Stanford MEDICINE | Stanford Center for Continuing Medical Education

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*^{TM}. 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.

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 4-19 are approved.

Questions?
Visit: www.hsag.com/echo
Contact: canursinghomes@hsag.com

ECHO COVID-19 Nursing Home Action Network Compensation Important Dates and Deadlines

AUGUST ~~10~~ ✗ — Submit contract/agreement and W9 to Online Payment Initiation Form

AUGUST 27 — Participate in 13 or more sessions with 2 or more participants from your nursing home to be eligible. Ensure to submit any make up recorded attendance to Stanford Training Center through claim attendance links by this date.

AUGUST 30/31 — Attend the Wrap Up Celebration sessions *(More information coming soon)*

SEPTEMBER 10 — Stanford Training Center to provide all eligible nursing homes a certified attendance report and certificate of completion
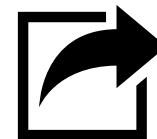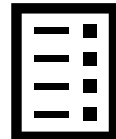
SEPTEMBER 23 — **This is the last day** to email your nursing home's invoice, certified attendance report, and certificate of completion reports to the ECHO Institute at: acctspay@unm.edu

*If your nursing home is opting out of receiving the $6,000 compensation, please complete the **Compensation Opt-Out Form** as soon as possible.*

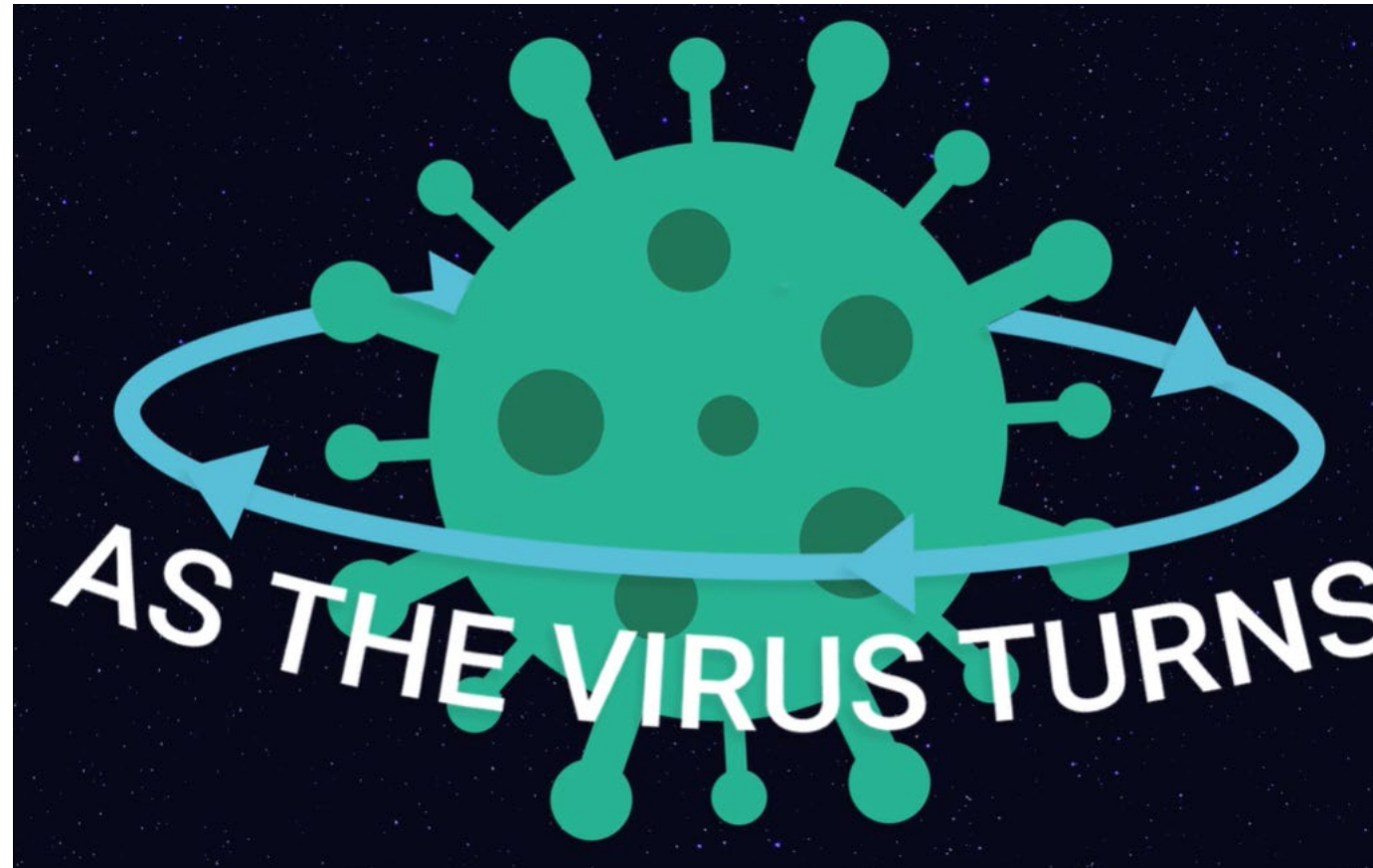Need more help? Email questions to: ECHONursingHome@salud.unm.edu

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 Lambda Variant

https://www.youtube.com/watch?v=JSzgQqD3KgM

COVID-19: California State Profile – 08/06/2021

https://healthdata.gov/browse?tags=covid-19-spr

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	46,404 (117)	-14%	71,598 (139)	675,583 (203)
NUCLEIC ACID AMPLIFICATION TEST (NAAT) POSITIVITY RATE	7.0%	+1.0%*	8.5%	9.7%
TOTAL NAAT VOLUME (TESTS PER 100,000)	966,657** (2,446**)	+7%**	1,133,827** (2,199**)	5,820,808** (1,753**)
NEW COVID-19 DEATHS (RATE PER 100,000)	92 (0.2)	-14%	275 (0.5)	2,971 (0.9)
CONFIRMED AND SUSPECTED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,345 (12.1)	+19% (+18%)	11,304 (13.2)	89,942 (12.7)
CONFIRMED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,561 (7.5)	+33% (+32%)	6,707 (7.8)	56,063 (7.9)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	14 (4%)	+27%	23 (4%)	317 (6%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	77 (21%)	+13%	105 (20%)	638 (12%)

Changes from Previous Week

New Cases per 100K
-14%

Test (NAAT) Positivity Rate per 100K
+1.0%

New Hospital Admissions
+33%

 # Hospitals with Staffing Shortages
77

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, August 9, 2021

Cases
10,425 new today
📈 22.7 new cases per 100K

Deaths
6 new today
📈 0.04 new deaths per 100K

Hospitalizations
264 more COVID-19 hospitalized patients
📈 4.3% increase

Tests
📈 6.3% 7-day test positivity

Vaccines Administered
63.6% Fully vaccinated
9.9% Partially vaccinated

ICU Bed Availability
77 more ICU beds available
📈 4.0% increase

Counties with lowest vaccination

Del Norte	75
Tuolumne	66
Nevada	54
Lake	48
Yuba	36
Amador	35
Sutter	34
Humboldt	34
Contra Costa	29
Sacramento	28
San Diego	28
San Francisco	28

Mendocino	26
San Joaquin	26
Alpine	26
Kings	25
Riverside	25
Stanislaus	25
Los Angeles	25
Placer	25
San Bernardino	24

Calaveras	23
Yolo	23
Colusa	23
Mariposa	22
Solano	22
El Dorado	22
Shasta	21
Ventura	20
Fresno	20
Merced	20
Alameda	20

Inyo	19
Sonoma	19
Orange	18
Sierra	18
Madera	18
Imperial	18
Butte	17
Tehama	17
San Luis Obispo	17
Plumas	17
Kern	16
Lassen	16
Napa	15
San Mateo	15

COVID-19 Variants in the US

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.

California
83.37%
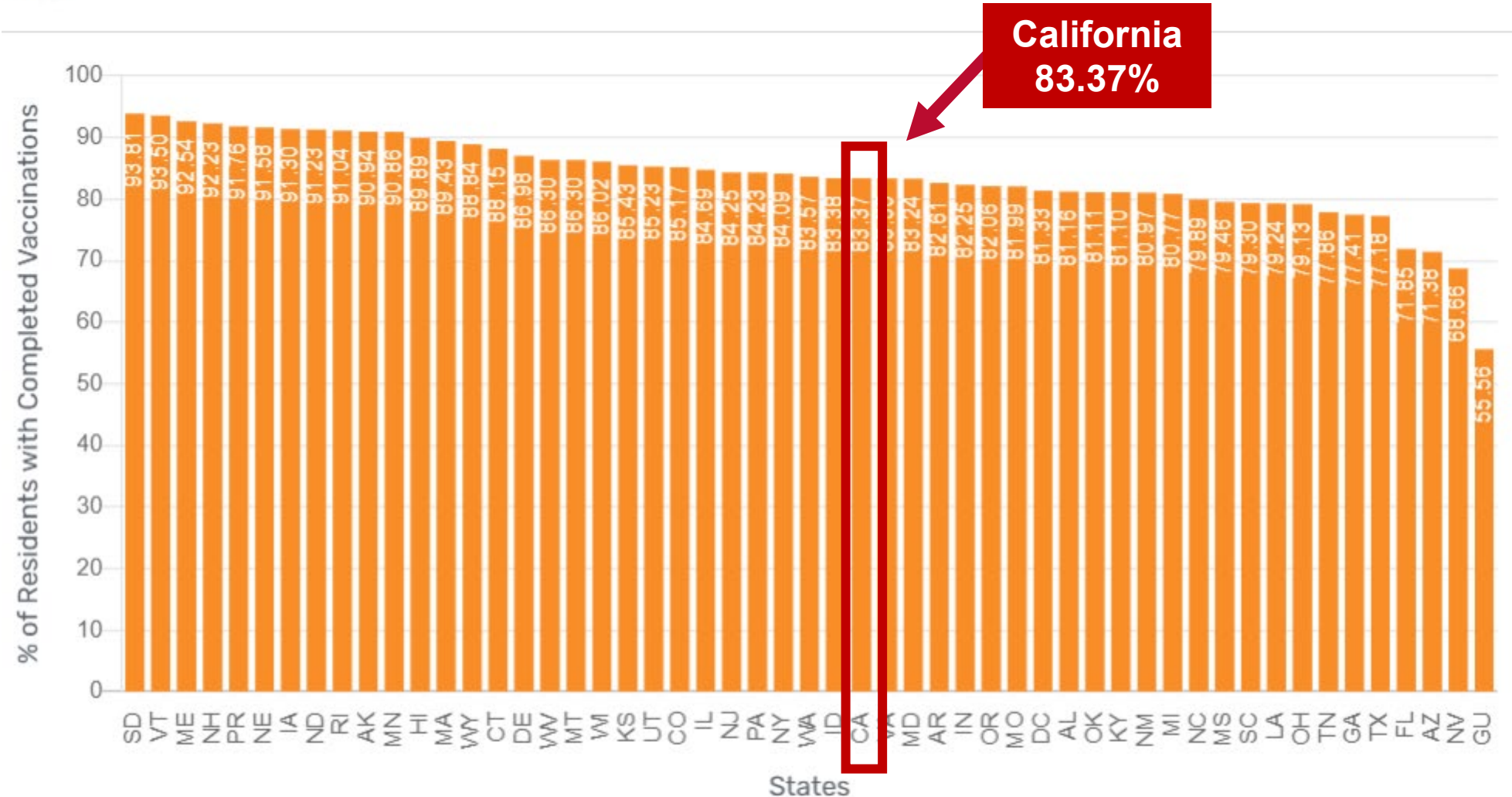
Confirmed COVID-19 Cases in US Nursing Homes
Residents and Rate Reported as of 8/10/21

United States

California

https://covid.cdc.gov/covid-data-tracker/#nursing-home-staff

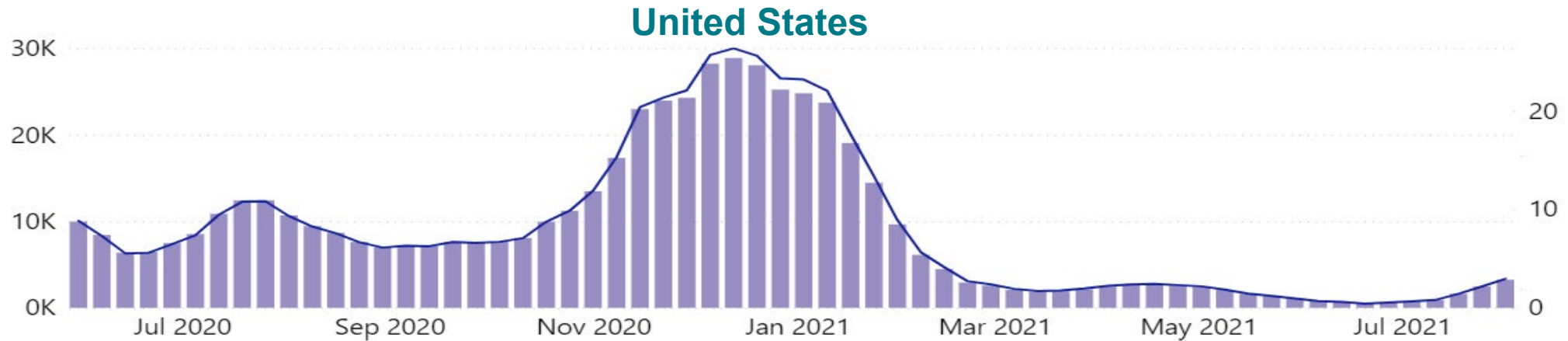Percent of Current Staff (Healthcare Personnel) with Completed COVID-19 Vaccinations

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

California 80.93%

COVID-19 Nursing Home Data | Data.CMS.gov; Data through July 11, 2021
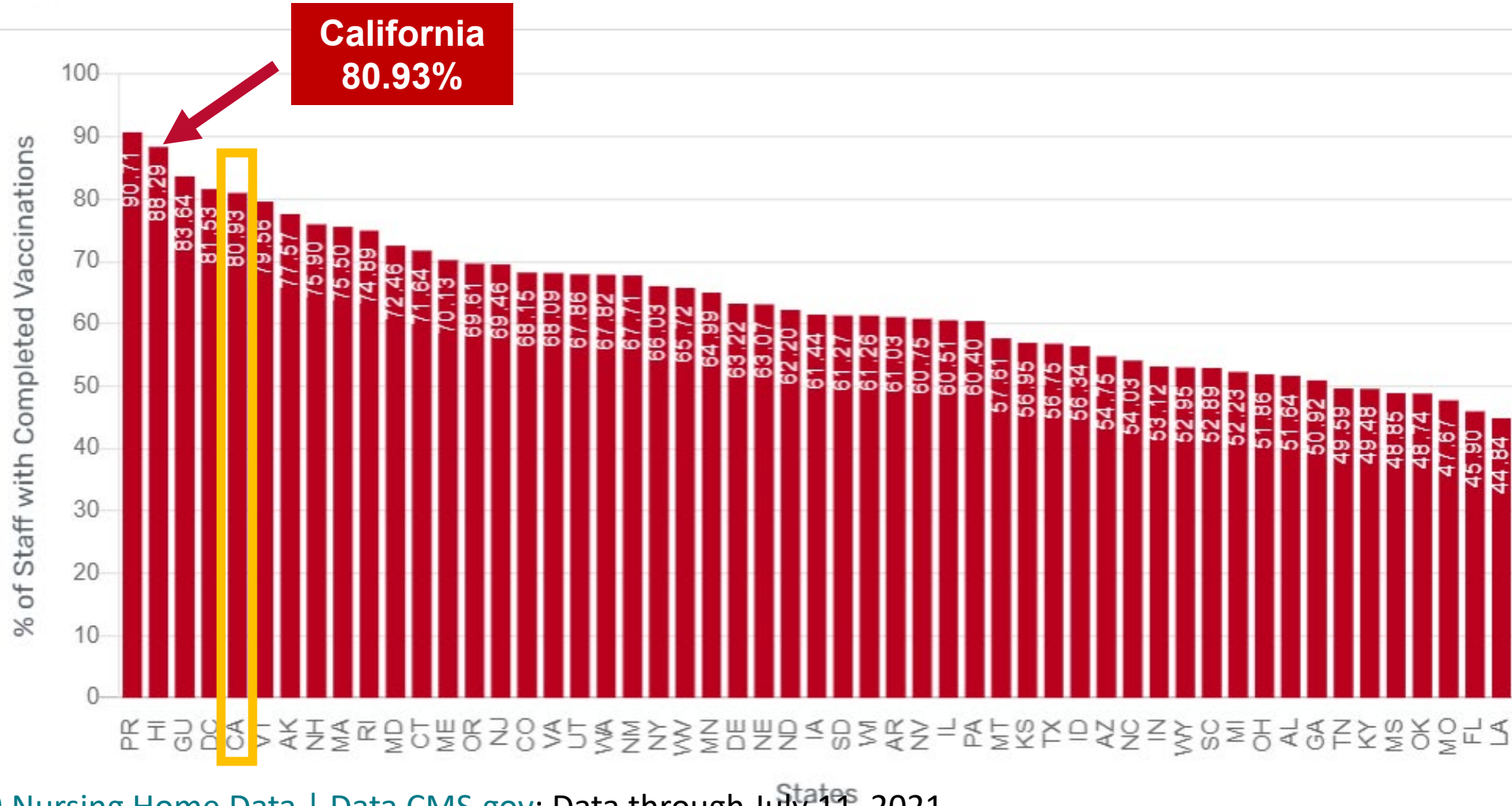
Leadership Rounds

- A process where leaders are out in the building with staff and residents, talking with them directly about care and services provided.

- Effective method for leaders to hear firsthand what is going well and what issues need to be addressed within the organization.

- Serves as an important signal of leadership's commitment to performance improvement.

- Promotes a culture of QAPI in the organization.
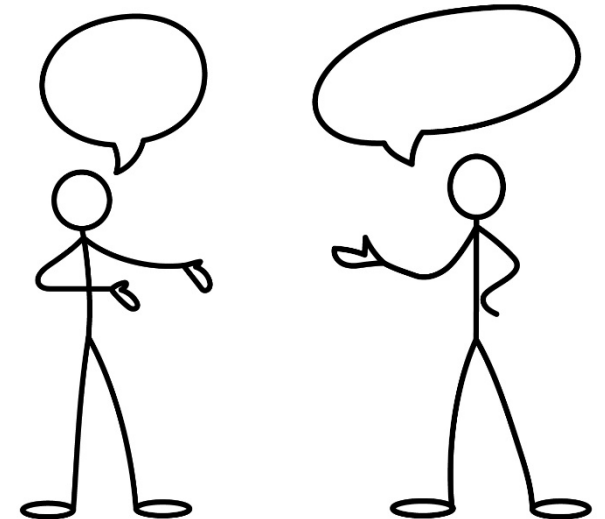
Poll Question: When should leadership rounds occur? (check all that apply)

a. Before the morning huddle

b. Immediately after report of adverse event

c. Frequently during high stress periods

d. Days, PMs, and night shift

e. Mealtimes

f. Change of shift

g. Other

Leadership Rounds

https://youtu.be/ekKxN0knCRY

CMS QAPI Leadership Rounding Guide

https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapileadershiproundingtool.pdf

QAPI Leadership Rounding Guide

Directions: Leadership rounding is a process where leaders (e.g., administrator, department heads, and nurse managers) are out in the building with staff and residents, talking with them directly about care and services provided in the organization including QAPI initiatives. Rounding with staff and residents is an effective method for leaders to hear firsthand what is going well and what issues need to be addressed within the organization. It serves as an important signal of leadership's commitment to performance improvement, and promotes a culture of QAPI in the organization. Use this to guide your rounds to monitor the progress of QAPI initiatives.

Questions to Consider Before Rounding

1. Which leader(s) will conduct rounds?
2. How frequently will rounds take place?
3. What questions do you want to ask? What do you want to learn? (See sample questions below.)
4. What barriers/issues have already been identified that employees should be asked about in order to gather input on solutions?

Rounding

1. Leaders conduct rounds as planned, maintaining a positive tone, building relationships with staff by taking the time to listen and respond to employees' and residents' needs.
2. Ask questions and document key points. See **optional** rounding form below.
3. When employees raise issues or ask for help, assure them you will follow up.
4. Follow up on previous issues or requests —share with staff how the issues were addressed or resolved.

To Do After Rounding

1. Identify frequently noted issues/themes.
2. Prioritize issues (e.g., by level of urgency, threat, ability to resolve).
3. Conduct follow-up to show responsiveness to the issues raised (note: this may involve following up with employees individually, developing an organizational report that outlines the input collected and proposed solutions—potentially utilizing the priority levels developed in step #2—or including the findings as a component to be communicated during the next rounding session).
4. Consider ways to acknowledge outstanding employee/unit efforts (e.g., thank you notes or other rewards/recognition).
5. Identify training or coaching opportunities for employees/units. Plan next rounding session.

What things are going well around this initiative or this aspect of care or service? What evidence do you see of success?

What is <u>frustrating</u> you with the work around this initiative or this aspect of care or service? What barriers/issues do you see threatening this initiative or aspect of care or service? How should they be addressed?

What additional resources/tools/equipment are needed?

Are there any colleagues who deserve special recognition for their efforts on this initiative or this aspect of care or service?

Are there any colleagues who could be helped through coaching/training to make this initiative or aspect of care or service more successful?

What feedback, if any, have you heard from residents and families about changes taking place as part of this initiative or this aspect of care or service?

What else would you like the leadership to know about this initiative or this aspect of care or service?

Waterfall Chat:

What have you learned from rounding during the pandemic?

Mindfulness Moment:

Headspace | Meditation | How to Deal with Uncertainty

QI Corner

Supporting Staff Well-Being and Joy in Work: Care For Me

Principles to Promote Conversation and Joy in Work
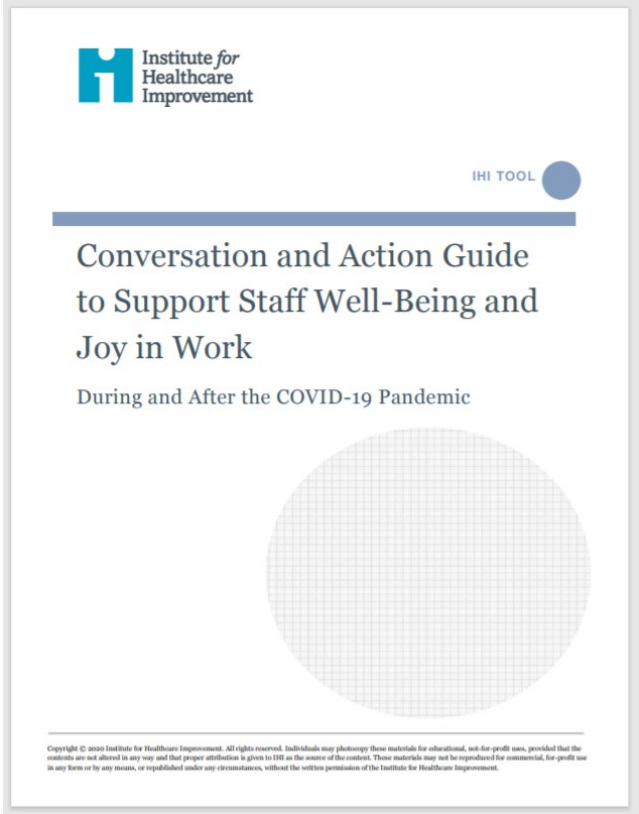
Hear Me

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

Evidence-Based Needs for Joy in Work

Ask "What would support look like for you today?

Chat Waterfall Question

How have you cared for your staff during COVID-19?

What is Psychological Safety?

- A **shared belief** held by members of a team that the team is *safe* for interpersonal risk-taking.

- A sense of **confidence** that the team will not *embarrass, reject or punish* someone for speaking up.

- A team climate of *interpersonal trust and mutual respect* in which **people are comfortable being themselves.**

Lack of Psychological Safety

- People do not feel comfortable talking about initiatives that aren't working.

- The organization isn't equipped to prevent failure

- Employees aren't fully committed

- The organization loses an opportunity to realize its full talent.

Presence of Psychological Safety

- Team members enjoy interpersonal trust and mutual respect

- Team members feel free to collaborate

- Team members feel safe taking risks

- Ability to implement rapid innovation

AHRQ ECHO National Nursing
Home COVID-19 Action Network

NM HEALTH SCIENCES · Project ECHO · AHRQ Agency for Healthcare Research and Quality · Institute for Healthcare Improvement

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Care For Me: Sustain Joy in Work

Access	Access effective support systems for all staff.
Provide	Provide accommodations for mental health needs.
Create	Create a peer support and coaching network.
Build on	Build on learnings about support in times of great stress.
Develop	Develop more robust HR systems based on learnings.

Daily Improvement Questions For Leaders

- **Three questions to consider:**

  1. Are you treated with dignity and respect by everyone?

  2. Do you have what you need so you can make a contribution that gives meaning to your life?

  3. Are you recognized and thanked for what you do?

Conversation and Action Guide to Support Staff Well-Being and Joy in Work During and After the COVID-19 Pandemic

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

Physical and Psychological Safety			
Care for Me: Provide holistic support for team members and their families, if isolation is required (or other sources of distress occur)			
Do	**Don't**	**Steps to Try**	**Sustain Joy in Work**
Identify what support looks like for staff and their families Mobilize efforts to obtain support: use volunteers, social workers, community members	Ignore the personal and family toll on staff	• Ask: "What would support look like for you today?" • Address the basics: Food, medicine, safe housing, PPE, child care	Assess effective support systems for all
Recognize that mental illness may increase during times of intense stress	Ignore that staff may have mental health needs	Offer assistance: "Our mental health is vital for all of us and our patients. Let me or your provider know if you need help."	Provide accommodations for mental health needs Create a peer support and coaching network
Find ways for staff to support colleagues who are (or have family members who are) sick or have died from COVID-19	Assume that stress will not affect everyone's well-being	Provide support: • "Here are resources to support one another." • "Let's take a minute to think of Louis' family."	Build on learnings about effective support in times of great stress
Ensure staff know about resources if they are furloughed	Assume that staff know how to navigate HR or government agencies on their own	Inform: "HR partners will provide the information you need and make sure you get all your questions answered."	Develop more robust HR systems based on learnings

5-Part "Quickinar" Vaccine Series

- **Launch Full Speed Ahead! Program**
  August 5, 2021 | Event Recording Available Here
- **The Moveable Middle**
  August 19, 2021 | 10:30–11:00 a.m.
- **The Moved Middle**
  September 2, 2021 | 10:30–11:00 a.m.
- **Invest in Trust Strategies, Part 2**
  September 16, 2021 | 10:30–11:00 a.m.
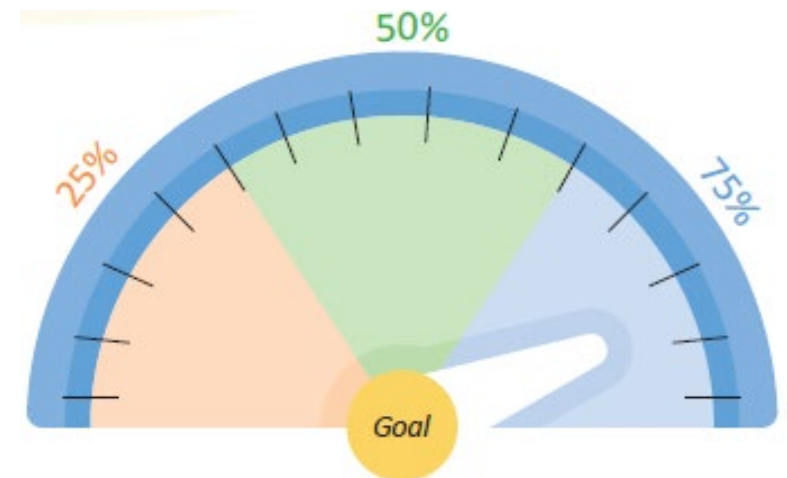- **Celebrate Success**
  September 30, 2021 | 10:30–11:00 a.m.

Register for the entire "quickinar" series at:

https://www.hsag.com/en/covid-19/vaccine-resources/#Full_Speed_Ahead_COVID_19_Vaccination_Recognition_Program

Full Speed Ahead!
COVID-19 Vaccination Recognition Program

Nursing homes will receive a certificate of achievement for meeting either of the following criteria in July, August, and September:

- ✓ Exceeding a 75% staff vaccination rate for 4 consecutive weeks.
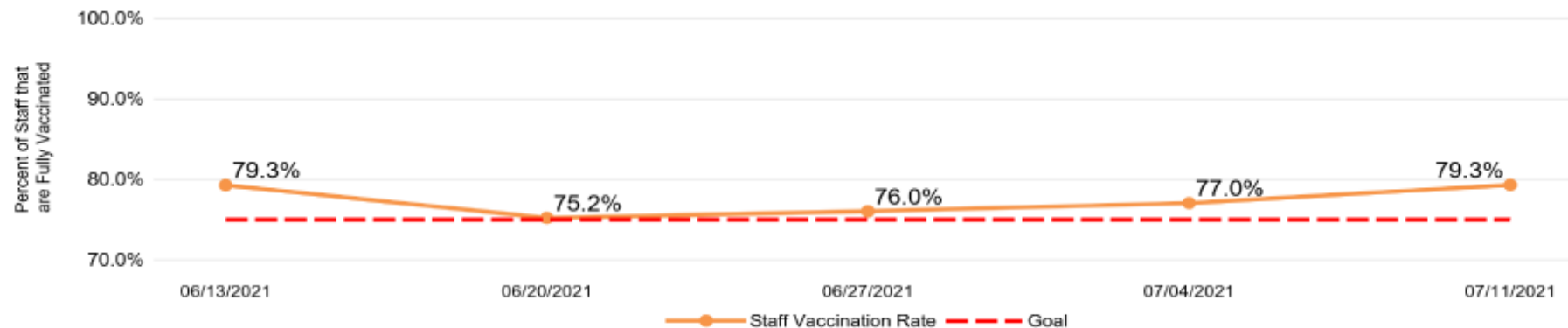- ✓ Exceeding a 90% resident vaccination rate for 4 consecutive weeks.

https://www.hsag.com/en/covid-19/vaccine-resources/

Facility-Specific COVID-19 Vaccine Data Report Available at—https://qiip.hsag.com

Resident: Vaccination Rate

Percent of Residents that are Fully Vaccinated

- 06/13/2021: 79.8%
- 06/20/2021: 75.9%
- 06/27/2021: 78.8%
- 07/04/2021: 81.0%
- 07/11/2021: 83.5%

Resident Vaccination Rate — — — Goal

Staff: Vaccination Rate

Percent of Staff that are Fully Vaccinated

- 06/13/2021: 79.3%
- 06/20/2021: 75.2%
- 06/27/2021: 76.0%
- 07/04/2021: 77.0%
- 07/11/2021: 79.3%
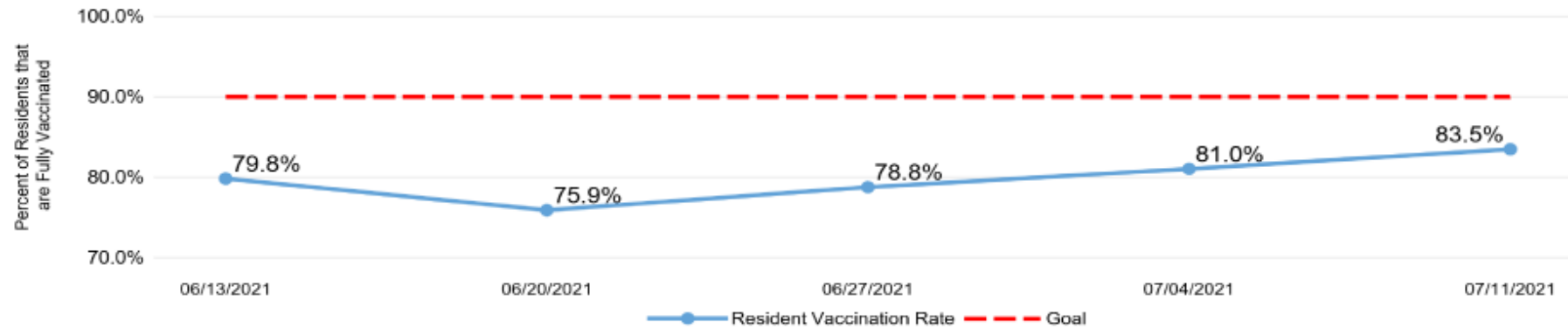
Staff Vaccination Rate — — — Goal

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

www.hsag.com/covid-19/long-term-care-facilities/
Under California Resources, click on
"California HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form"

General Q&A

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Thank You!