ECHO National Nursing Home COVID-19 Action Network:

Momentum for Quality Assurance Performance Improvement

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

Project Overview

- Funded by Federal Government as part of Cares Act
- Managed by AHRQ
- Prime is ECHO Institute, led by Dr. Sanjeev Aurora, University of New Mexico; IHI is a sub-contractor on the project
- We have had two small pilots with the New Mexico HUB testing the design and curriculum, Pilot #1 is complete, Pilot #2 is underway

IHI Team

Kedar Mate, Senior Lead and Advisor

Alice Bonner, Senior Advisor

Jennifer Lenoci-Edwards, Head of North America

Jessica Behrhorst, Senior Director

Rebecca Steinfield, Improvement Advisor

Sabra Benedict, Executive Assistant

Joellen Huebner, Senior Project Manager

Marina Renton, Project Manager

Cristin Fitzgerald, Project Manager

Michael Jakubowski, Project Manager

Kara Herbert, Project Manager

Sophia Cunningham, Project Coordinator

ECHO Goals and Responsibilities

- Engagement of up to 125 ECHO Training Centers in the US
- Engagement of up to 15,600 nursing homes nationwide
- They are responsible for recruitment, facilitation, overall project management and evaluation of the project

Important Numbers

80

90

209

7,276

Important Numbers

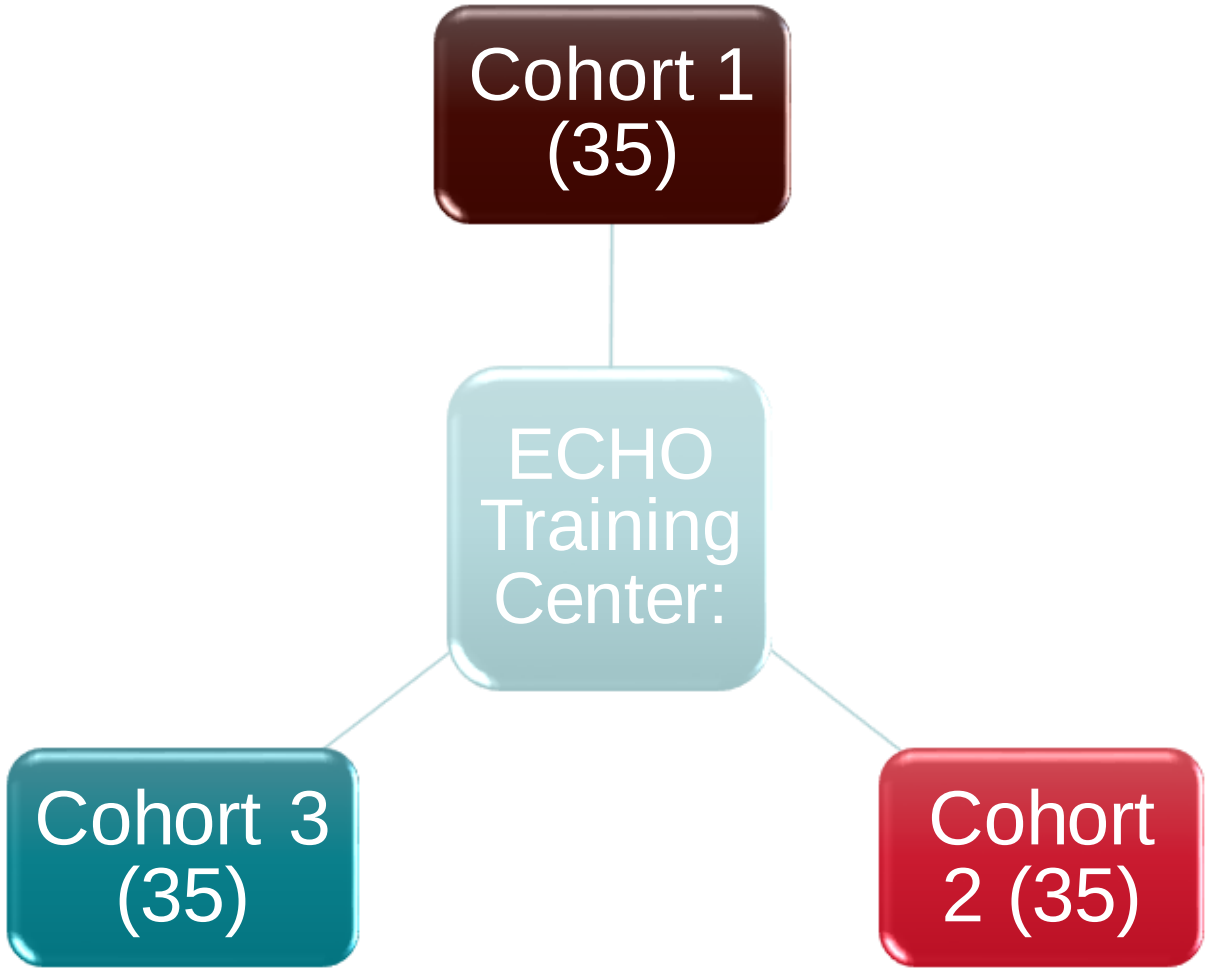
80 – number of improvement coaches

90 – number of training centers (now almost 100)

209 - number of nursing home cohorts

7,276 - number of nursing homes

ECHO HUB Design



IHI supplies:

- Improvement Coach
- Project Management
- Higher Logic – IT platform
- Curriculum that is frequently updated

Each Hub supplies:

- Local SME (boots on ground)
- Local Training Center Director
- Project Management
- Recruits Nursing homes

IHI COVID-19 Nursing Home Driver Diagram

Aim

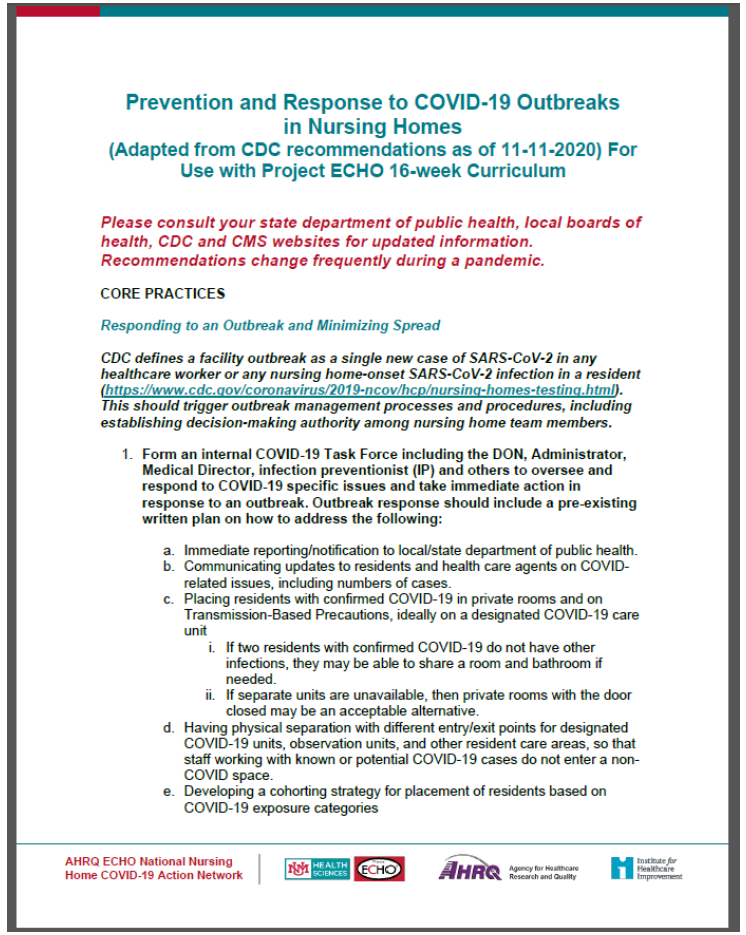
Reduce COVID-19 related mortality in nursing homes

Primary Drivers	Secondary Drivers
Prevent new infections in residents	Appropriate precautions to eliminate ongoing spread within facility Reduced opportunity for introduction of new infections from outside Proper and appropriate environmental cleaning
Provide effective care and support for residents and staff while attending to resident preference	Mild and moderate cases of COVID among residents effectively managed Person-centered culture is attentive, respectful, and responsive to resident & family preferences Effective and timely triage to palliative or hospital care for severe cases not recovering Reliable non-COVID medical care for residents Effective COVID care for infected & uninfected staff Resident goals established, accessible, and regularly updated Timely, appropriate identification of and escalation in response to change in residents' status Depression screening Safe care transitions
Establish and maintain effective leadership and management	Clear strategy, organizational structure Transparent, frequent, compassionate communication to four constituencies (staff, residents, family/care partners, communities) Team-based, rapid learning implementation strategy Real time, reliable data systems for care, prevention, and operations Quality Assurance Process Improvement Safe and just culture to foster transparency among staff: ask "*why? and how?*" not "*who?*"
Ensure safe operations	Cohort-based care services (manage and service by unit, floor or other groupings) General operational staff (food, laundry, security, etc.) engaged in COVID-prevention strategies Physical living and working space designed to maximize safety and minimize harm for residents and staff

Scope and Curriculum

- Orientation for Hubs
  - Nursing Home 101
  - Curriculum Overview
- Weeks 1-9
  - Nursing Home Care Content
  - QI Content – introduce basic principles
- Weeks 10-16
  - Focus is on QI content, weaving infection prevention and management and team building principles throughout

Content Highlights: Emergency Preparedness and Holiday Planning



Prevention and Response to COVID-19 Outbreaks in Nursing Homes
(Adapted from CDC recommendations as of 11-11-2020) For Use with Project ECHO 16-week Curriculum

Please consult your state department of public health, local boards of health, CDC and CMS websites for updated information. Recommendations change frequently during a pandemic.

CORE PRACTICES

Responding to an Outbreak and Minimizing Spread

CDC defines a facility outbreak as a single new case of SARS-CoV-2 in any healthcare worker or any nursing home-onset SARS-CoV-2 infection in a resident (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html). This should trigger outbreak management processes and procedures, including establishing decision-making authority among nursing home team members.

1. **Form an internal COVID-19 Task Force including the DON, Administrator, Medical Director, infection preventionist (IP) and others to oversee and respond to COVID-19 specific issues and take immediate action in response to an outbreak. Outbreak response should include a pre-existing written plan on how to address the following:**
    a. Immediate reporting/notification to local/state department of public health.
    b. Communicating updates to residents and health care agents on COVID-related issues, including numbers of cases.
    c. Placing residents with confirmed COVID-19 in private rooms and on Transmission-Based Precautions, ideally on a designated COVID-19 care unit
        i. If two residents with confirmed COVID-19 do not have other infections, they may be able to share a room and bathroom if needed.
        ii. If separate units are unavailable, then private rooms with the door closed may be an acceptable alternative.
    d. Having physical separation with different entry/exit points for designated COVID-19 units, observation units, and other resident care areas, so that staff working with known or potential COVID-19 cases do not enter a non-COVID space.
    e. Developing a cohorting strategy for placement of residents based on COVID-19 exposure categories

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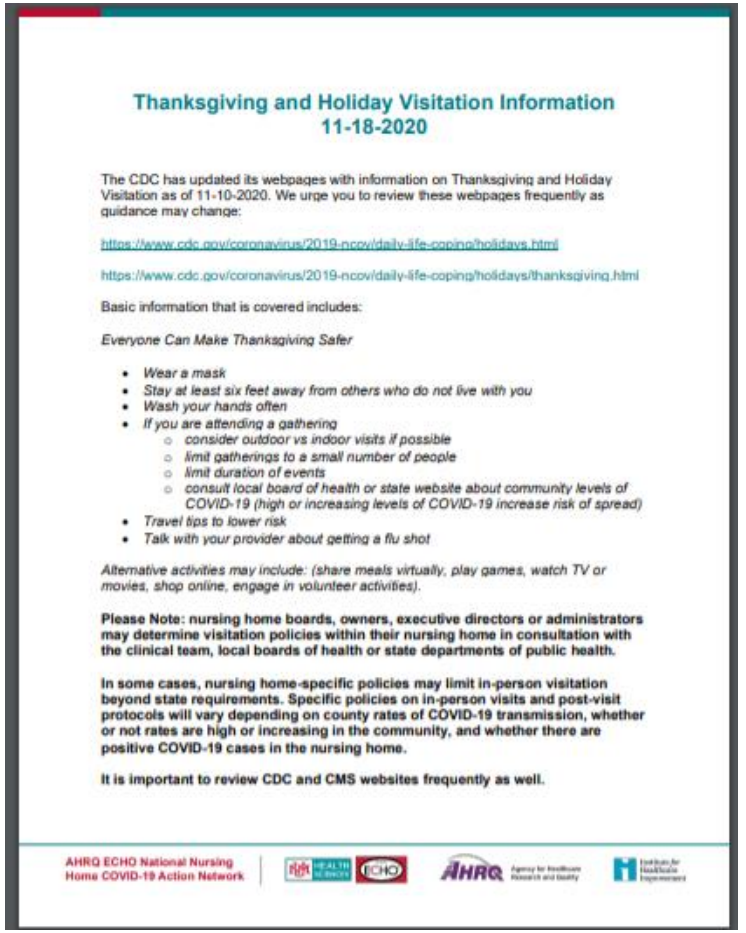

Thanksgiving and Holiday Visitation Information
11-18-2020

The CDC has updated its webpages with information on Thanksgiving and Holiday Visitation as of 11-10-2020. We urge you to review these webpages frequently as guidance may change:

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/thanksgiving.html

Basic information that is covered includes:

Everyone Can Make Thanksgiving Safer

- *Wear a mask*
- *Stay at least six feet away from others who do not live with you*
- *Wash your hands often*
- *If you are attending a gathering*
    - *consider outdoor vs indoor visits if possible*
    - *limit gatherings to a small number of people*
    - *limit duration of events*
    - *consult local board of health or state website about community levels of COVID-19 (high or increasing levels of COVID-19 increase risk of spread)*
- *Travel tips to lower risk*
- *Talk with your provider about getting a flu shot*

Alternative activities may include: (share meals virtually, play games, watch TV or movies, shop online, engage in volunteer activities).

Please Note: nursing home boards, owners, executive directors or administrators may determine visitation policies within their nursing home in consultation with the clinical team, local boards of health or state departments of public health.

In some cases, nursing home-specific policies may limit in-person visitation beyond state requirements. Specific policies on in-person visits and post-visit protocols will vary depending on county rates of COVID-19 transmission, whether or not rates are high or increasing in the community, and whether there are positive COVID-19 cases in the nursing home.

It is important to review CDC and CMS websites frequently as well.

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Resources available on the IHI Nursing Home Community on Higher Logic:

http://community.ihi.org/ECHO

Learning System Activities

- Create a feedback and communication loop between IHI and HUB faculty
- Understand population segments/vulnerabilities of nursing home residents
- Daily process to refine tools and materials, add to resource library
- Be responsive to changes in COVID-19 processes and protocols (e.g. flu vaccinations, testing based on county positivity rates)

Process Overview

- We have about 100 Training Centers, each of which will run between 1 and 6 “cohorts” of 35 nursing homes.
- For each cohort, there will be 16 weekly 90-minute sessions – the first nine weeks will be predominantly delivery of COVID-19 content and QI foundations.
- A typical call agenda is: a short intro, 20-minute video of nursing home content, 15-20 minutes of discussion, 20 minutes of a case (a question or problem posed by a participant with discussion) and 10-15 minutes of improvement framing.

Improvement Coaches – What is the role?

- Each Coach will have one or more “cohorts”
- Be an important member of the Training Center team, along with local clinical faculty
- Plan collaboratively with your Training Center to deliver the curriculum
- Attend a weekly 90-minute tele-ECHO call *for each cohort*
- Participate in a learning community with all the Improvement Coaches including attending regular calls and providing written feedback
- Nursing Homes already submit regular COVID related data weekly to the CDC and other measures through the Minimum Data Set so we will not be mandating any separate data collection, although we will be teaching nursing homes how to use data for improvement.

Playbook – session structure and materials for ECHO and IHI teams

Nursing Home 101– a basic overview

Who Oversees Quality and Safety in Nursing Homes?

- CMS – Centers for Medicare and Medicaid Services
  - Quality and Safety Oversight Group within the Center for Clinical Standards and Quality (CCSQ). Regulations are developed and overseen by the CMS Division of Nursing Homes
- Under Section 1864 of the Social Security Act, inspections/surveys are delegated to an agency in each state
  - Usually this is the State Survey Agency (SSA)
  - SSAs conduct annual and complaint surveys and assess compliance with regulations
  - There is a Special Focus Facility program for a small number of low performing nursing homes in each state

Nursing Home Life Day to Day

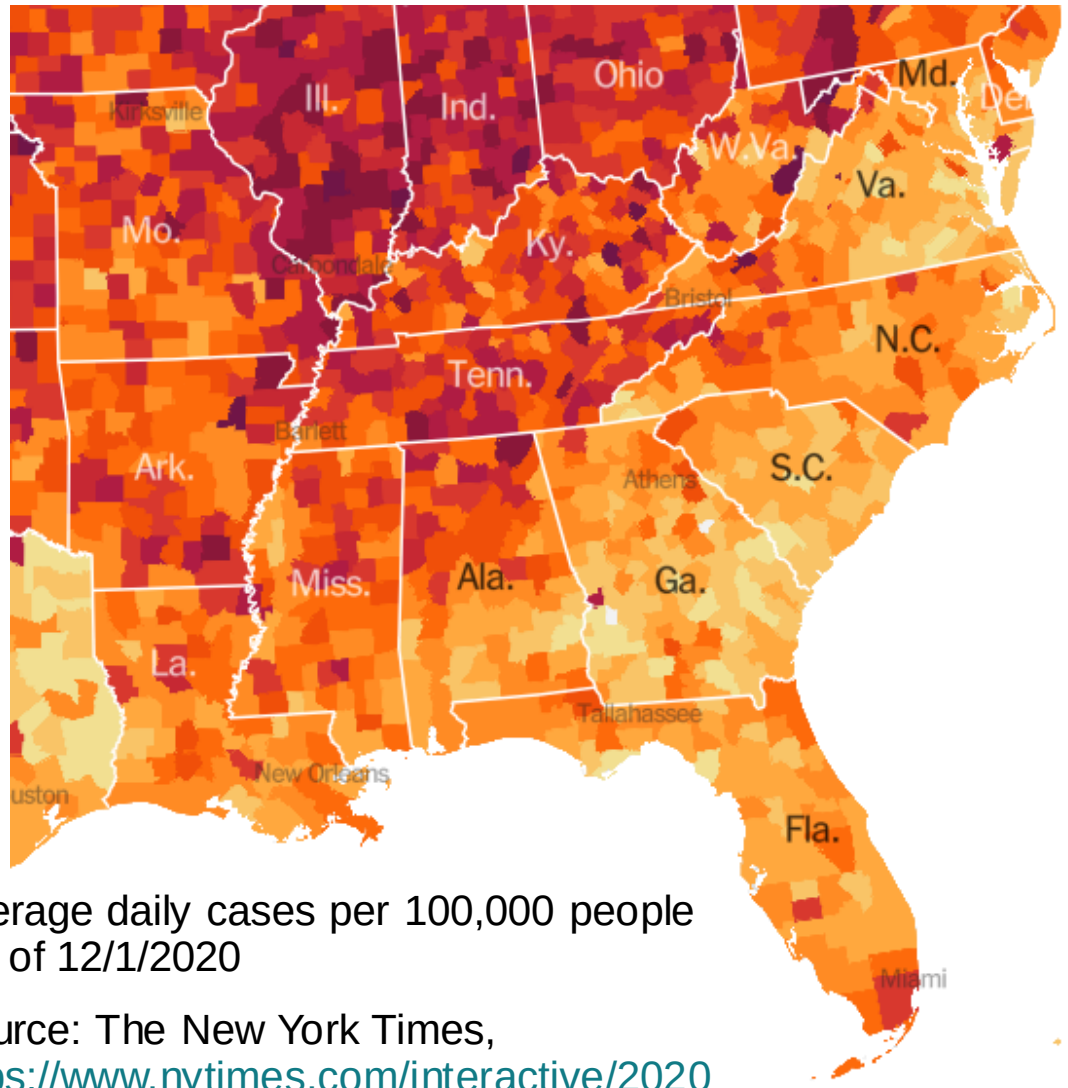
- Many nursing home residents are only there for a few weeks and then return home; others may stay longer, and some become long-term care residents
- To most long-term nursing home residents, the center is their home
- Residents care about the quality of food and activities, having highly skilled staff who care about them, a comfortable and familiar environment, to be treated with respect and humanity
- Many residents do not want a 'medical model' – they want to be able to focus on the things that they always used to do (functional capacity) – What Matters
- Residents want to have meaning and purpose in their lives

Who Works in Nursing Homes?

- Mostly women (more than 9/10 nursing assistants are female)
- Many single parents
- Racial and ethnic minorities (more than 50% of nursing assistants are people of color)
- Low-income wage earners (many live at or near poverty, below a living wage)
- Non-English speaking or limited English
- Often work in multiple settings, have multiple jobs
- Variable levels of expertise and experience – variable learning capacity and health literacy

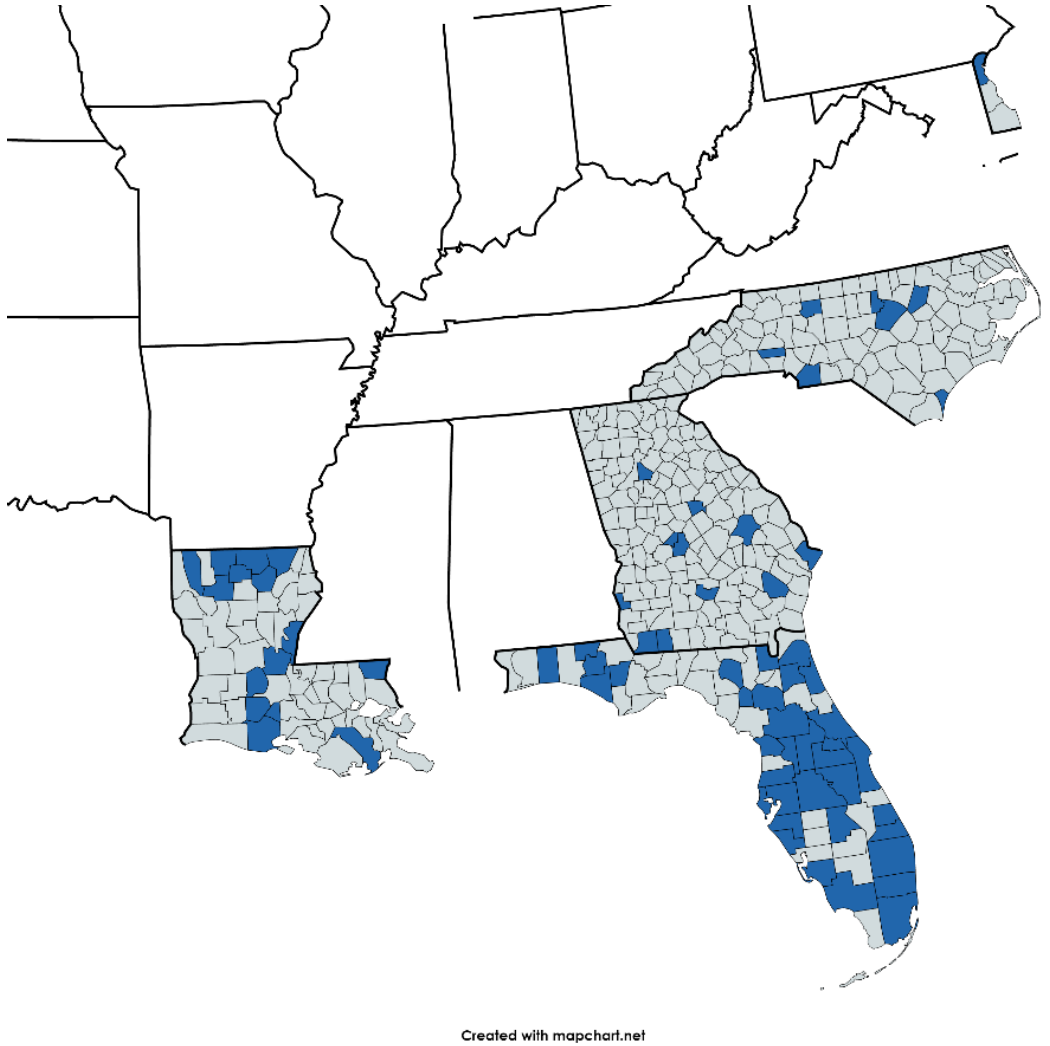
https://phinational.org/resource/u-s-nursing-assistants-employed-in-nursing-homes-key-facts-2019/

COVID-19 Cases in Participating Counties – early data



Average daily cases per 100,000 people (as of 12/1/2020

Source: The New York Times, https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html



Participating counties (IHI Training Center) in BLUE

Qualitative Findings

- Increasing willingness to share experiences, both challenging and uplifting
  - Best practices for activities to engage residents safely, such as hallway-based activities that don't require direct contact and can take place with residents in PPE
  - Ideas for encouraging correct PPE practices/catching errors without creating a punitive culture
  - Methods for disinfecting frequently-used items (e.g., ensuring bathroom key fobs are disinfected; replacing key fob doors with keypads that are disinfected with other surfaces)

Qualitative Findings

- Early conversations about vaccines and nursing homes receiving the first doses have revealed concerns from nursing home staff members. For example:
  - How will side effects be managed?
  - How will doses be staggered to account for the need for time off?
  - How many older adults were involved in the vaccine clinical trials?
  - Are residents and staff being used as “guinea pigs” by receiving the vaccine first?
  - How should resident/staff refusals to vaccinate be handled?

CDC Website Links on COVID-19 Vaccines

- CDC Pharmacy Partnership Program:
- https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships-faqs.html

- COVID-19 vaccine resources for health care personnel:
- https://www.cdc.gov/vaccines/covid-19/hcp/index.html
- https://www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html

- Vaccine information for the general public:
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

- State by state immunization plans and operational guidance:
- https://www.cdc.gov/vaccines/covid-19/covid19-vaccination-guidance.html

How to Motivate Nursing Homes to Want to Engage

- Focus on the mission and vision – the residents, the team, the organization, the community
- First, seek to understand each staff member in their role or job type
- Ask questions, identify challenges and barriers
  - What has worked in the past (best practices) and why?
  - What has not succeeded in the past and why not?
- Discuss tactics and current issues (i.e., COVID pandemic). LTC facilities make up 8% of all COVID cases but 45+% of all COVID deaths (KFF)
- Build rapport and trust; we do not say that we are coming to solve problems but rather to build on strengths and what nursing home teams have already accomplished

What's Possible for Sustainable Nursing Home Impact and Quality Improvement for the Future

Short Term Impact

- More effective, immediate response to limiting the spread of COVID-19
- Tactical changes in leadership, communication and person-centered care

Long Term Impact

- Increased skills in leadership, QI/QAPI, person-centered care, equity, and the 4M Framework (Age-Friendly Health Systems)
- Implementation of QAPI tools and principles to support improvements
- Increase appreciation/value of certified nursing assistants (CNAs) and support staff that leads to a living wage, better benefits and steady hours

Thank you!

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