



# **Building Resilience: Maintaining Quality Care in Nursing Homes During COVID**

**May 18th, 2022**

**Principals of Infection and Treatment**

**Take Systemic Action**

- 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
  - 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>

# Recap of Last Week

## The Age-friendly Case – Mobility

- Falls can be a sign of Covid19 infection
- Fall reduction is best addressed with a multi-disciplinary team and not just PT
- Some evidence - based PIPs for fall reduction include
  - a standing order for vitamin D supplementation
  - multi - disciplinary fall prevention team
  - replace eyewear from progressive to distance only lenses
  - daily core training exercises

## QAPI Step 11: Getting to the “Root” of the Problem

- Root Cause Analysis
  - Getting to the underlying cause(s) of an issue.
  - Identifying effective interventions that can be implemented in order to make improvements.





# A Culture Change Challenge

---

Carmen Bowman,  
Regulator turned Educator



# WHERE ARE YOU WHEN YOU HEAR...

ORDERS

DISCHARGED

COMPLIANCE/NON-COMPLIANT

FRONTLINE

DEPARTMENT

MANAGE BEHAVIORS

REPEAT OFFENDER

UNIT

DIRECTOR

COMBATIVE

ALARM

RESTRAINT



# Managing the New Normal of COVID-19 in Post Acute/Long Term Care Settings

Kathy Owens RN MSN

Chief Clinical Officer

Avalon Healthcare

# Pre-Didactic Knowledge Question (Zoom Poll)

- + **What steps should be included in the approach Nursing Homes take to manage the “New Normal” status of COVID-19?**
- + A. Screening of residents, staff, visitors
- + B. Prompt identification of symptoms
- + C. Appropriate use of Source Control & Transmission Based Precautions
- + D. Ongoing education of staff, residents, visitors
- + E. Routine monitoring of the Infection Prevention & Control program
- + F. All of the Above



# Today

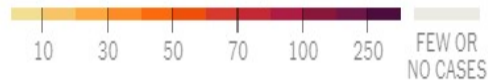
- + Review status of COVID-19
- + Discussion on what the “New Normal” looks like
- + Relevance for how we provide care in our communities



# NY Times Hot Spots 05/12/22

## Hot spots

AVERAGE DAILY CASES PER 100,000 PEOPLE IN PAST WEEK



# CDC

## 05/18/22

### Daily Update for the United States

#### Cases

New Cases (Daily Avg)

94,199

Case Trends



Apr 2022

May 2022

Total Cases

82,522,948

#### Deaths

New Deaths (Daily Avg)

274

Death Trends



Apr 2022

May 2022

Total Deaths

997,468

#### Hospitalizations

New Admissions (Daily Avg)

3,013

Admission Trends



Apr 2022

May 2022

Current Hospitalizations

16,571

#### Vaccinations

% At Least 1 Dose

82.6%

People Age 5+



Total At Least 1 Dose

257,942,199

CDC | Data as of: May 17, 2022 1:18 PM ET. Posted: May 17, 2022 3:00 PM ET

# Dubious Milestone

- + US has almost reached 1 million deaths from COVID-19
- + Exceeds deaths from Spanish Flu Pandemic
  - + Over 675,000 persons in the US died from Spanish Flu



# Considerations for Nursing Home Population

- + Remains highly vulnerable and at high risk for complications from COVID-19
- + COVID-19 remains highly contagious
- + Vaccinations/ Boosters remain a cornerstone of reducing incidence, duration and intensity of illness
- + Ongoing Source Control and enhanced PPE/ Transmission Based Precautions as indicated
- + High vigilance for prompt identification and containment of outbreaks
- + Prompt and appropriate treatment once diagnosed

# Key Steps in Infection Prevention and Control for the “New Normal”



What requirements do you anticipate will continue into the “New Normal” phase of COVID-19?

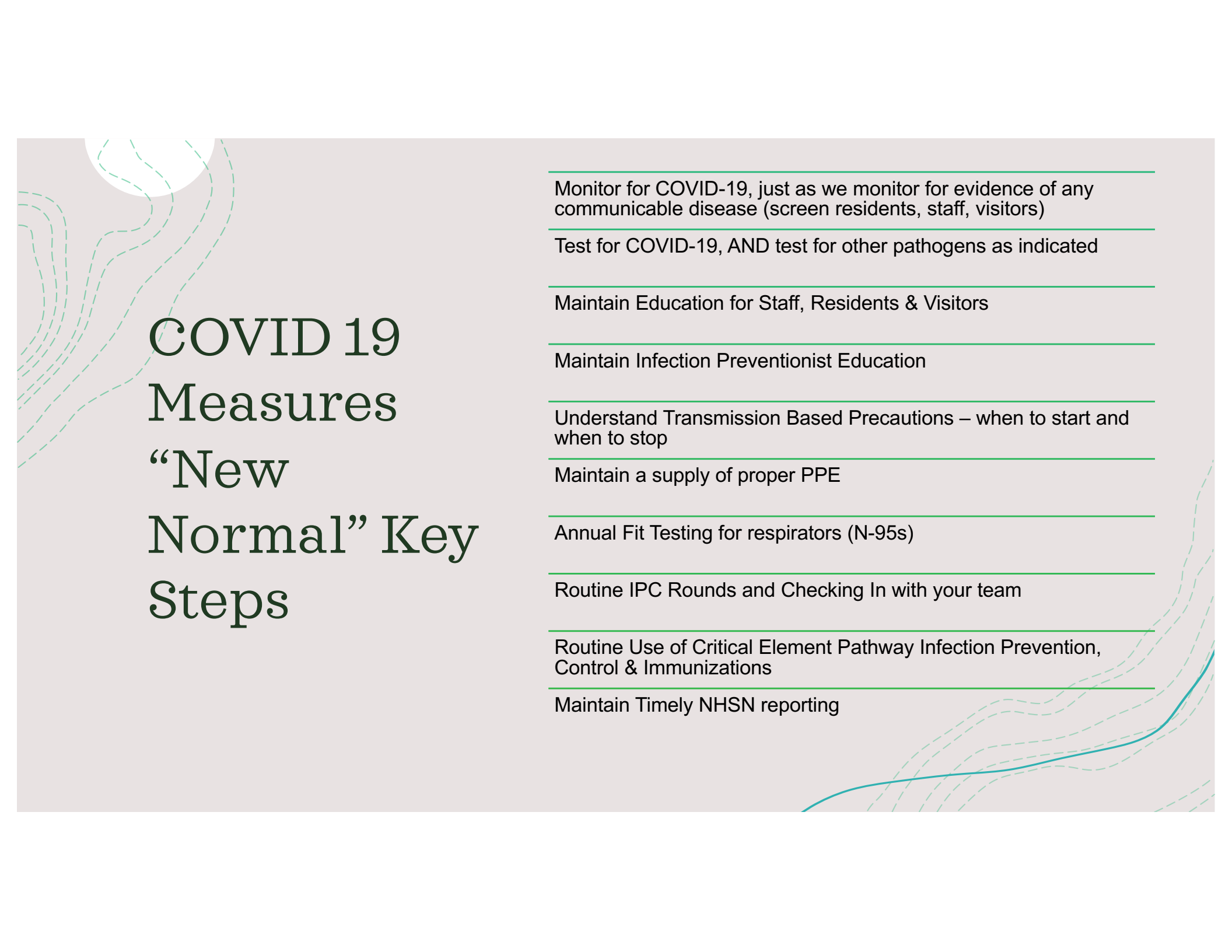


Please Place answers in chat

# COVID-19 is Here to Stay

- + Importance of Staying Resilient!
- + IPC measures create institutional environment
- + Application of Culture Change Principles assist in supporting “Home” environment
- + Age Friendly Care Model promotes safe, person-directed care using evidence-based principles





# COVID 19 Measures “New Normal” Key Steps

---

Monitor for COVID-19, just as we monitor for evidence of any communicable disease (screen residents, staff, visitors)

---

Test for COVID-19, AND test for other pathogens as indicated

---

Maintain Education for Staff, Residents & Visitors

---

Maintain Infection Preventionist Education

---

Understand Transmission Based Precautions – when to start and when to stop

---

Maintain a supply of proper PPE

---

Annual Fit Testing for respirators (N-95s)

---

Routine IPC Rounds and Checking In with your team

---

Routine Use of Critical Element Pathway Infection Prevention, Control & Immunizations

---

Maintain Timely NHSN reporting

---

# Local Public Health Jurisdiction

- + Notify when IPC practices change and review in detail
- + Notify of outbreaks
- + Maintain clear communication on direction being given
- + Document interactions in email

# Post-Didactic Knowledge Question (Zoom Poll)

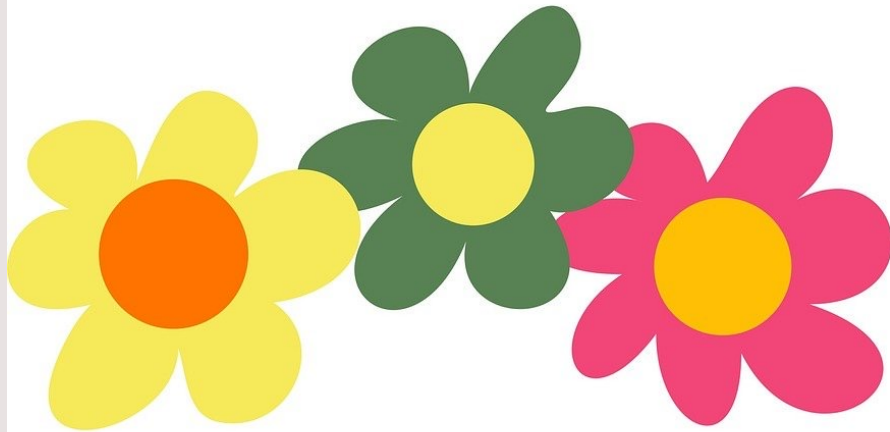
- + **What steps should be included in the approach Nursing Homes take to manage the “New Normal” status of COVID-19?**
- + A. Screening of residents, staff, visitors
- + B. Prompt identification of symptoms
- + C. Appropriate use of Source Control & Transmission Based Precautions
- + D. Ongoing education of staff, residents, visitors
- + E. Routine monitoring of the Infection Prevention & Control program
- + F. All of the Above



# Post-Didactic Knowledge Question (Zoom Poll)

- + **What steps should be included in the approach Nursing Homes take to manage the “New Normal” status of COVID-19?**
- + A. Screening of residents, staff, visitors
- + B. Prompt identification of symptoms
- + C. Appropriate use of Source Control & Transmission Based Precautions
- + D. Ongoing education of staff, residents, visitors
- + E. Routine monitoring of the Infection Prevention & Control program
- + **F. All of the Above**

Thank You



for your Kindness



# COVID-19 Vaccine and Outpatient Treatments UPDATES

Michelle Benson, PharmD, MPH (she/her/hers)  
PGY-1 Pharmacy Resident  
Lake Region Healthcare/CPI/NDSU

# Disclosure



This study is sponsored by Dakota Geriatrics, a Geriatric Workforce Enhancement program. 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.

# Objectives

- Review changes in COVID-19 vaccine recommendations
- Review outpatient COVID-19 treatments and how to locate where they are available

# Note

The information in this presentation is (still) subject to change with new information

Watch for updates on the status of vaccine recommendations and treatment options from the CDC and state public health departments



# COVID-19 Vaccination Schedule

Manufacturer	Age	Primary Series	Booster	1 <sup>st</sup> and 2 <sup>nd</sup> dose interval	Primary and Booster Interval
Pfizer-BioNTech	5–11 years	2	NA	3 weeks	NA
Pfizer-BioNTech	12 years and older	2	1	3-8 weeks	At least 5 months
Moderna	18 years and older	2	1	4-8 weeks	At least 5 months
Johnson & Johnson	18 years and older	1	1	NA	At least 2 months

8-week interval: may be preferred for non-immunocompromised 12-64 years old, especially males 12-39 years (lower risk of myocarditis)

# Second Boosters?

- Adults ages 18-49 years: J&J for primary series and booster-mRNA booster dose at least 4 months after J&J booster
- Adults ages 50 years and older: may choose to receive a second booster dose at least 4 months after the first booster
  - Medical conditions, live with immunocompromised individual, occupational risk, high community spread



# COVID-19 Immunocompromised Vaccination Schedule

Manufacturer	Age group	Primary Series	Booster	1 <sup>st</sup> and 2 <sup>nd</sup> dose interval	2 <sup>nd</sup> and 3 <sup>rd</sup> dose interval	3 <sup>rd</sup> and 4 <sup>th</sup> dose interval
Pfizer- BioNTech	5–11 years	3	NA	3 weeks	At least 4 weeks	NA
Pfizer- BioNTech	12 years and older	3	1	3 weeks	At least 4 weeks	At least 3 months
Moderna	18 years and older	3	1	4 weeks	At least 4 weeks	At least 3 months
Johnson & Johnson	18 years and older	1, followed by 1 mRNA	1	4 weeks	At least 2 months	NA

# Second Boosters in Immunocompromised?

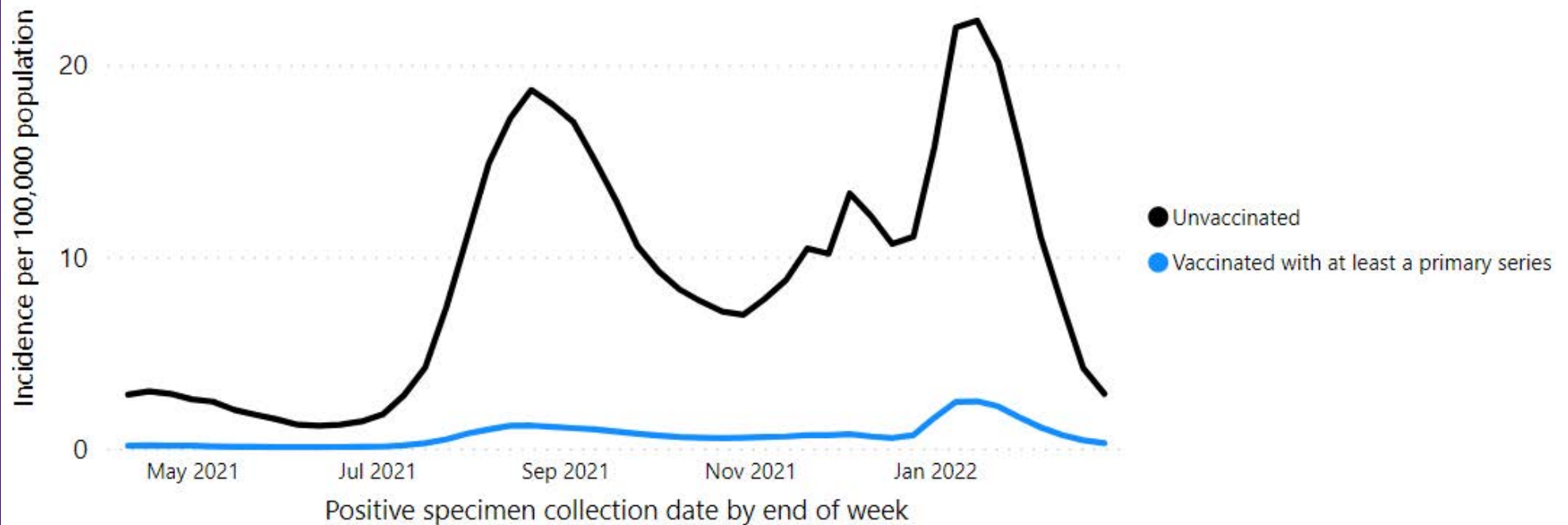
- People who are moderately or severely immunocompromised might consider getting the second booster dose as soon as possible (4 months after their first booster dose)
- Consider degree of immunosuppression and immunosuppressive therapy timing issues



Kaiser Family Foundation study: June 2021-March 2022, at least 234,000 American vaccine preventable deaths

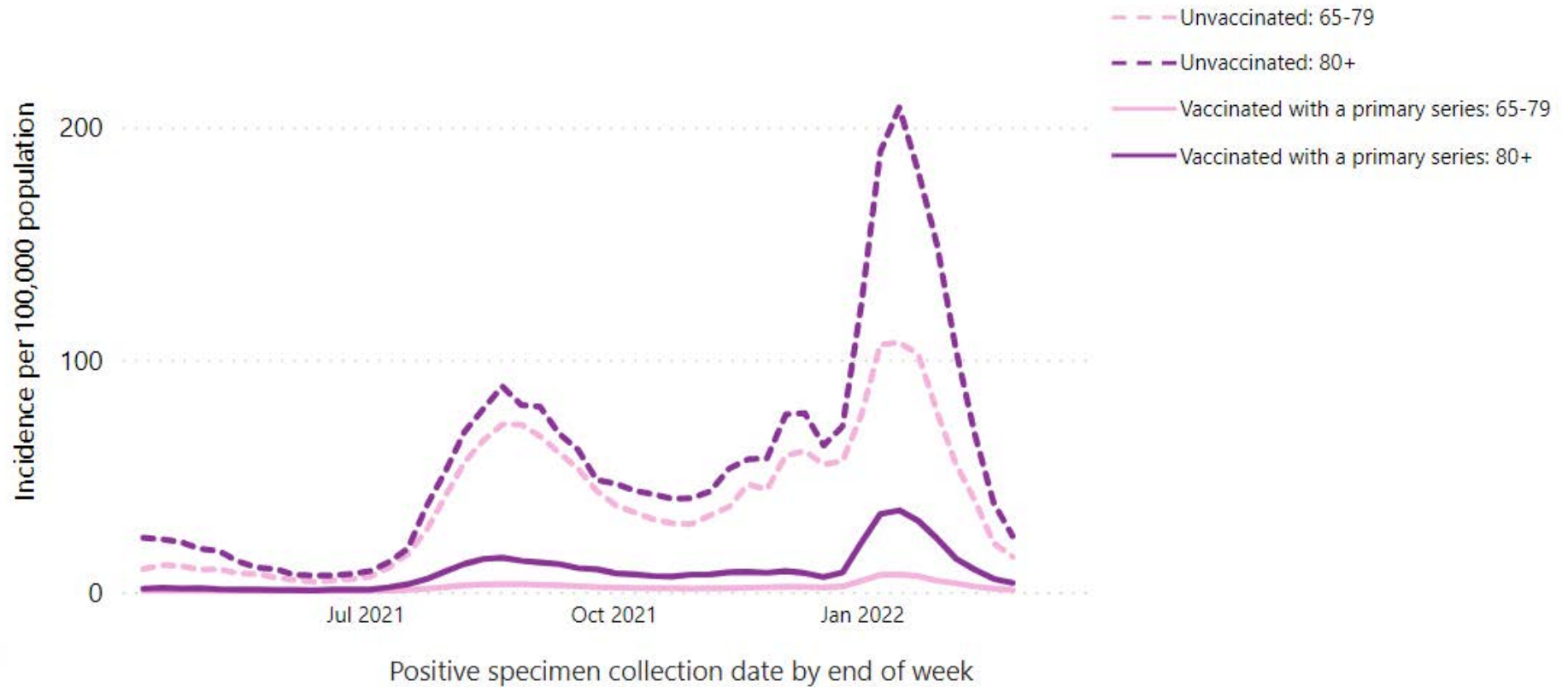
### Rates of COVID-19 Deaths by Vaccination Status

April 04, 2021–February 26, 2022 (25 U.S. jurisdictions)



## Rates of COVID-19 Deaths by Vaccination Status and Age Group

April 04, 2021–February 26, 2022 (25 U.S. jurisdictions)



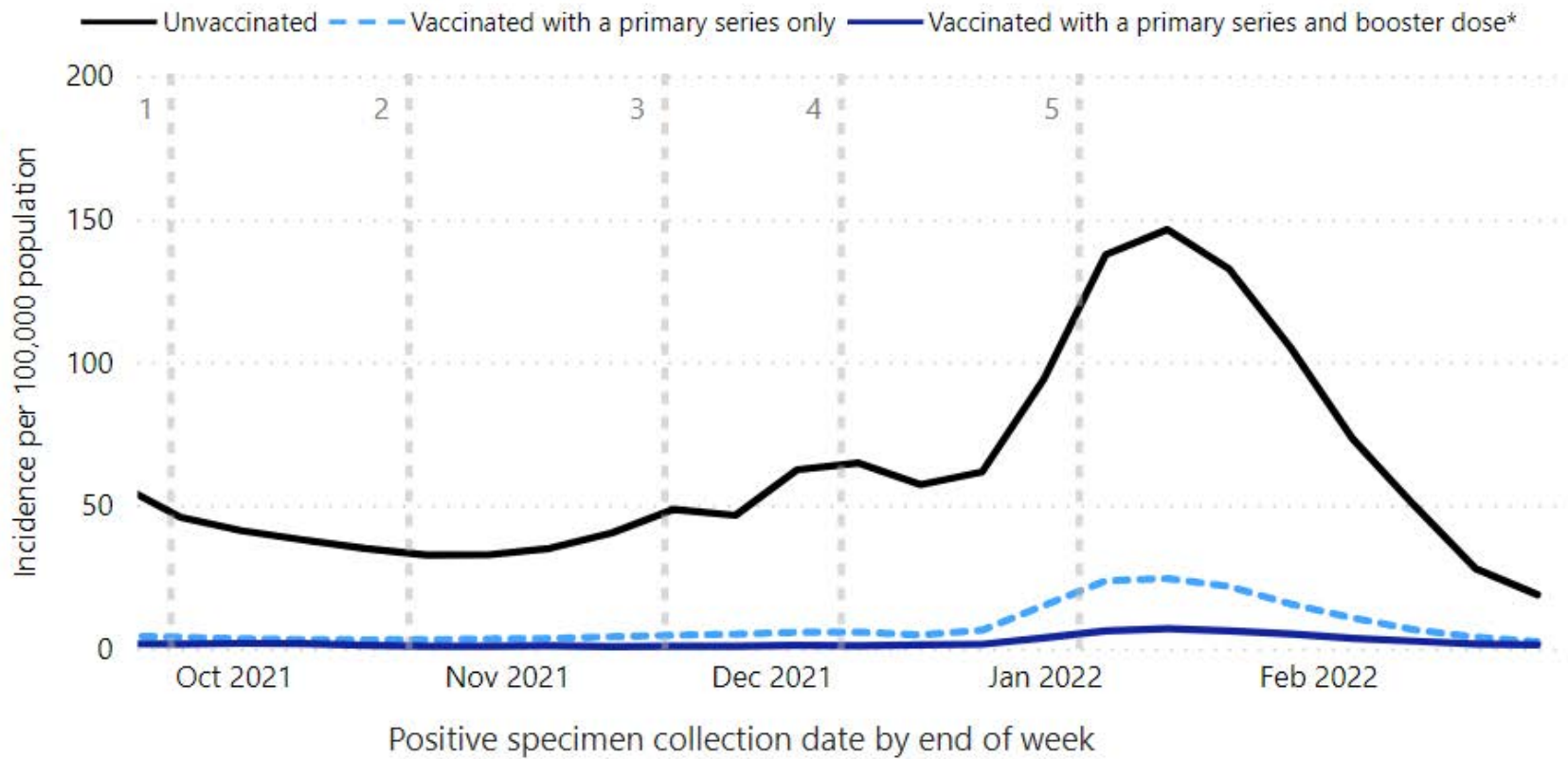


**Age Group**

- 18-49
- 50-64
- 65+

### Rates of COVID-19 Deaths by Vaccination Status, Booster Dose,\*\* and Age Group

September 19, 2021–February 26, 2022 (23 U.S. jurisdictions)



# COVID-19 Outpatient Medications

- PrEP: Tixagevimab/cilgavimab (Evusheld)
- Nonhospitalized Adults Treatment
  1. Nirmatrelvir/ritonavir (Paxlovid)
  2. Remdesivir (Veklury)
  3. Bebtelovimab
  4. Molnupiravir
- Prior treatments: bamlanivimab/etesevimab, casirivimab/imdevimab (Regen-COV), sotrovimab



# Locating Outpatient Medications

- Paxlovid and molnupiravir
- COVID-19 Test to Treat Locator: <https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/>
- Need help finding a place to get medication? Call 1-800-232-0233 (TTY 888-720-7489)

The screenshot shows a web application titled "Find COVID-19 Medication". At the top, there is a search bar containing the ZIP code "56537" and a close button (X). Below the search bar is a distance slider set to "10 mi", with a range from 0 to 250 miles. The results section shows "Results: 6" and a dropdown menu for "Locations to fill a prescription" with a count of 6. Three locations are visible:

- Walgreens Store #12592** (0.32 mi)  
326 W Lincoln Ave, Fergus Falls, MN 56537  
Therapeutic: Lagevrio (molnupiravir)  
Talk to your doctor or [visit a local community health center](#) to get a prescription before going to this location to get medication.
- Walgreens Store #12592** (0.32 mi)  
326 W Lincoln Ave, Fergus Falls, MN 56537  
Therapeutic: Paxlovid  
Talk to your doctor or [visit a local community health center](#) to get a prescription before going to this location to get medication.
- Thrifty Drug Stores Inc** (0.67 mi)

# Locating Outpatient Medications

- Paxlovid, bebtelovimab, molnuprivair, Evusheld
- COVID-19 Therapeutics Locator <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>

**Locations**  
9

Lake Region Cancer Care  
908 S Cascade St, Fergus Falls, MN 56537  
**Evusheld, Product #00310-7442-02**  
120 Available

LAKE REGION HEALTHCARE CORPORATION  
712 S CASCADE ST, FERGUS FALLS, MN 56537  
**Bebtelovimab, Product #00002-7589-01**  
10 Available

Thrifty Drug Stores Inc  
111 W Vernon Ave., Fergus Falls, MN 56537  
**Paxlovid, Product #00069-1085-30**  
60 Available  
*Inventory has not been reported in the last 2 weeks.  
Please contact provider to make sure product is available.*

Thrifty Drug Stores Inc  
111 W Vernon Ave., Fergus Falls, MN 56537  
**Lagevrio (molnupiravir), Product #00006-5055-06**  
47 Available  
*Inventory has not been reported in the last 2 weeks.  
Please contact provider to make sure product is available.*

Thrifty Drug Stores Inc  
1484 Lincoln Avenue West, Fergus Falls, MN 56537  
**Lagevrio (molnupiravir), Product #00006-5055-06**  
48 Available  
*Inventory has not been reported in the last 2 weeks.  
Please contact provider to make sure product is available.*

Thrifty Drug Stores Inc

Use search glass below to find locat

Zoom to Pan

**Search result** X

56537, Fergus Falls, Minnesota

[Show more results](#)

Esri, HERE, Garmin, SafeGraph, FAO, METI/NASA, USGS, EPA, NPS | CDC, HHS

Questions?



# Step 12: Take Systemic Action

Comagine Health

Adrienne Butterwick, MPH, CHES

Jean C. Lyon, PhD, APRN



---

## **Recap from last week – Step 11: *Root Cause Analysis***

- At the end of last week's session you were asked to consider ways to identify the root cause of an issue.
- Please share your findings with us, in chat.

# Step 12: Take Systemic Action

---

## Pre-QAPI Knowledge Question (Zoom Poll):

The term “systems thinking” refers to:

A: scanning the whole system for other root causes

B: robot brains – a complex matrix of information

C: consideration for how one action influences another as a whole

D: A and C

---

## Step 12 – Putting it all Together

- Identifying root cause(s) is only the first step
- Carefully consider actions that directly impact the issue at hand
- Focus on changes to the SYSTEM or PROCESS.
- Actions need to be tightly linked to the root cause and lead to a system or process change are preferred

---

## Start Small – Build Momentum

- Avoid quick fixes and “weak” actions that support (as opposed to alter) processes
- Foster enthusiastic team members as “change champions”
- Keep in mind sometimes it is necessary to conduct several PDSA cycles
- Pilot test small changes
- Communicate and maintain transparency along the way

---

# Action Classifications

- Weak:
  - Warnings/labels
  - New policies
  - Training
- Intermediate:
  - Software enhancements
  - Checklists
  - Increased documentation



---

## Actions, Continued

- Strong:
  - **physical changes:** grab bars, non-slip strips on tubs/showers
  - **forcing functions or constraints:** design of gas lines so that only oxygen can be connected to oxygen lines; electronic medical records – cannot continue charting unless all fields are filled in
  - **simplifying:** unit dose

---

## Communication is Key

- Keep a record of your QAPI activities (not just for regulatory purposes)
- Ensure resident and families' perspectives are solicited and incorporated to QAPI work
- Celebrate and reward successes not just at the end but *along the way!*

# Roundtable Discussion

---

## Post-QAPI Knowledge Question (Zoom Poll):

The term “systems thinking” refers to:

A: scanning the whole system for other root causes

B: robot brains – a complex matrix of information

C: consideration for how one action influences another as a whole

D: A and C

---

## Post-QAPI Knowledge Question (Zoom Poll):

The term “systems thinking” refers to:

A: scanning the whole system for other root causes

B: robot brains – a complex matrix of information

**C: consideration for how one action influences another as a whole**

D: A and C

**Thank You!**

### Military Language

- Department
- Director
- Unit
- Manage behaviors
- Compliance/non-compliant

### Normal Language

- Team
- Coordinator/Team Lead
- Neighborhood
- We support/assist/help people
- The NH is compliant or not with regs, people make choices

### Pandemic language

- Workforce
- Social distancing
- Lockdown

### Conscientious/careful Language

- *Careforce* (Lori Porter, National Association of Healthcare Assistants)
- Physical distancing
- Quarantine



# IS LTC KNOWN FOR BEING REACTIVE OR PROACTIVE?

---

*Alarms, call lights, Wanderguards, the fall/the incident, the paperwork, the RCA*

## WHICH WOULD YOU RATHER BE KNOWN FOR?

# Proactive/pro-person, person-first, honoring

## Institutional language

- Patient/resident/client/consumer
  - In an assisted living: “Do we have to be called consumers?”
- Senior “Give me the discount but don’t you dare call me a senior.”
- Elder “a person of greater age than someone specified; “schoolchildren were no less fascinated than their elders.”

## Normal Language

- Person
- Individual
- Neighbor
- Older adult
- Sometimes elder/my elder

Use your SUPERPOWER of  
being PROACTIVE

Let's all be Proactive Preventionists

Let's challenge ourselves to only use  
person-first language to change  
institutional/military –like/ageist  
culture. It has no place in the field of  
aging and is our responsibility and  
privilege.

The SUPERPOWER



of being PROACTIVE

EDU-CATERING  
Catering Education for  
Compliance and Culture Change  
[www.edu-catering.com](http://www.edu-catering.com)  
[carmen@edu-catering.com](mailto:carmen@edu-catering.com) 303-981-7228



# Satisfaction Survey

**PLEASE TAKE A MOMENT TO COMPLETE THE ZOOM POLL.**

**USE THE CHAT TO SHARE ANY ADDITIONAL  
COMMENTS/THOUGHTS ON TODAY'S SESSION.**

# THE END FOR NOW

- IF YOU HAVEN'T COMPLETED THE SURVEY SENT PREVIOUSLY, PLEASE DO SO
- ANOTHER SURVEY WILL BE SENT NEXT WEEK AND IN 6-MONTHS
- CERTIFICATES OF ATTENDANCE WILL BE SENT WITHIN THE NEXT MONTH
- STAY TUNED FOR MORE EDUCATIONAL OPPORTUNITIES!





*Thank you for a great series!*

**Watch all previous sessions here:**

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