



Building resilience:

Maintaining quality care
in nursing homes during COVID

Participation Guidelines

- Type your **name and facility name** in the “chat box”
- We ask that you have your **cameras turned on** in order to build a more engaging community of practice.
- Asking questions:
 - Unmute and ask the question

OR

- Utilize the chat feature to ask your question and the hosts will ask the question when there is a chance.
- Please remember to **mute your audio** when you're not speaking.



Disclosure

This study is sponsored by the Great Plains Mountain Consortium composed of Geriatrics Workforce Enhancement Programs from Montana, North Dakota, Utah, and Wyoming. Dakota Geriatrics is supported by funding from the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling 3.75M with 15% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government.

<https://www.dakotageriatrics.org/great-plains-mountain-consortium>

Faculty/Mentors

GWEP Leaders



Catherine Carrico
PhD



Linda Edelman
PhD, RN



Donald Jurivich
DO



Renee Brooksbank
ESQ, NHA



Kathy Owens
RN, MSN

Administration

Culture Change



Carmen Bowman
MHS, BSW

Behavioral Health



Caroline Stephens
PhD, RN, MSN

Diversity, Equity, & Inclusion



Jeremy Holloway
PhD

Social Work



Molly Barker
MSW

Medical Director



Jane Winston
MD

Faculty/Mentors

Infection Control



Faye Salzer
RN

Pharmacy



Mark Dewey
PharmD



Michelle Benson
PharmD

QIO/QAPI Experts



Natasha Green
MBA, RN



Jean Roland
BSN, CPHQ



Jennifer Lauckner
RN



Crystal Morse
MSW



Adrienne Butterwick
MPH, CHES

Peer Mentors



SMP Health
St. Catherine North

Liz Letness, RN
Alison Huether, RN



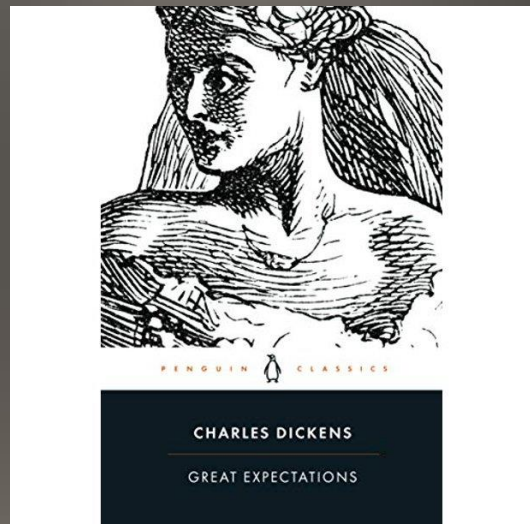
Dana Mitchell
RN



Mark Marabella
RN

Expectations

- Attend all 12 sessions
- Recruit staff, especially CNA's
- Share your experiences
- Conduct QAPI on the fly



Culture Change begins with language

Carmen Bowman, Edu-Catering: Catering Education for Compliance and Culture Change

OLD INSTITUTIONAL CULTURE

- Facility
- Unit/ward/hall/floor
- Patient/Resident
- Rounds/rounding
- Department

NEW HOME/NORMAL CULTURE

- Home/community
- Neighborhood
- Person/Individual/Neighbor
- Checking in with the person, checks, check ins
- Team

Independent LIVING

ASSISTED LIVING

?

LONG TERM CARE

- Where did the *living* go?

Person-centered... care
Person-directed... care
Resident-directed... care

Life and Living

Resident-directed Life/Living

Self-directed Living

The nursing home is HOME
where people LIVE

Which lens do you look through?

A professional/workplace lens

or

the lens of whose house it is?



Protecting Residents, Families And Staff

Building Resilience & Maintaining Quality in Nursing Homes During
COVID ECHO Series

03/16/22

Kathy Owens Chief Clinical Officer, Avalon Healthcare
Angela Weil, Clinical Coordinator, HAI Team Utah Department of
Health

Topics

Setting the Stage

Introducing Diamond Ridge
Skilled Nursing & Rehabilitation
Community

Key Infection Prevention &
Control (IPC) Measures

Safe Visitation

Setting the Stage



- Review latest guidance
- Attend calls
- Communicate with State Survey Agencies and HAI Teams
- Communicate with State and Local Health Departments
- Document discussions

How Does Infection Prevention & Control Relate to Resiliency During COVID?

**Improvise
Adapt
Overcome**

- Mayo Clinics & Resiliency
 - Learn from Experience
 - Be Proactive

[Resilience: Build skills to endure hardship - Mayo Clinic](#)

Diamond Ridge Skilled Nursing & Rehabilitation

- Physical Plant built in 1975
- 60 Residents
 - 22 Short Stay Skilled Post Acute
 - 38 Long Term Care
- 10 rooms have private accommodations with dedicated full bathroom
- All other rooms are two bed-room accommodations with shared bathrooms
- HVAC system is centralized and accommodates up to a “10” rated MERV filter (changed at least monthly)
- Alcohol Based Sanitizer Dispensers or Stations are at all entries, and outside and inside each resident room and staff offices, break room and in common areas
- Leadership Team includes Administrator, Director of Nursing, Infection Preventionist/ADON

Questions

Please place answers in the chat box

1. What do you think some of the physical plant challenges the Diamond Ridge team encounters when working to manage Infection Prevention & Control?
2. What are some features that support a successful Infection Prevention & Control Program?

ALERT:

CMS has approved CMP funds to purchase filters

Check with your state’s CMP program

CMS website:

[Civil Money Penalty Reinvestment Program | CMS](#)

KEY INFECTION PREVENTION & CONTROL (IPC) MEASURES

Protection for residents, families, visitors, staff
Protection for Everyone!!!!

Key IPC Measures

Infection Preventionist

Education & Competencies

Vaccination Status

Screening

Testing

Hand Hygiene

Personal Protective Equipment

Cleaning & Disinfection

Physical Distancing

Infection Preventionist

- Regulation F 882
- Requires ≥ one Individual designated as the IP (recommends several)
 - CDC recommends full time role in facilities ≥ 100 residents or vent and hemodialysis program
- Completes Specialized Training for IP
- Works at least part-time in the community
- Participates in Community QAPI



CDC Training Course
[Infection Prevention Training](#) | [LTCF](#) | [CDC](#)

Screening High Level Overview

Completed for each person entering the facility

- Temperature
- COVID Symptoms
- COVID exposure
- Recent Positive Test
- Vaccination status for all staff (visitors optional)
- If person fails any part of the screening, elevate for supervisory review

Completed at least daily for all residents

- Increased monitoring during an outbreak
- Geriatric residents may have unusual clinical presentation of COVID (e.g. GI Distress, Falls, delirium)

[CDC Notice Regarding CDC Facilities COVID-19 Screening](#)

Vaccination Status

UP TO DATE means a person has received ALL recommended COVID-19 vaccines, including any booster dose(s), when eligible - CDC



[Stay Up to Date with Your Vaccines | CDC](#)

- Required for All Staff to declare Vaccine Status
- All Staff need to be vaccinated or have an approved exemption

Hand Hygiene

Either Alcohol Based Hand Sanitizer OR Soap & Water is acceptable generally. Use Soap & Water if hands or gloves are visibly soiled or caring for a resident with infectious diarrhea

How should I use?

Soap and Water

- **Wet** your hands with clean running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song twice.
- **Rinse** your hands under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

Alcohol-Based Hand Sanitizer

Use an alcohol-based hand sanitizer that contains **at least 60% alcohol**. Supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in schools and childcare facilities.

- **Put** enough sanitizer on your hands to cover all surfaces.
- **Rub** your hands together until they feel dry (this should take around 20 seconds).

Do NOT rinse or wipe off the hand sanitizer before it's dry; it may not work well against germs.

[When and How to Wash Your Hands | Handwashing | CDC](#)

General Guidelines

*Testing, PPE,
Physical
Distancing*

[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)
[| CDC](#)

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
[| CDC](#)

QSO-20-38-NH Revised (Nursing Home Testing)
QSO-20-39-NH Revised (Nursing Home Visitation-COVID-19)

Vaccination

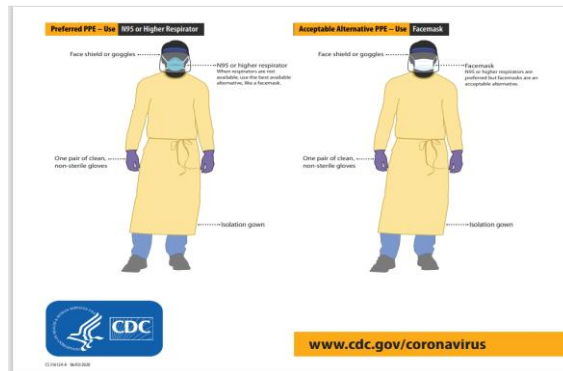
- Up to Date
 - Health Care Personnel (HCP)
 - Residents
 - Families/Visitors
- Not Up to Date
 - HCP
 - Residents
 - Families/Visitors

Risk for Severe Disease

County Transmission Rates

[CDC COVID Data Tracker](#)

Personal Protective Equipment



[Coronavirus disease 2019 \(COVID-19\) Factsheet \(cdc.gov\)](#)

Respiratory
Protection
Program
for Staff
Members

Required

Medical Evaluation for anyone wearing a respirator (includes N95)

Fit Testing (Annually and with changes in types of masks)

Education (Competency in Conducting Fit Testing required)

[Healthcare Respiratory Protection Resources | NPPTL | NIOSH | CDC](#)



Safe Visitation

Screen

Wear mask

Practice Physical Distancing

Follow CMS, CDC, State and Community Guidelines

- Indoor versus Outdoor Visitation Spaces
- May have a designated area for visiting
- Clean surfaces after visitation

QSO-20-39-NH Revised (Nursing Home Visitation-COVID-19)

Revisiting Resilience and Infection Prevention & Control

COVID likely some part of the “New Normal”

Many Lessons Learned

SILVER LINING

- Communities are better prepared to deal with infectious disease outbreaks!



Step 3: Taking your QAPI “pulse” with Self Assessment

Comagine Health
Adrienne Butterwick, MPH, CHES
Jean C. Lyon, PhD, APRN

Recap from last week - Step 2: *Develop a Deliberate Approach to Teamwork*

How did you modify your approach to developing your team?

Did you make any changes to include CNAs on your QAPI team?

Key areas that support improvement:

- ▶ Leadership for improvement (*discussed in previous session*)
- ▶ Results
- ▶ Resources
- ▶ Workforce and Human Resources
- ▶ Data Infrastructure and Management
- ▶ Improvement Knowledge and Competence

QAPI Self-Assessment Tool

- ▶ In order to establish a robust QAPI program in your organization it is important to conduct a self-assessment
- ▶ CMS QAPI At a Glance: Self-Assessment Tool found in Appendix A

QAPI Self-Assessment Tool



Directions: Use this tool as you begin work on QAPI and then for annual or semiannual evaluation of your organization's progress with QAPI. This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

Date of Review: _____ Next review scheduled for: _____

Rate how closely each statement fits your organization	Not started	Just starting	On our way	Almost there	Doing great
Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. For example, we can say that QAPI is a method for approaching decision making and problem solving rather than considered as a separate program. Notes:					
Our organization has identified how all service lines and departments will utilize and be engaged in QAPI to plan and do their work. For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful. Notes:					
Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvements in all departments; and is revised on an ongoing basis. For example, a written plan that is done purely for compliance and not referenced would not meet the intent of a QAPI plan. Notes:					
Our board of directors and trustees (if applicable) are engaged in and supportive of the performance improvement work being done in our organization. For example, it would be evident from meeting minutes of the board or other leadership meetings that they are informed of what is being learned from the data, and they provide input on what initiatives should be considered. Other examples would be having leadership (board or executive leadership) representation on performance improvement projects or teams, and providing resources to support QAPI. Notes:					

QAPI SELF-ASSESSMENT TOOL

Rate how closely each statement fits your organization	Not started	Just starting	On our way	Almost there	Doing great
<p>Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. For example, we can say that QAPI is a method for approaching decision making and problem solving rather than considered as a separate program.</p> <p>Notes:</p>					

Discussion Q's

- ▶ Have you conducted a QAPI self assessment for your nursing home?
- ▶ What did you identify as an area to focus on? What were the results from the assessment?
- ▶ We'd love for you to do this assessment and share your results next week