **downward trend** of new cases in this state.



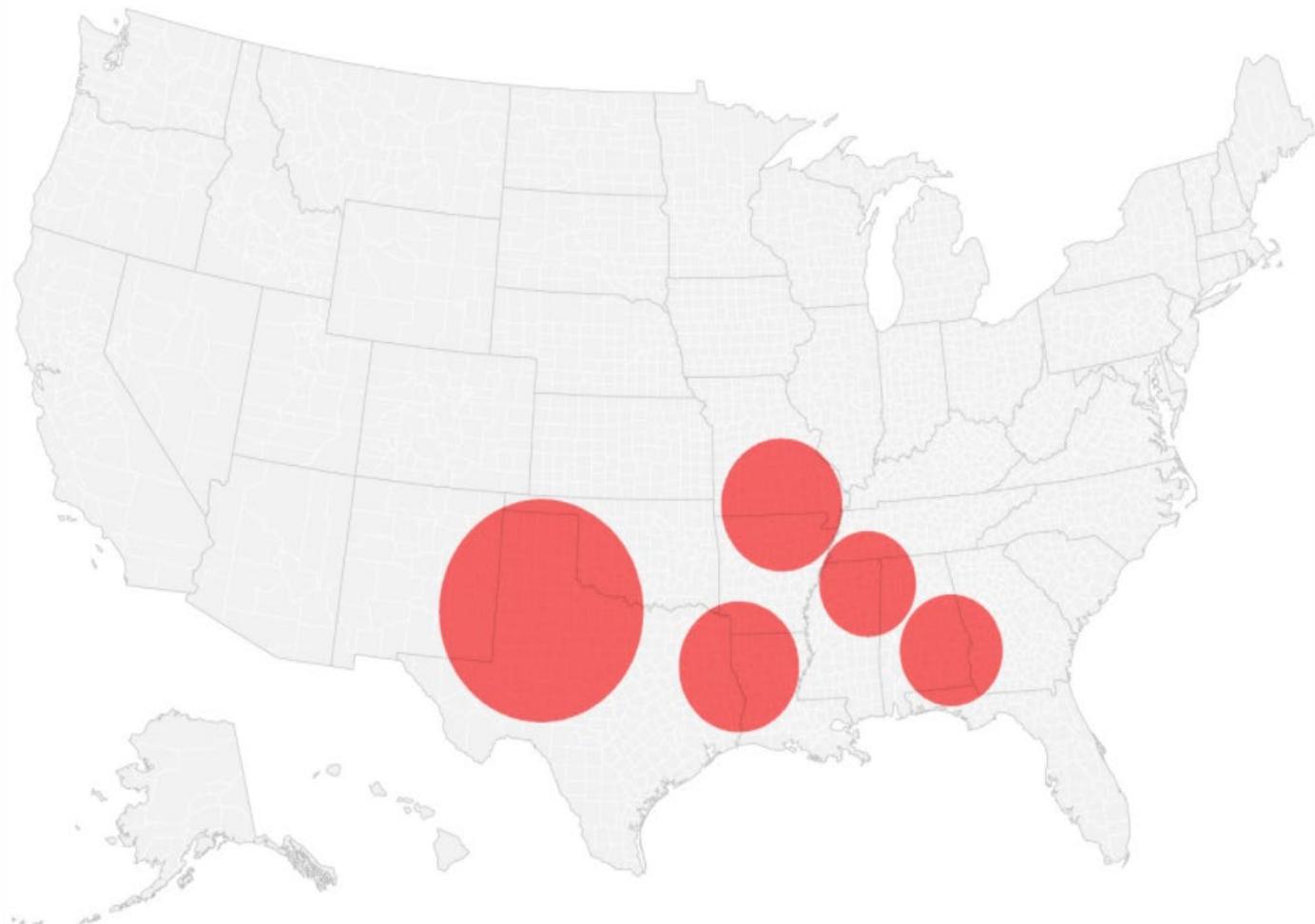
The **redder** the background, the bigger the **upward trend** of new cases in this state.

**Cases Trending Up**  
01/22/20 – 7/14/21

Arkansas  
Louisiana  
Missouri  
Alabama  
Oklahoma  
Nevada  
Alaska  
Georgia  
Texas

<https://coronavirus.jhu.edu/data/new-cases-50-states>

# COVID-19: Clusters of Unvaccinated People



Note: Data as of June 28

Source: Covid-19 vaccination analysis by Andrew Tiu, Alexes Merritt, Zack Susswein and Shweta Bansal at Georgetown University

Graphic: Renée Rigdon and Sean O'Key, CNN

## Five Clusters in 8 States

East Georgia

West Texas

Southern Missouri

Alabama

Arkansas

Louisiana

Oklahoma

Tennessee

"We know that if you give the virus the opportunity to circulate and replicate, you give it the opportunity to generate more variants" ~ Dr. Anthony Fauci

# Vaccine Hesitancy: Six Months Later

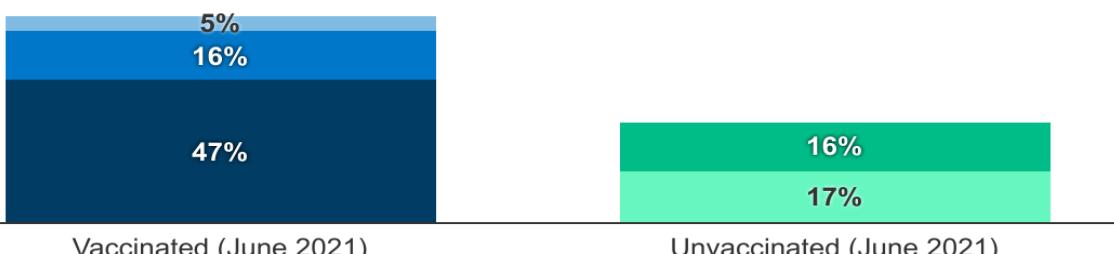
<https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-in-their-own-words-six-months-later/>

Figure 2

## Most Vaccine Behaviors Match What People Planned To Do Six Months Ago; One In Five Were Either Vaccine Hesitant Or Resistant And Have Gotten Vaccinated

Vaccine intentions six months ago matched with reported vaccine behaviors

- Vaccinated/ASAP in January and now vaccinated
- Wait and see in January and now vaccinated
- Only if required/Definitely not in January and now vaccinated
- ASAP/Wait and see in January and not vaccinated
- Only if required/Definitely not in January and not vaccinated



NOTE: See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (Jan. 14-18, 2021 and June 15-23, 2021)

KFF COVID-19  
Vaccine Monitor

- Majority (92%) of those who planned to get vaccinated “as soon as possible” have received at least one dose
- More than half (54%) of those who had previously said they wanted to “wait and see” before getting vaccinated have received one dose
- Majority (76%) of people who had previously said they would “only get vaccinated if required” or said they would “definitely not” get a COVID-19 vaccine remain unvaccinated



# California Variants – Updated July 14

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

## Known Variants of Concern (VOC) in California

WHO Label	Variant	# of CA Cases	% Variants Collected in June
Alpha	B.1.1.7	13,164	29.4%
Beta	B.1.351	150	0.1%
Gamma	P.1	2,209	12.6%
Delta	B.1.617.2	2,142	48.8%

## Known Variants of Interest (VOI) in California

WHO Label	Variant	# of CA Cases	% Variants Collected in June
Epsilon	B.1.427; B.1.429	26,860	1.0%
Zeta	P.2	103	0.0%
Eta	B.1.525	58	0.0%
Iota	B.1.526	1,954	5.1%
Kappa	B.1.617	66	0.1%
Not available	B.1.617.3	1	0.0%



# Tracking COVID-19 in California

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

[https://public.tableau.com/app/profile/ca.open.data/viz/COVID-19CasesDashboardv2\\_0/CaseStatistics](https://public.tableau.com/app/profile/ca.open.data/viz/COVID-19CasesDashboardv2_0/CaseStatistics)

Updated Friday, July 16, 2021

## Cases

4,651 new today

5.4 new cases per 100K

## Deaths

65 new today

0.02 new deaths per 100K

## Hospitalizations

2,077 COVID-19 hospitalized patients

2.3% increase

## Tests

130,709 new today

3.7% 7-day test positivity

## Vaccines Administered

61% Fully vaccinated

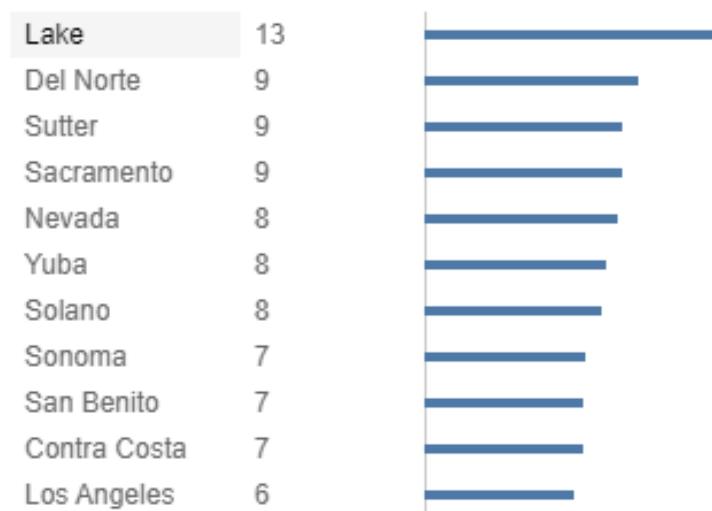
9.2% Partially vaccinated

## ICU Bed Availability

2,060 ICU beds available

0.5% Decrease or Increase

## Cases per 100k (7-day average) by County



# Leadership Practices & Behaviors to Support Teams

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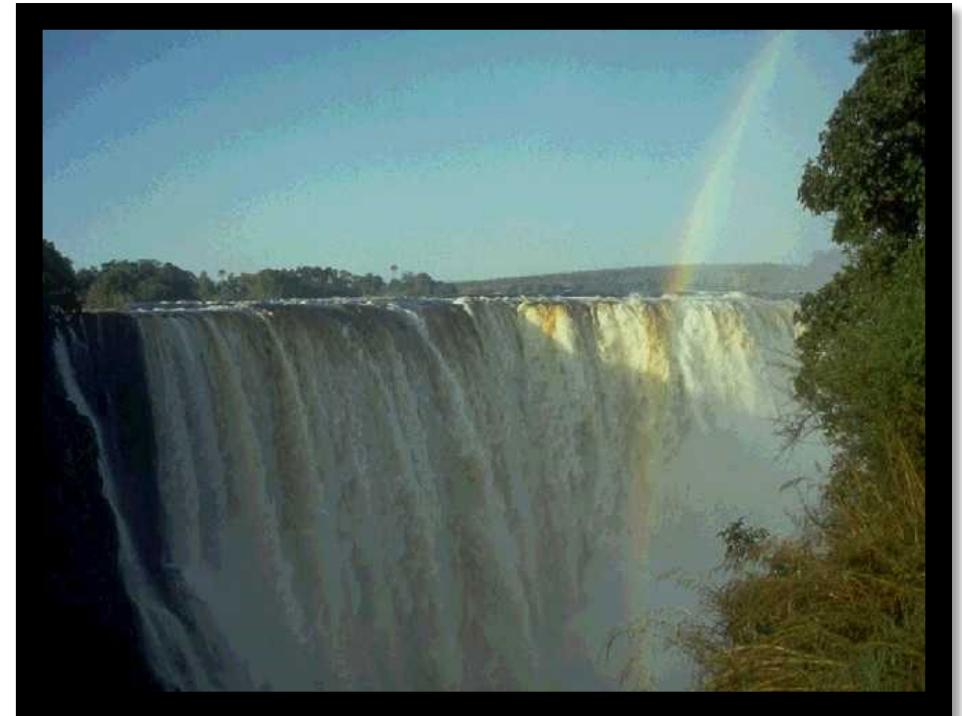
# Our Focus the Next Five Weeks

## ■ Leadership Practices & Behaviors to Support Teams

- Week 9: 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**

# Waterfall Question #1

- With increasing test positivity rates leading to further restrictions, what are some specific actions you as a leader can initiate to either build or support a positive culture of hope?





# Sustaining Teams: Creating a Vision of Hope

<https://youtu.be/ToYvLj8X8AY>



# Action Guide to Support Staff Well-Being and Joy in Work

Hear Me

Protect Me

Care for Me

Prepare Me

Support me

<http://www.ihi.org/resources/Pages/Tools/Conversation-Guide-to-Support-Staff-Wellbeing-Joy-in-Work-COVID-19.aspx>

## Hear Me

- Listen and act on the lived experience of

## Protect Me

- Reduce risk

## Care for Me

- Provide support for team members .

## Prepare Me

- Provide training and ensure staff have honest and clear information

## Support Me

# Support Me:

- Acknowledge the demands.
- Acknowledge current limitations.
- Encourage self care.
- Assist staff in caring for themselves.
- In what ways can we foster support for our team members?
  - Employee Rounds
  - Huddles
  - Debriefs
  - Town Halls



# Huddles can be Magical



- Huddles are short, purposeful and consistent
- May be a safety huddle scheduled daily or a huddle when an opportunity comes up to discuss a question or two.
- Short huddles may include 1 or 2 key questions:
  - What concerns do you have for residents, yourself or the team?
  - Are there steps we can take right now as a team?
  - What good thing happened today?
  - What feelings did you experience today?
  - How did you support a team member today? How did someone support you?

# Debriefs are “Just in Time Learning”

- Short, Purposeful and as soon as possible after a memorable event
- Safe, constructive, sharing, and active listening of feelings in a way that meets staff's needs
- Objective and non-blaming identification of what's going well and what is not
- Reinforce shared purpose and personal agency
- Focus on incorporation of learning into systems



# Resources

**IHI Joy in Work – Action Guide and organizational framework for creating positive work environments.** <http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx>

**Supporting your staff during the COVID-19 pandemic:**  
[https://www.ptsd.va.gov/covid/COVID\\_leaders\\_support\\_staff.asp](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>

# Mindfulness Moment

## Headspace | Meditation | The Noting technique - YouTube

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# QI Corner Management Issues

## The Pareto Chart Tool

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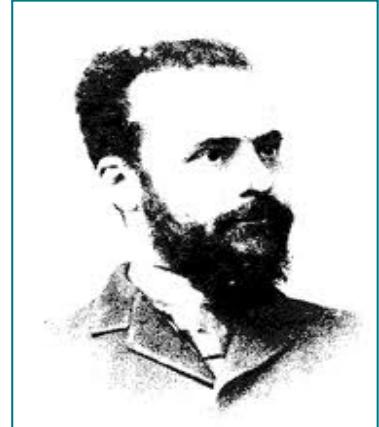
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# Pareto Principle – 80/20 Rule

- Says that **80%** of the problem is produced by **20%** of the causes





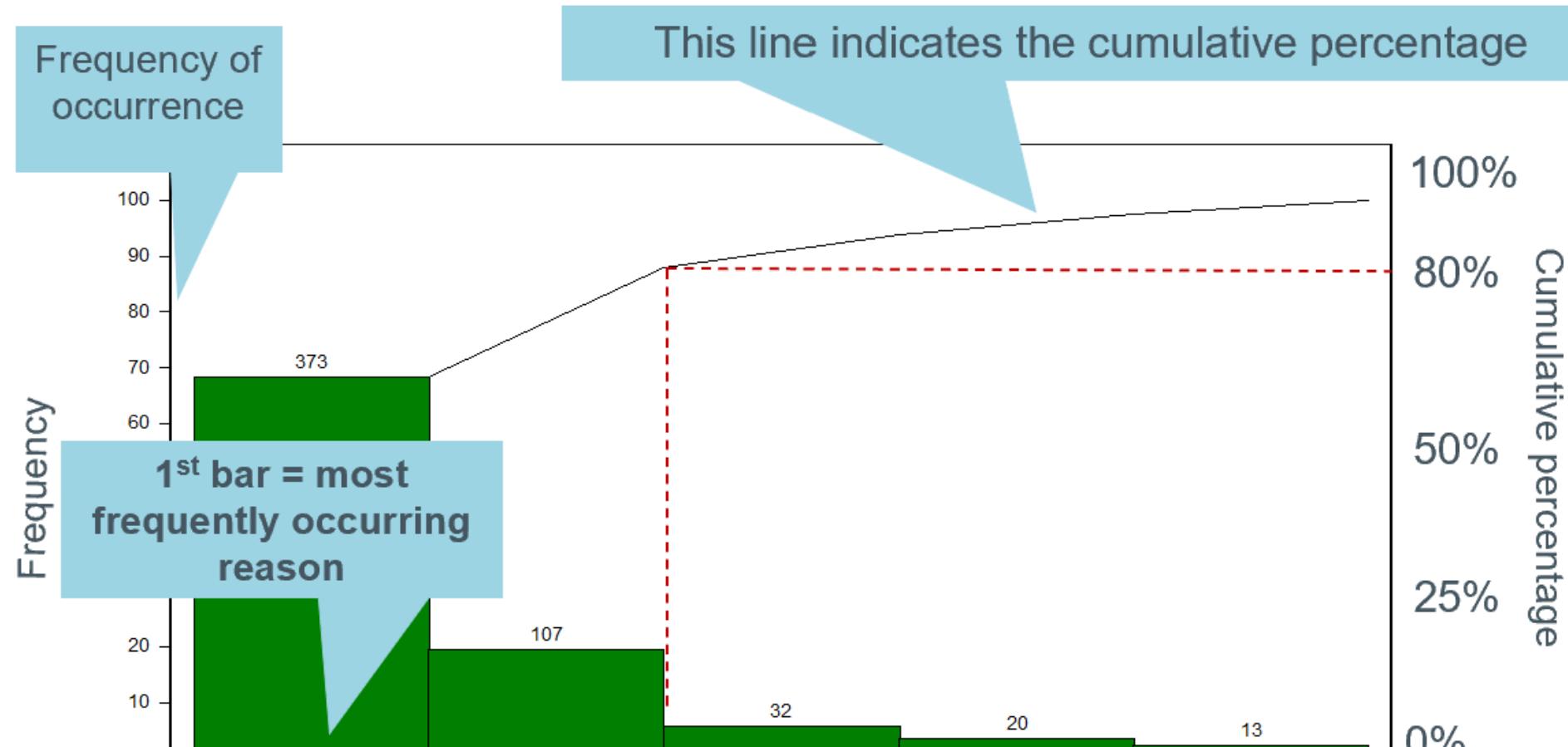
Vilfredo Pareto 1848 -1923

- A graphical display of the most important factors contributing to a problem
- Pareto principle: 80% of the effects come from 20% of the causes
- **Informs your improvement efforts to focus on tackling the ‘vital few’**

Watch this video  
<https://youtu.be/zbDRH2ASyqQ>

Source: IHI Improvement Coach Professional Development Program

# Reading a Pareto Chart



Source: R. Lloyd, *Quality Health Care: A Guide to Developing and Using Indicators*. Jones and Bartlett Publishers, 2004:309.

# Reasons for Resident Meal Delay

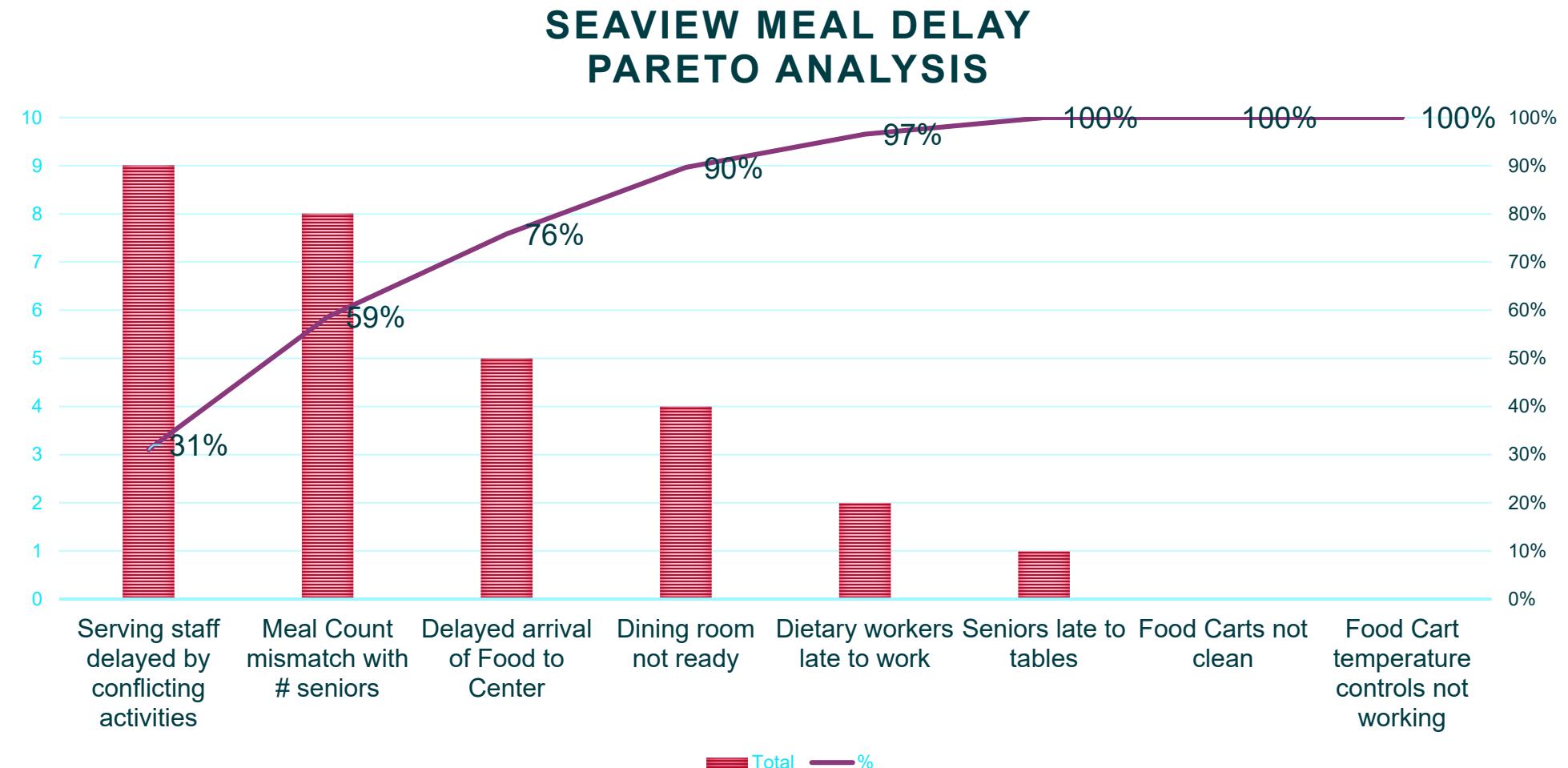
## Team's Expert Brainstorming List and Ranking

1. Delayed arrival of Food to Center (transport)
2. Food Carts not clean
3. Food Cart temperature controls not working
4. Dining room not ready
5. Seniors late to tables
6. Serving staff delayed by conflicting activities
7. Meal Count mismatch with # seniors
8. Dietary workers late to work

## Observation Data

1. Delayed arrival of Food to Center (transport)
2. Food Carts not clean
3. Food Cart temperature controls not working
4. Dining room not ready
5. Seniors late to tables
6. Serving staff delayed by conflicting activities
7. Meal Count mismatch with # seniors
8. Dietary workers late to work

# Brainstorming with the team is important... but so is data!



Source: MDP Associates

# Exploring high staff turnover - 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?
  - Why are so many staff leaving? How can we improve retention and morale? What is the incentive for staff to stay with the team?
- Where is our system the weakest?
  - New charge nurses lack leadership skills; Lack of organization - chaos
- What are we most worried about?
  - Staff being burned out, Staff have stopped talking to us, lack of joy in the workplace, unsafe staffing levels
- What tools can we use to identify weaknesses in our current system?
  - Root cause analysis, Pareto Charts, EHRs, , QAPI Committee, Team Huddles, outside consultants

# Staff Survey Conducted by Consultant Group

- Data is collected from survey and ordered highest to lowest

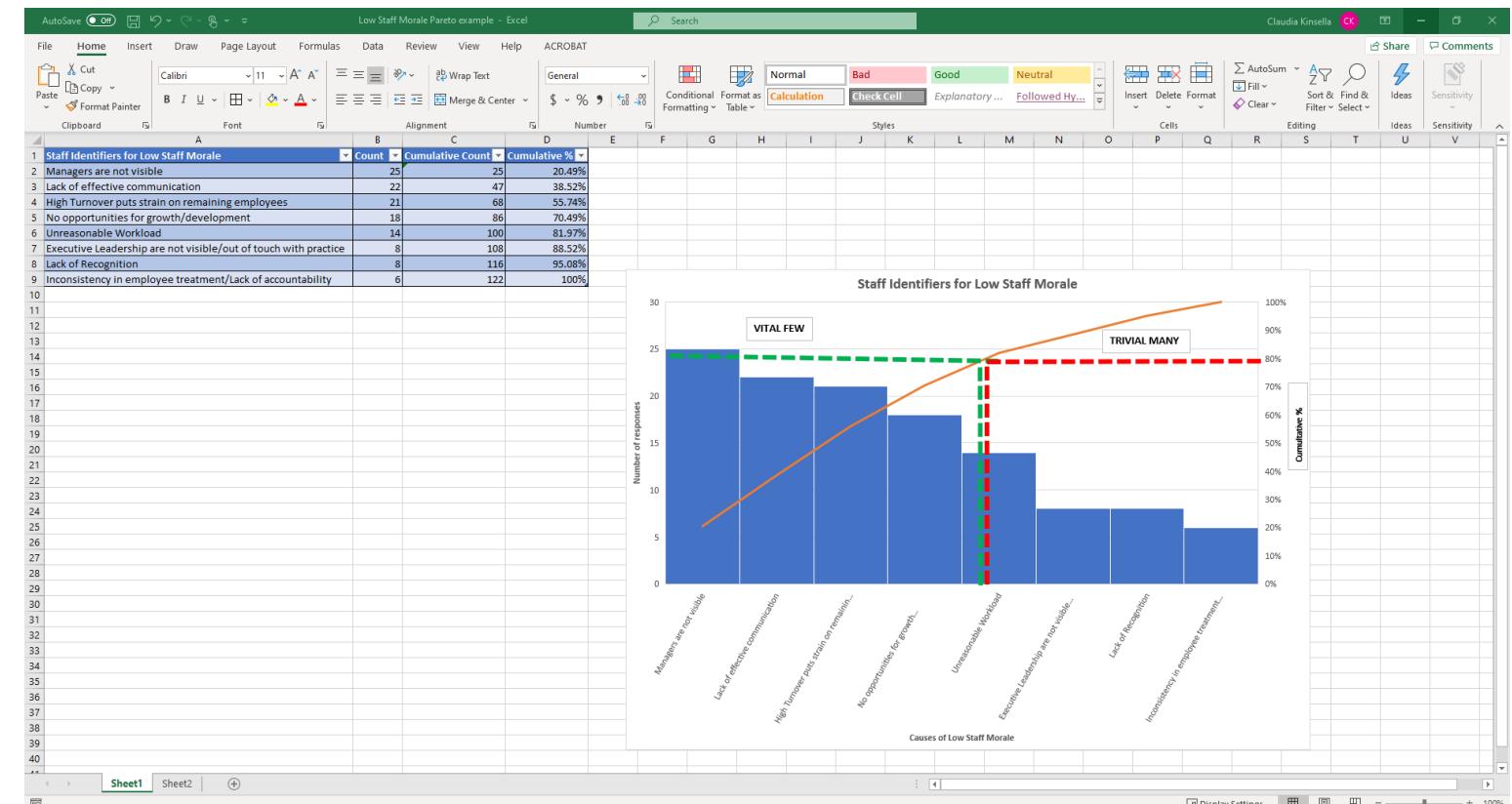
Staff Identifiers for Low Staff Morale	Count	Cumulative Count	Cumulative %
Managers are not visible	25	25	20.49%
Lack of effective communication	22	47	38.52%
High Turnover puts strain on remaining employees	21	68	55.74%
No opportunities for growth/development	18	86	70.49%
Unreasonable Workload	14	100	81.97%
Executive Leadership are not visible/out of touch with practice	8	108	88.52%
Lack of Recognition	8	116	95.08%
Inconsistency in employee treatment/Lack of accountability	6	122	100%

# Pareto Principle Plotted for Low Staff Morale Identifiers



# Excel does the work for you!

1. Gather data and insert into Excel
2. Use the 'sort' feature to order your values from largest to smallest (not essential if you have Excel 2016)
3. Highlight category and counts > Insert Chart > Insert Statistical Chart, scroll down and select Histogram/Pareto, press enter and then **Presto**, your Pareto chart appears!





## QI Essentials Toolkit: Pareto Chart

According to the "Pareto principle" — also known as the "80/20 rule" — in any group of factors that contribute to an overall effect, roughly 80% of the effect comes from 20% of the causes.

A Pareto chart is a type of bar chart in which the various factors that contribute to an overall effect are arranged in order from the largest to the smallest contribution to the effect. This ordering helps identify the "vital few" (the factors that have the largest contribution to the effect and therefore warrant the most attention), as distinguished from the "useful many" (factors that, while useful to know about, have a relatively smaller contribution to the effect).

Using a Pareto chart helps teams concentrate their improvement efforts on the factors that have the greatest impact. It also helps teams explain their rationale for focusing on certain areas and not others.

**IHI's QI Essentials Toolkit** includes the tools and templates you need to launch and manage a successful improvement project. Each of the nine tools in the toolkit includes a short description, instructions, an example, and a blank template. NOTE: Before filling out the template, first save the file on your computer. Then open and use that version of the tool. Otherwise, your changes will not be saved.

- Cause and Effect Diagram
- Driver Diagram
- Failure Modes and Effects Analysis (FMEA)
- Flowchart
- Histogram
- Pareto Chart
- PDSA Worksheet
- Project Planning Form
- Run Chart & Control Chart
- Scatter Diagram

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<http://www.ihi.org/resources/Pages/Tools/ParetoDiagram.aspx>

# General Q&A

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