

Welcome to ECHO COVID-19 Action Network Continuation Phase: Session 14: Vaccine Misinformation

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





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 4-13 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.

 **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? *

Participated in Live Session or Watched Recording? *

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
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Session 11 Recording

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, the deadline to submit your invoice is **September 23rd**.

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

Certified attendance reports and certificates of completion for eligible nursing homes are in the process of being distributed.

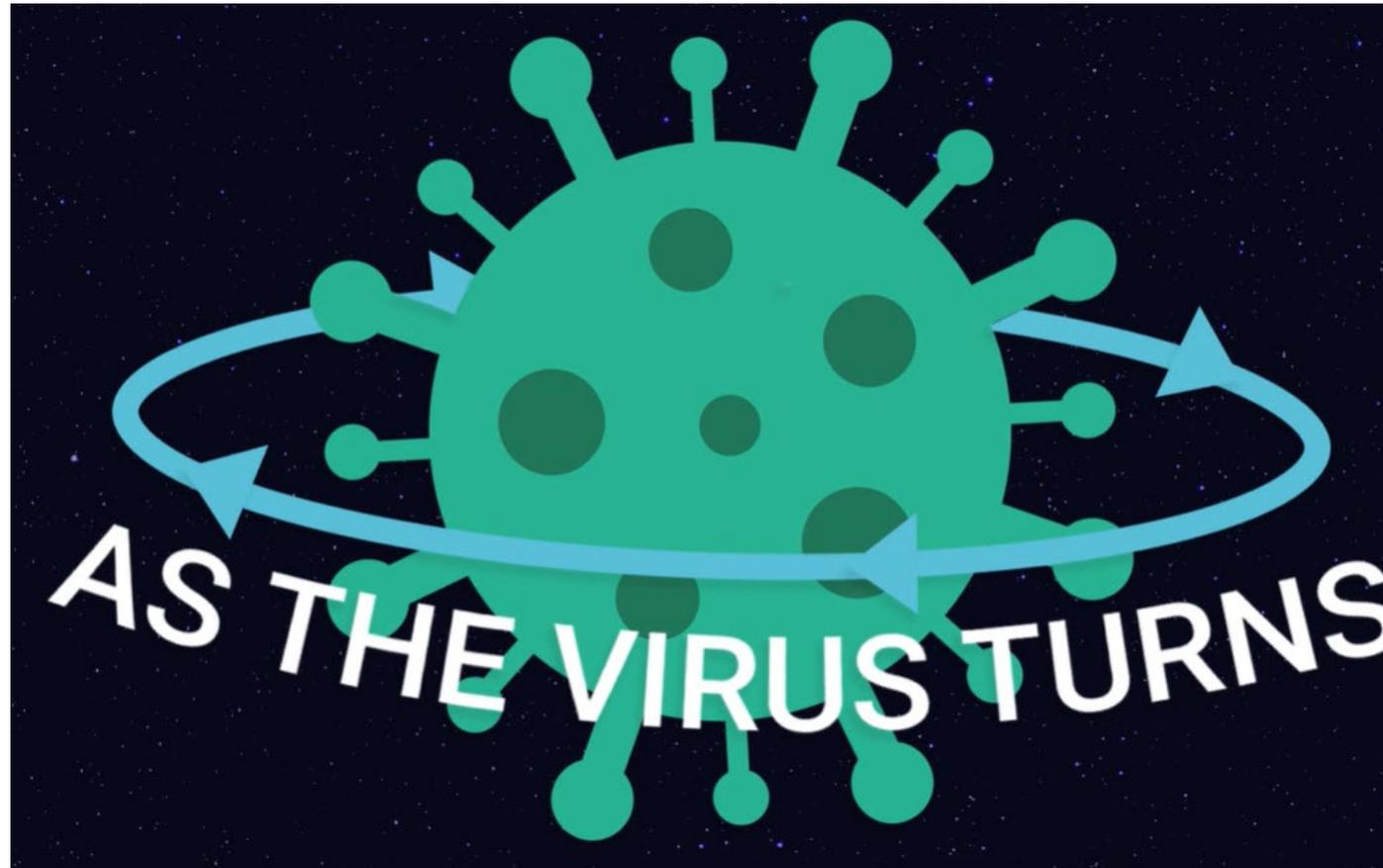




Respect Private Health Information

- 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.

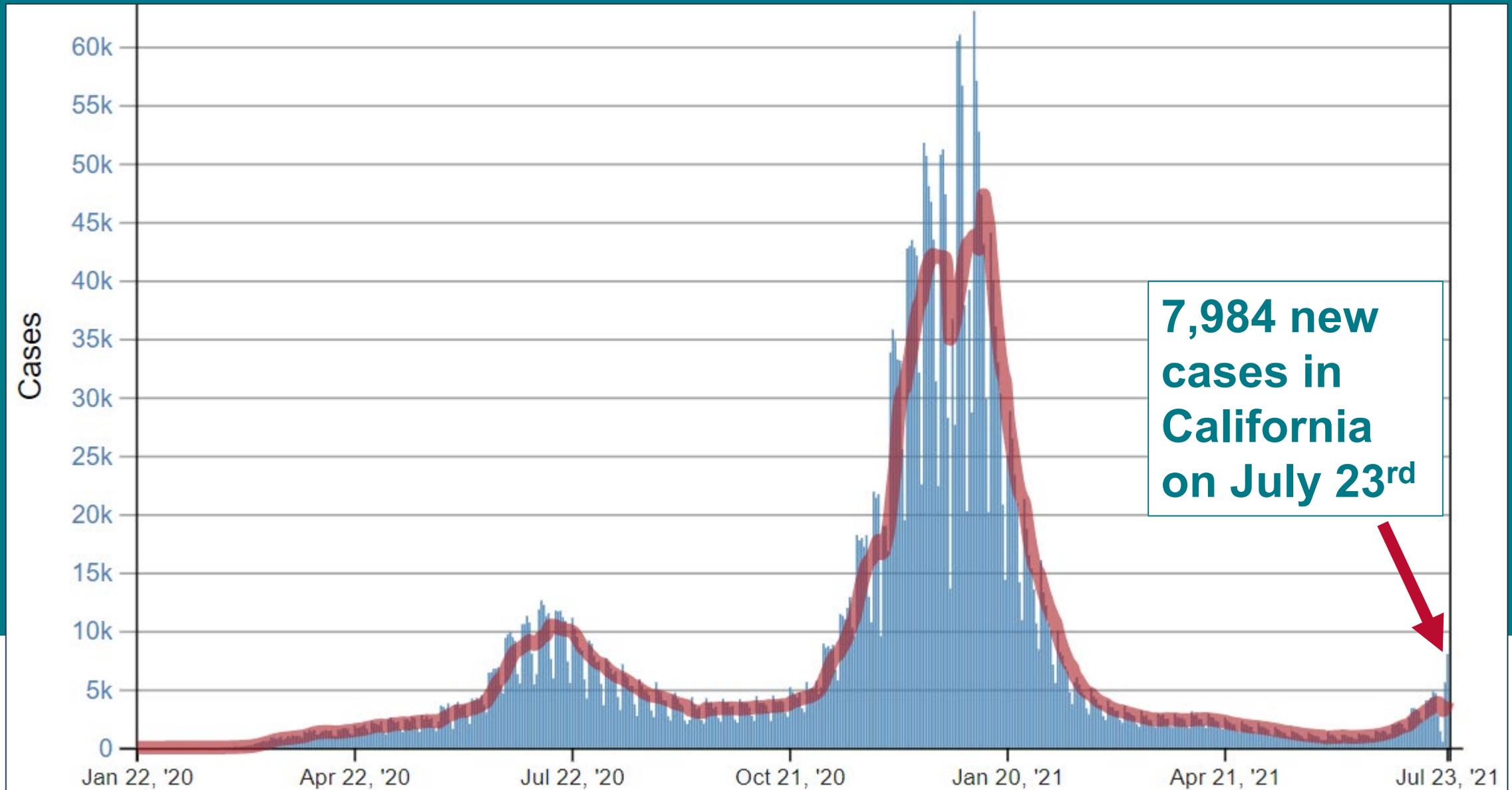
As The Virus Turns: Symptoms of the Delta Variant



<https://www.youtube.com/watch?v=-V3hkkDX4uM>

California COVID-19 Daily Trends, July 23, 2021

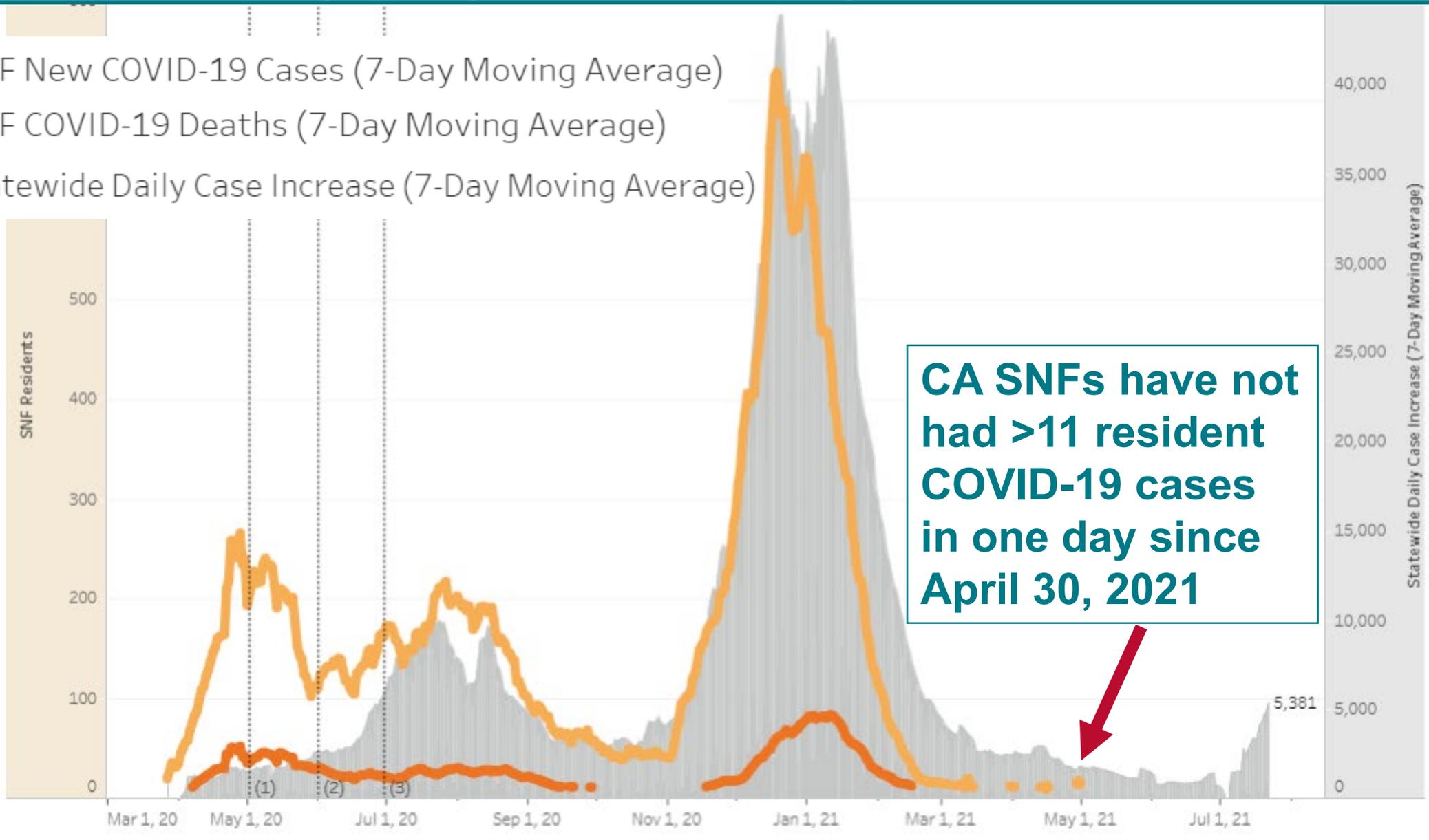
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>



California COVID-19 SNF Resident Trends, July 22

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx

- SNF New COVID-19 Cases (7-Day Moving Average)
- SNF COVID-19 Deaths (7-Day Moving Average)
- Statewide Daily Case Increase (7-Day Moving Average)



CA SNFs have not had >11 resident COVID-19 cases in one day since April 30, 2021



5,381

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

Updated Monday, July 26, 2021

Cases

21,940 new today

11.2 new cases per 100K

Deaths

65 new today

0.03 new deaths per 100K

Hospitalizations

200 more COVID-19 hospitalized patients

6.4% increase

Tests

565,365 today

5.3% 7-day test positivity

Vaccines Administered

62.1% Fully vaccinated

9.3% Partially vaccinated

ICU Bed Availability

102 more ICU beds available

4.8% Increase

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

Lake	31	
Yuba	17	
Sacramento	16	
Contra Costa	15	
Los Angeles	14	
Nevada	14	
San Francisco	14	
Sutter	14	
Alameda	13	
Plumas	13	

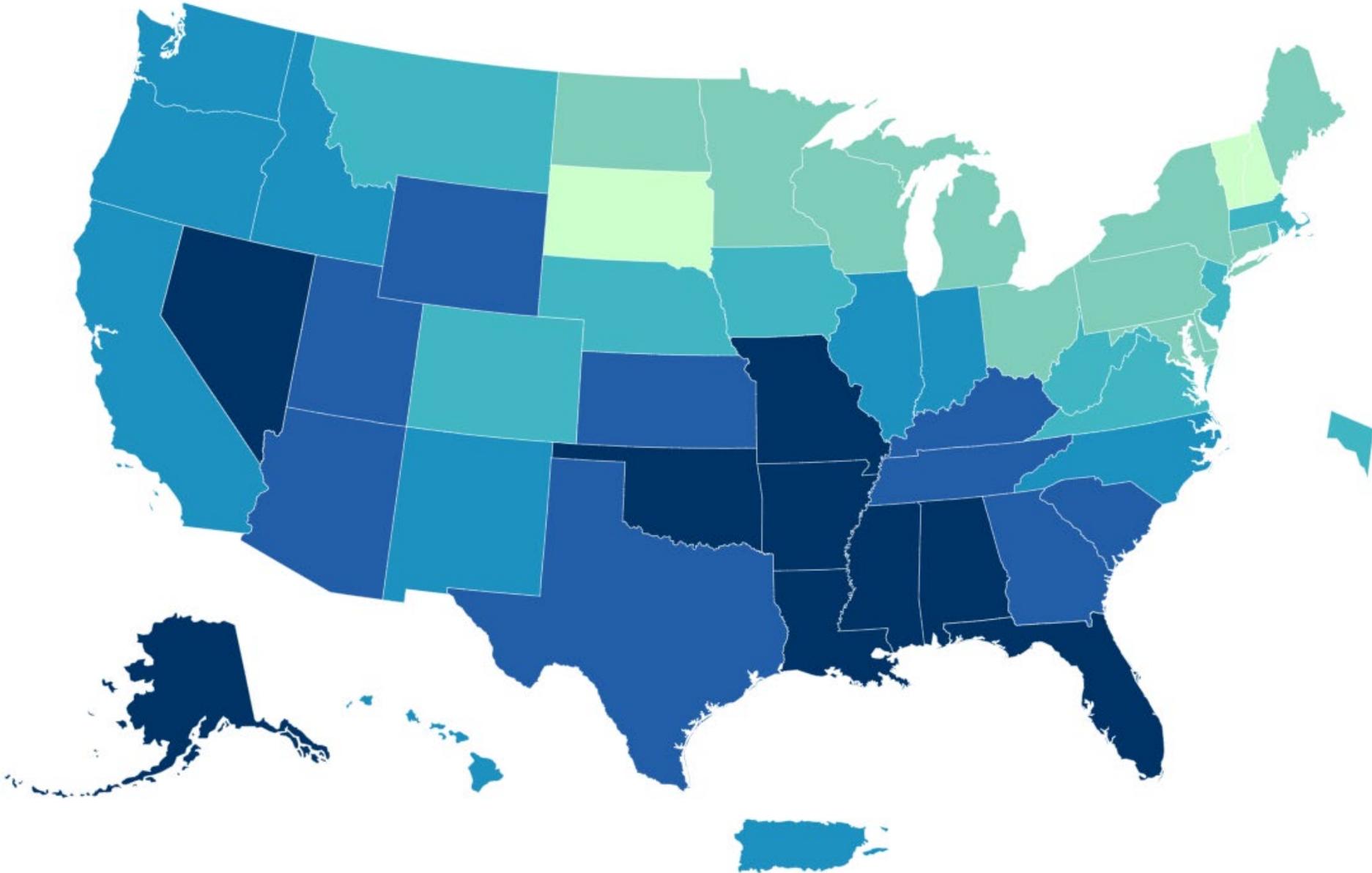
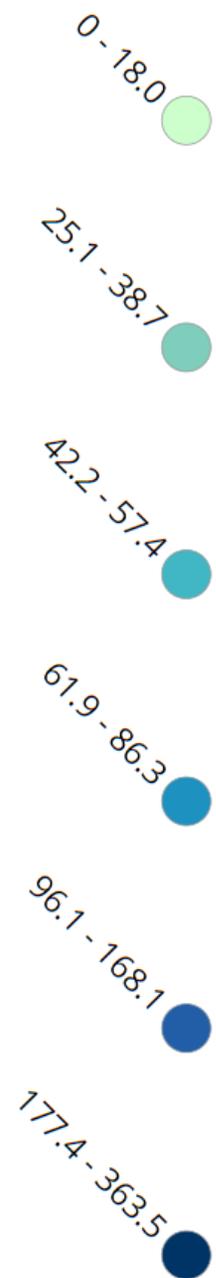
San Diego	12	
Mendocino	12	
Kings	12	
San Joaquin	12	
Amador	11	
Solano	11	
Napa	11	
Humboldt	11	
Del Norte	11	
Placer	11	
Stanislaus	11	
Riverside	11	
San Bernardino	11	

El Dorado	10	
Tuolumne	10	
Yolo	10	
Imperial	10	
Sonoma	9	
San Mateo	9	
Marin	8	
Santa Barbara	8	
Orange	8	
Ventura	8	
Butte	8	

Calaveras	7	
Siskiyou	7	
Merced	7	
Santa Clara	7	
Colusa	7	
Madera	7	
Fresno	6	
Kern	6	
Shasta	6	
San Luis Obispo	6	
Tehama	5	
Trinity	5	

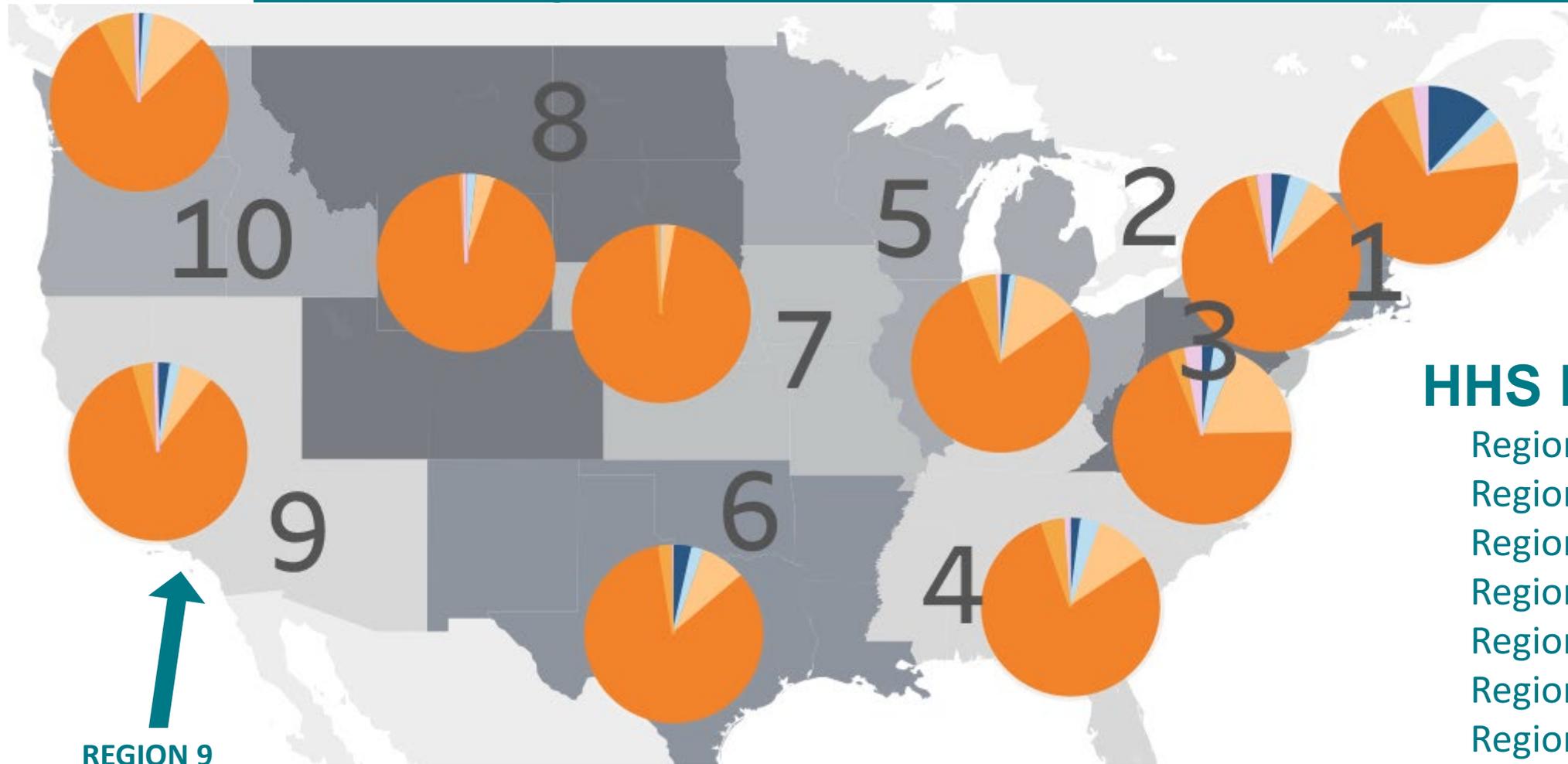
US COVID-19 7-Day Case Rate per 100,000, July 25th

https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days



Delta Variant Regional Variance – July 20

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>



HHS Regions

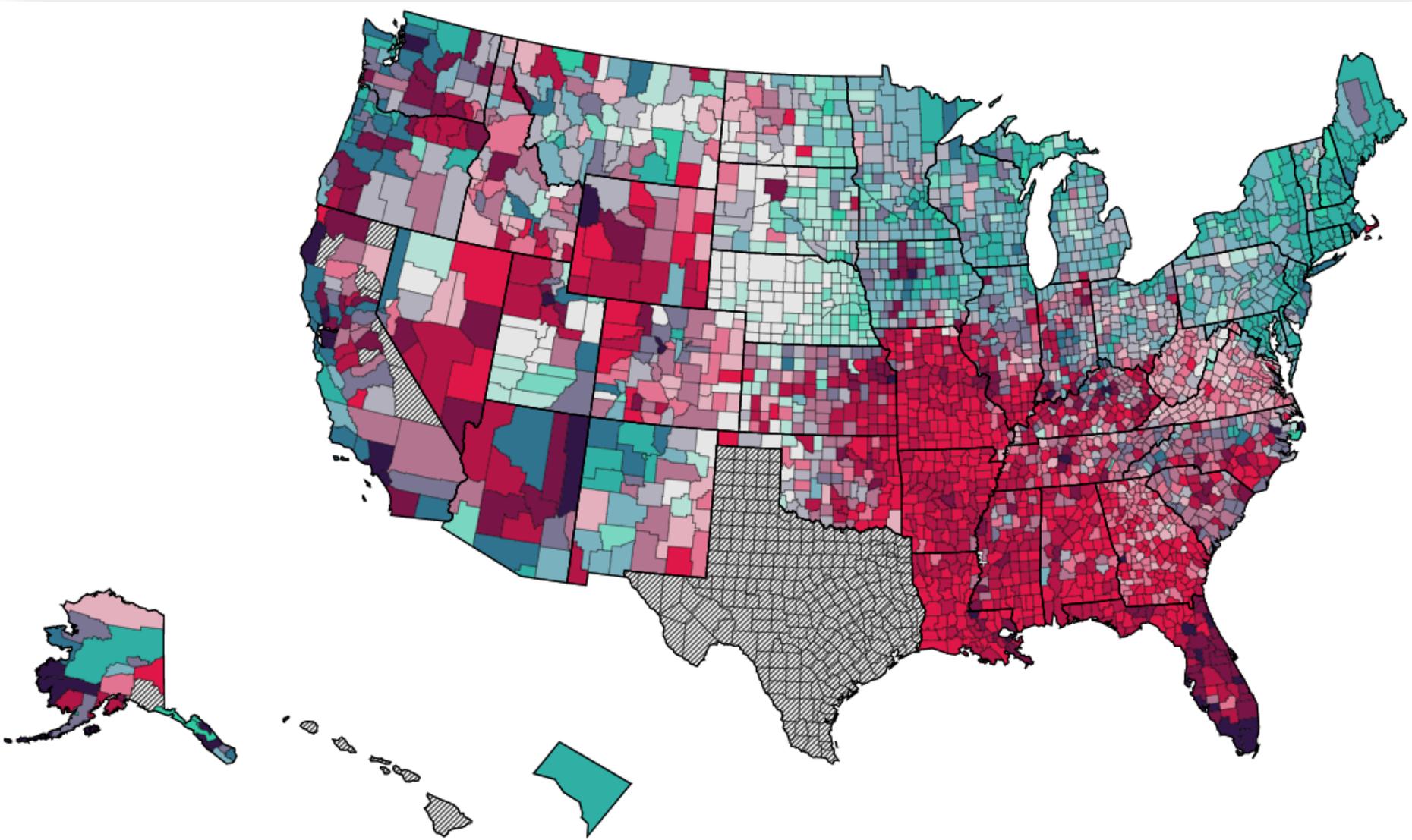
- Region 1: 68.3%
- Region 2: 82.2%
- Region 3: 69.4%
- Region 4: 79.2%
- Region 5: 78.9%
- Region 6: 83.7%
- Region 7: 96.3%
- Region 8: 93.4%
- Region 9: 85.3%**
- Region 10: 79.9%

REGION 9

Arizona, **California**,
Hawaii, Nevada,
Pacific Territories

COVID-19 Cases (last 7 days) and % of Population Fully Vaccinated

<https://covid.cdc.gov/covid-data-tracker/#vaccination-case-rate>



Vaccination Rate \leq 30%

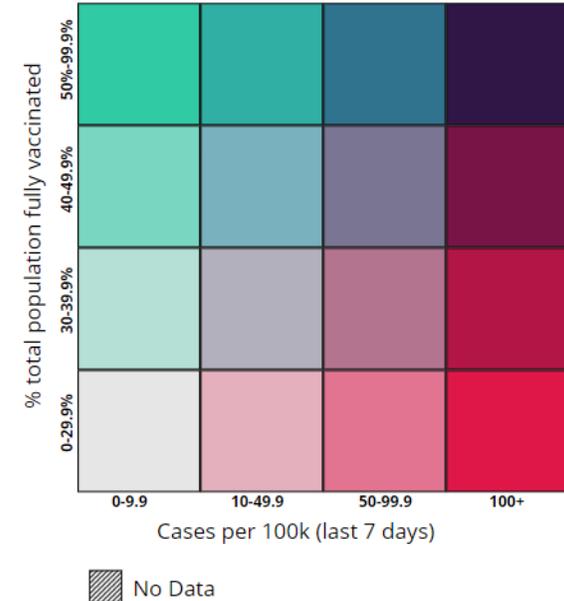
Kings: 29.4%

Tehema: 28.4%

Lassen: 26.6%

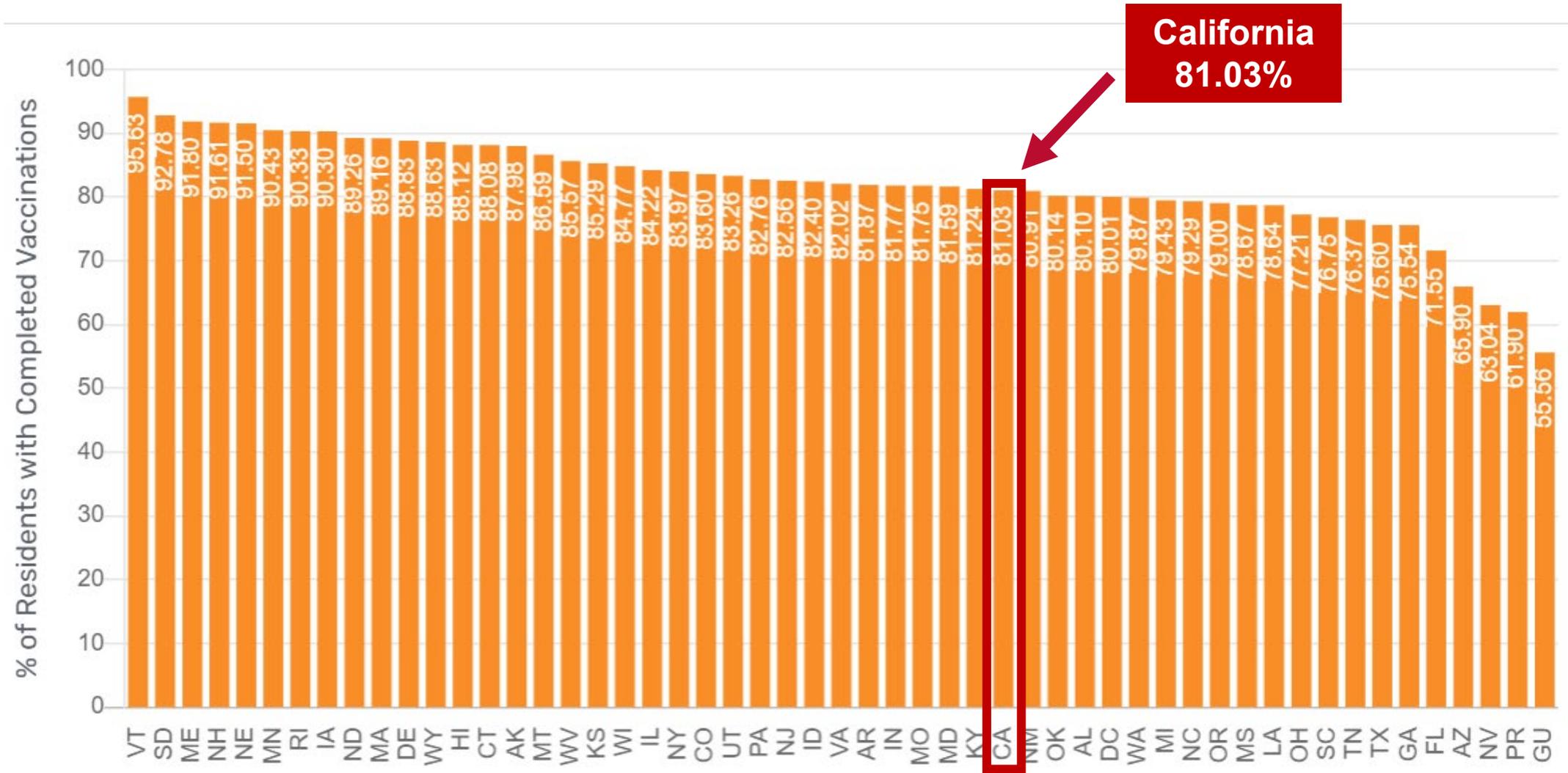
Del Norte: 29.3%

**Counties with lower reporting completeness for vaccination coverage should be interpreted with caution.*



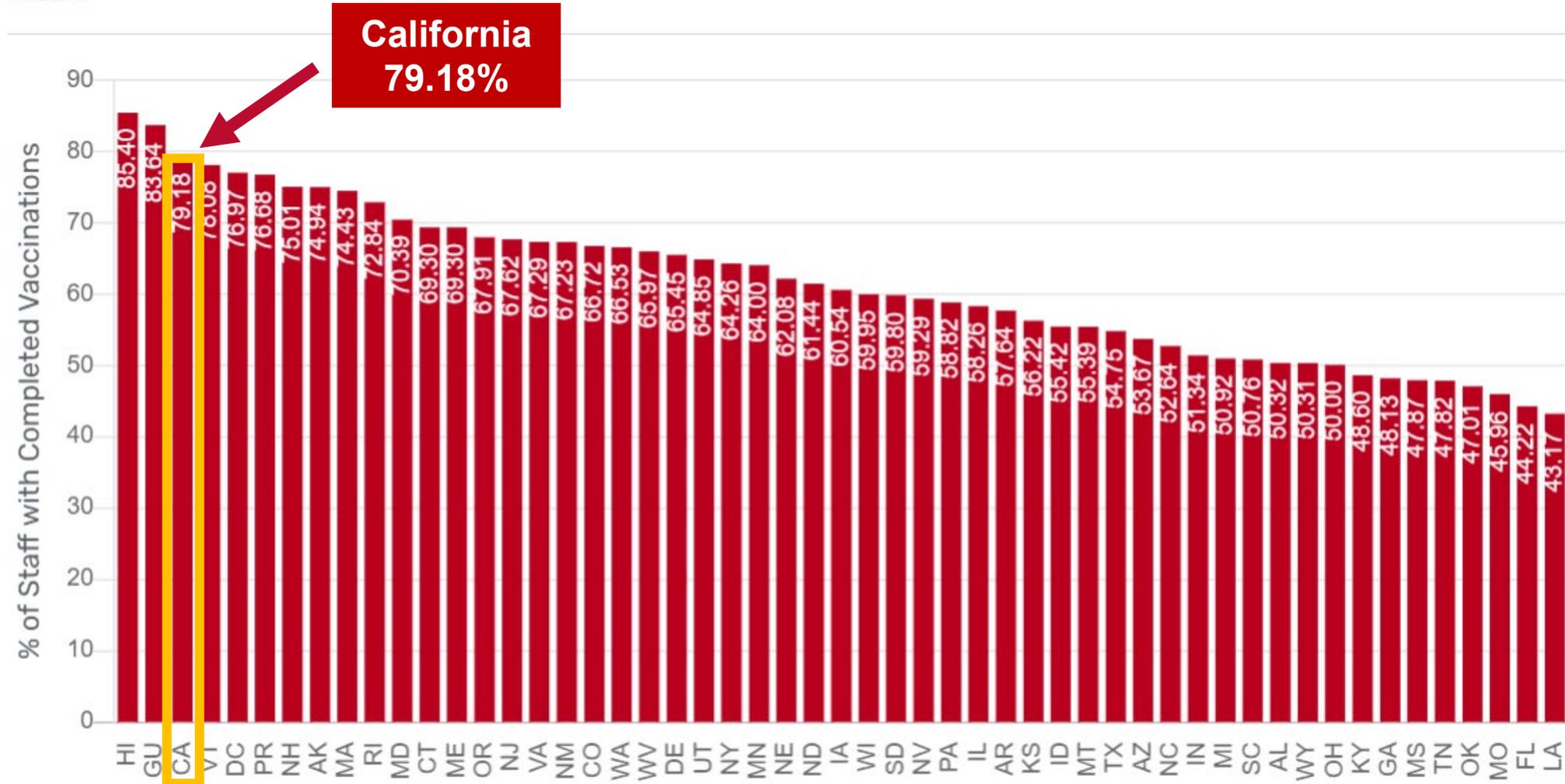
Percent of Current Residents with Completed COVID-19 Vaccinations

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



Percent of Current Staff (Healthcare Personnel) with Completed COVID-19 Vaccinations

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



QI Corner

Management Issues: PIP Steps 2-5

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Poll Question: Staff Morale

What are the “vital few” issues at your facility that may be contributing to low staff morale?

- Lack of trust/support
- No opportunities for growth/development
- Lack of effective communication
- Pay/financial issues
- Feeling overwhelmed
- COVID related challenges/stresses
- Stretched too thin
- Lack of flexibility in work schedule/not enough time off
- Other (please type in chat)

Improvement in 5 Steps: A Brief Review

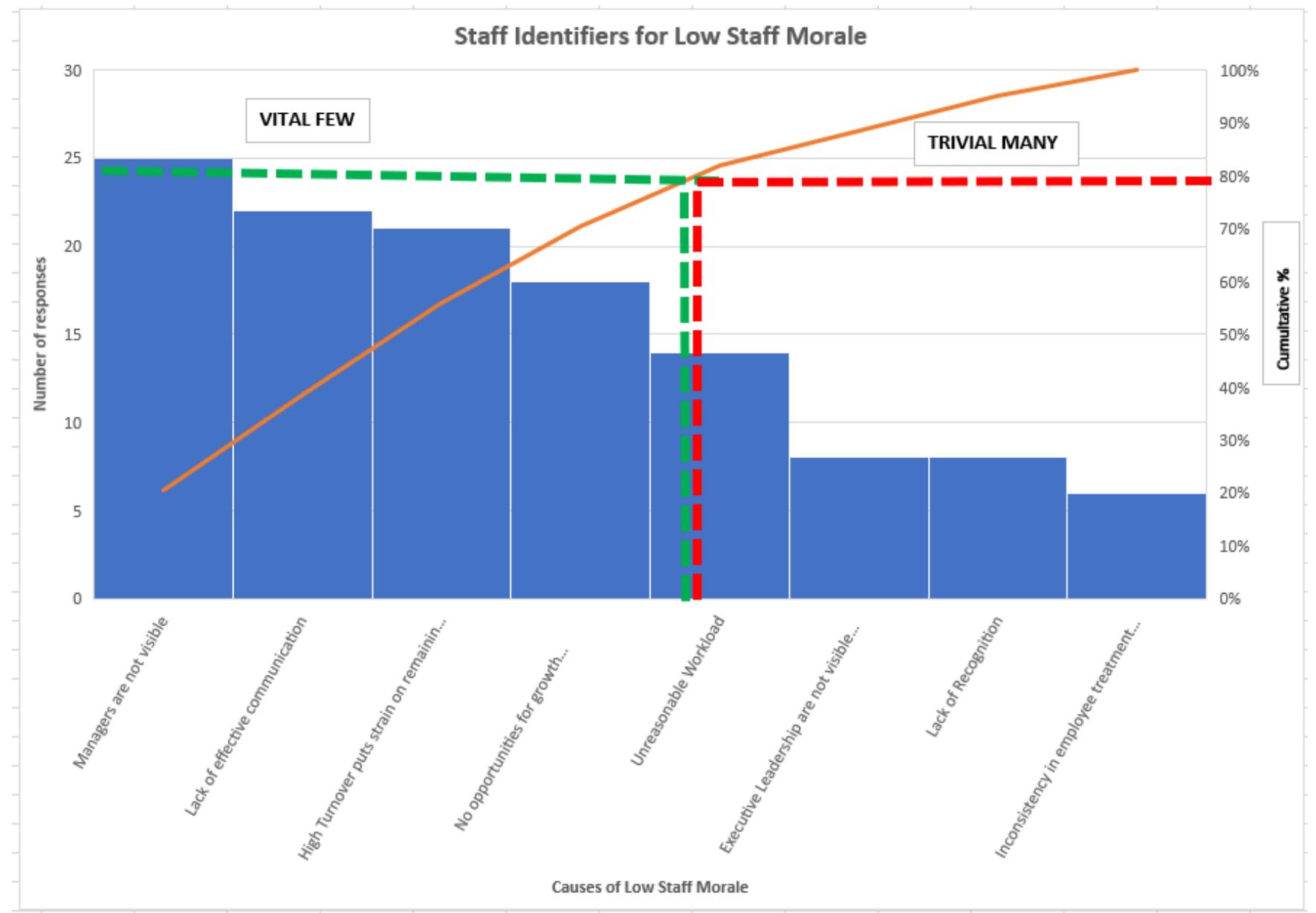
1. Get curious about the nature of the problem.
 - Observe it
 - Talk to staff (huddles!)
 - Map/diagram/brainstorm/**COLLECT DATA**
 - Measure it – **(PARETO IT)**
2. Set a goal for what you want to achieve.
3. Decide what you want to try.
4. Test/try it on a small scale...1 day, 1 resident.
5. Measure your impact in ways that make sense.

From Last Week: 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%

From last week: Pareto Principle Plotted for Low Staff Morale Identifiers



PIP: Low Staff Morale

Step 2: Set the goal for what you want to achieve

- How good do you want to be, by when?
 - Staff will report improved morale around the Vital Few PARETO ANALYSIS OF THE DATA on Staff morale by September 1, 2021.

Step 3: What can we try that may lead to an improvement? Explore and pick one.

- Have you identified opportunities for improvement?
- Where have you seen this process work well?
- Do your colleagues (perhaps those on this call) have suggestions for you?
- Do staff/residents/family members have change ideas to try?

PIP: Staff Morale

Step 4: Pick something to try (your intervention)

- Create a plan for your first test of change
 - Using the IHI Joy in Work framework, select a strategy to test at your facility.
- Test at the level of 1:
 - One providers, one resident, one family member, **ONE MONTH**, one day, etc.
 - Conduct a small of change with five or less staff (?). Hold weekly “well-being” huddles with selected staff to provide feedback, suggestions for improvement and best practices.



Step 5: Measure your impact (How will you know?)

- **OUTCOMES MEASURE**: By October 31, 2021, 75% of the FIVE staff members will report increased satisfaction at work via survey.

[IHI Framework for Improving Joy in Work | IHI - Institute for Healthcare Improvement](#)

IHI QI Essentials Toolkit: Pareto Chart



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.ihl.org/resources/Pages/Tools/ParetoDiagram.aspx>

Mindfulness Moment:

Breather One Minute Meditation

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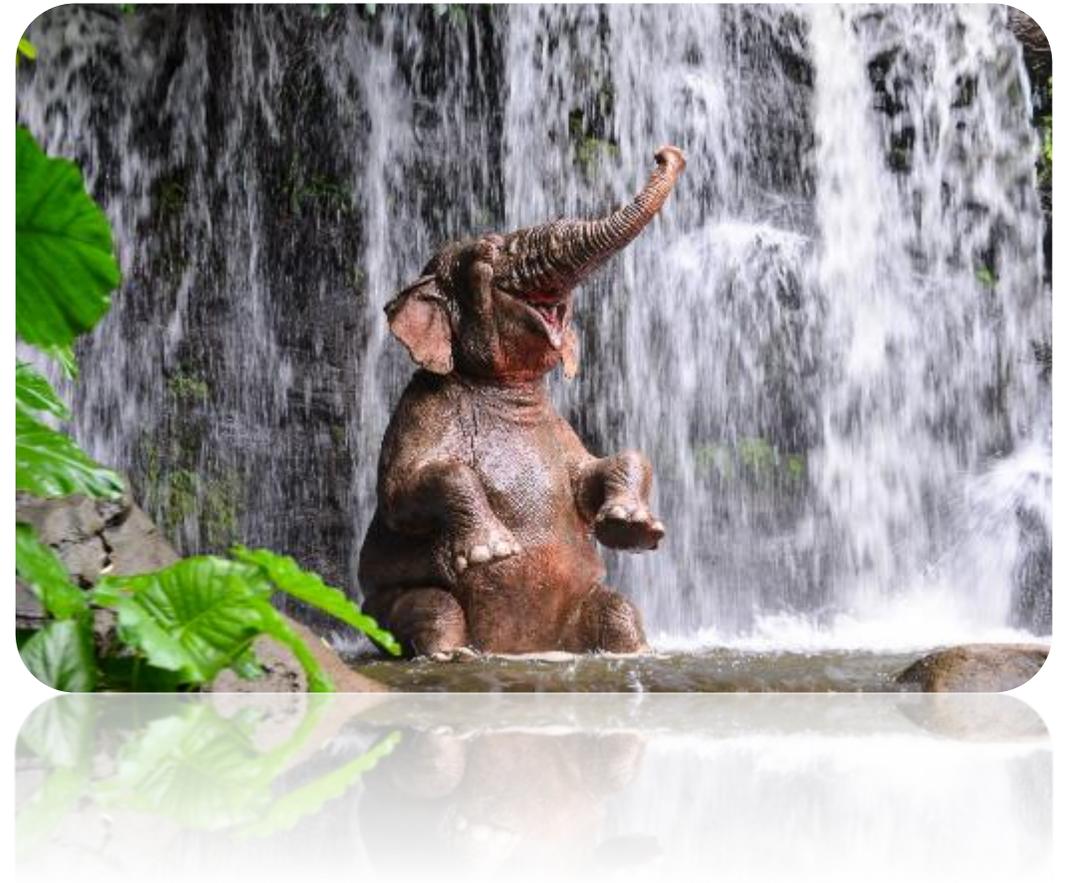
COVID-19 Vaccine Misinformation

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Chat Waterfall

What is the most surprising piece of misinformation you've heard about the COVID-19 vaccine?



How to Effectively Deal with Vaccine Social-Media Misinformation

<https://youtu.be/jbyYrkA6Syl>

Discussion Questions – It Is Important To Practice!

- A nurse comes to you to let you know that on the Evergreen Unit a bunch of nurses and CNAs are talking about an Instagram post that shows a woman who became unconscious after getting the COVID-19 vaccine. How do you respond?
- A nurse is sharing a Facebook post that explains that there is a microchip in the COVID-19 vaccine that enables the government to track your movements. She has shared this post with her colleagues in the facility. What is your best next step?

General Q&A

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