



VCU

Nursing Home ECHO

COVID-19 Action Network

Virginia Nursing Homes * VCU Department of Gerontology
VCU Division of Geriatric Medicine * Virginia Center on Aging

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



CE/CME Disclosures and Statements

Disclosure of Financial Relationships:

The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:

Christian Bergman, MD – none; Dan Bluestein, MD – none; Joanne Coleman, FNP-none; Laura Finch, GNP - none; Tara Rouse, MA, CPHQ, CPXP, BCPA – none; Sharon Sheets-none;

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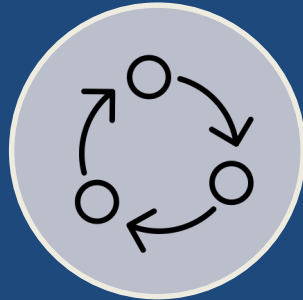
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ECHO is All Teach, All Learn



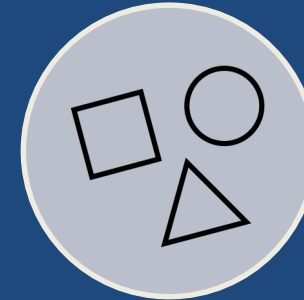
Interactive



Co-
Management
of Challenges



Peer-to-Peer
Learning




Collaborative
Problem
Solving



Agenda

1. Weekly COVID-19 Updates
 - Virginia COVID-19 Stats
 - Guidance/Regulatory Updates
 - From the Literature
2. Follow Up
 - Concerns from last week
3. Weekly Topic
4. Open Discussion
 - COVID-19 Active Issues
 - QI Content with More In-Depth Conversation
 - Questions for Group Discussion

Checking In



*Unmute or
chat*

Please introduce yourself in the chat

1. Your name
2. Your Nursing Home
3. One or two words that represent how you are feeling today
4. Do you have any questions that we should be sure to cover this week?



VCU

Weekly COVID-19 Updates

- Virginia COVID-19 Stats
- Guidance/Regulatory Updates
- From the Literature

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



Do your part,
stop the spread.

Dashboard Updated: 7/5/2021

COVID-19 Vaccinations in Virginia

Total Doses Administered - 9,126,747

People Vaccinated
with at Least One
Dose*

5,065,779

% of the Population
Vaccinated with at
Least One Dose

59.3%

People Fully
Vaccinated^

4,370,235

% of the Population
Fully Vaccinated

51.2%

% of the Adult (18+) Population
Vaccinated with at Least One
Dose
71.5%

% of the Adult (18+)
Population Fully Vaccinated
62.1%

Current 7-Day Positivity Rate PCR Only**

2.0%

<https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary/>



STATE PROFILE REPORT
06.25.2021

VIRGINIA

STATE SYNOPSIS

RATE OF NEW COVID-19 CASES PER 100,000

LAST WEEK

CHANGE FROM
PREVIOUS WEEK

11

-1%

NUCLEIC ACID AMPLIFICATION TEST (NAAT) POSITIVITY RATE

1.5%

-0.2%

NEW CONFIRMED COVID-19 HOSPITAL ADMISSIONS / 100 BEDS

1

-3%

RATE OF NEW COVID-19 DEATHS PER 100,000

0.6

-20%

COMMUNITY TRANSMISSION LEVEL

MODERATE TRANSMISSION

PEOPLE RECEIVED AT LEAST 1 DOSE

4,006,375 people

59.5% of total pop

<https://healthdata.gov/Community/COVID-19-State-Profile-Report-Virginia/3ghy-svgi>

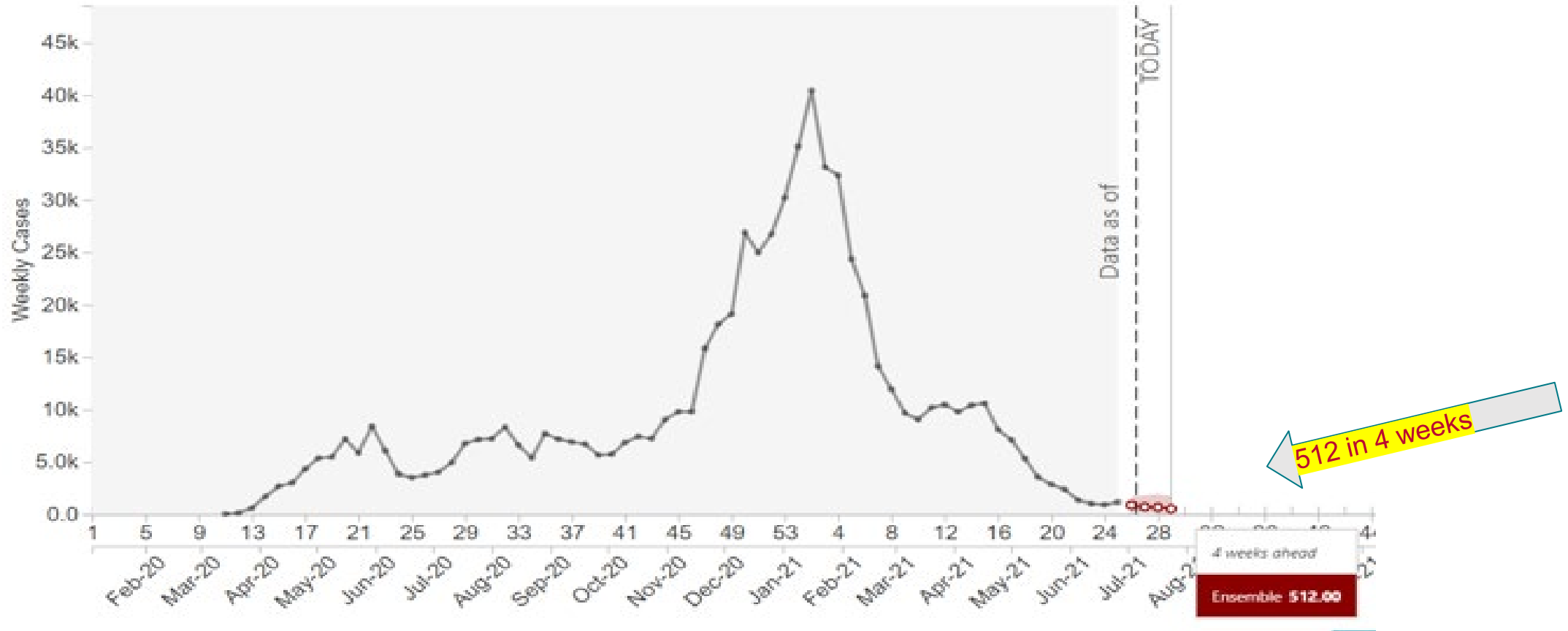
VIRGINIA

STATE PROFILE REPORT | 06.18.2021

| | STATE | STATE, % CHANGE FROM PREVIOUS WEEK | FEMA/HHS REGION | UNITED STATES |
|--|--------------|--|-----------------|---------------|
| SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE | 0%† | -2%* | 1% | 1% |
| SNFs WITH ≥1 NEW STAFF COVID-19 CASE | 3%† | +1%* | 2% | 2% |
| SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH | 0%† | N/A | 1% | 0% |
| CONFIRMED AND SUSPECTED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS) | 1,060 (6) | -12% (-12%) | 6,014 (9) | 39,887 (6) |
| CONFIRMED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS) | 175 (1) | -3% (-3%) | 732 (1) | 12,824 (2) |

<https://healthdata.gov/Community/COVID-19-State-Profile-Report-Virginia>

Observed and forecasted weekly COVID-19 cases in Virginia



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

VDH Dashboard Variants of Concern 7/5

| Region | Alpha (B.1.1.7) | Beta (B.1.351) | Gamma (P.1) | Delta (B.1.617.2) |
|-----------|--------------------|-------------------|----------------|----------------------|
| Virginia | 2,471 (90.1%) | 117 (4.3%) | 87 (3.2%) | 67 (2.4%) |
| Central | 502 (90.3%) | 17 (3.1%) | 6 (1.1%) | 31 (5.6%) |
| Eastern | 448 (80.1%) | 77 (13.8%) | 26 (4.7%) | 8 (1.4%) |
| Northern | 541 (90.8%) | 13 (2.2%) | 25 (4.2%) | 17 (2.9%) |
| Northwest | 319 (91.9%) | 3 (0.9%) | 14 (4.0%) | 11 (3.2%) |
| Southwest | 661 (96.6%) | 7 (1.0%) | 16 (2.3%) | 0 (0.0%) |

**Last
Week**

| Region | Alpha (B.1.1.7) | Beta (B.1.351) | Gamma (P.1) | Delta (B.1.617.2) | Epsilon (B.1.427) | Epsilon (B.1.429) |
|----------|--------------------|-------------------|----------------|----------------------|----------------------|----------------------|
| Virginia | 2,351 (86.5%) | 113 (4.2%) | 75 (2.8%) | 48 (1.8%) | 75 (2.8%) | 56 (2.1%) |

<https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/variants-of-concern/>

Variants of Concern vs. % Vaccinated by Region

Number of Infections by Region

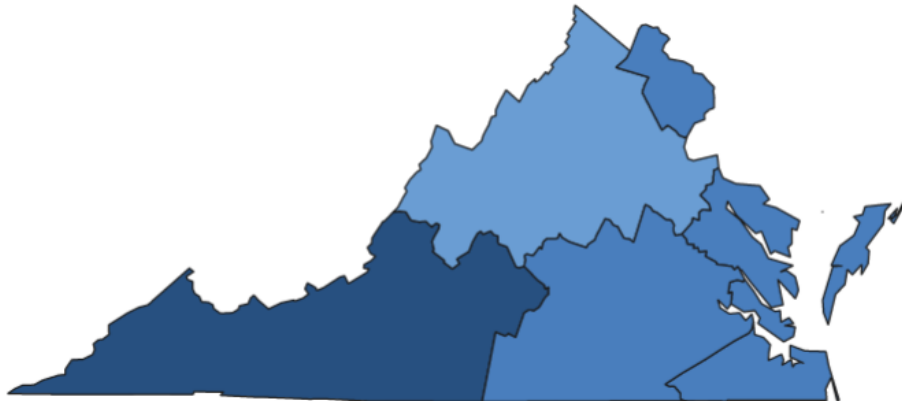
- 301-500
- 501-600
- 601+

Select Geography Level

Region

Select Indicator

Infections



People Vaccinated by Locality of Residence and Vaccination Status - Percent of Adult Population

Percent of the Population Fully Vaccinated

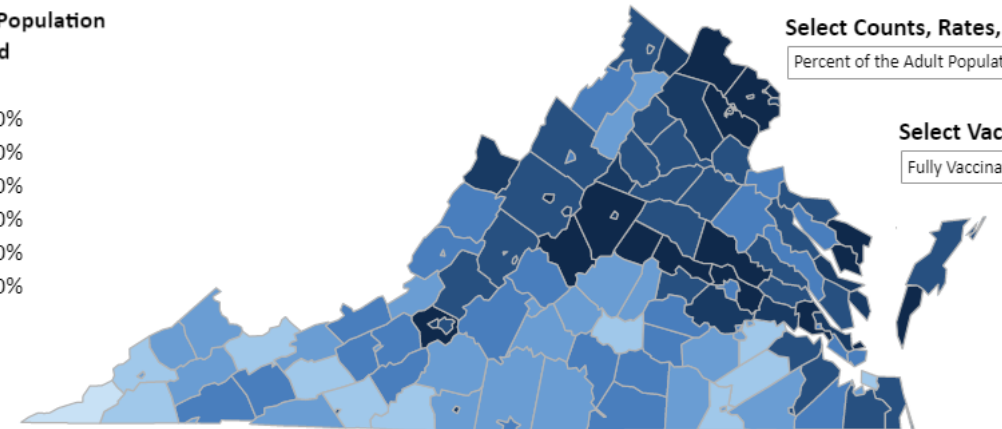
- 30.1% - 35.0%
- 35.1% - 40.0%
- 40.1% - 45.0%
- 45.1% - 50.0%
- 50.1% - 55.0%
- 55.1% - 60.0%
- 60.1+%

Select Counts, Rates, or Percent

Percent of the Adult Population

Select Vaccination :

Fully Vaccinated



CMS - Virginia Nursing Home Vaccination Data

As of 6/13/21

- Residents: 77.36% (35th out of 50 states)
- Staff: 57.87% (25th out of 50 states)

As of 6/20/21

- Residents: 79.32% (26th out of 50 states)
- Staff: 60.97% (20th out of 50 states)

Most recent, still “as of week ending 6/20/21”

- Residents: 79.97% (25th out of 50 states)
- Staff: 63.24% (18th out of 50 states)

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

CDC/CMS Updates

Weekly updates or novel research findings from CDC, CMS, VDH, for nursing homes.

- No new major updates.

<https://www.cms.gov/newsroom>

<https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>

From the Literature

An In-Depth Briefing on Latest Research Relevant to PA/LTC

- No new major research findings.

Awaiting more research on booster shots, delta-plus variant, etc.

<https://paltc.org/amda-update-covid-19>

“As the Virus Turns”

5-minute weekly video updates - sponsored by the Alzheimer’s Association

All Episodes

<https://community.ihl.org/echo/ourlibrary?DefaultView=folder>

Episode 12 - Responding to RSV - June 16, 2021

<https://www.youtube.com/watch?v=rD2jHw3TvQY>

Episode 13 - Update on Delta Variant & Hand Hygiene - June 21, 2021

<https://www.youtube.com/watch?v=Tg2GHw5omsk>

Episode 14 - Dementia Care Practice Recommendations - July 2, 2021

<https://www.youtube.com/watch?v=N5c76YPQrTw>



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Follow Up

- Concerns from Last Week

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Concerns from Last Week

Unmute if you have a concern or question from last week and please share



Chat Waterfall

What is the one thing that you are currently testing in your Nursing Home related to Leadership or Communication?

***** Remember! Put in your response, but DO NOT hit enter until instructed! *****





VCU

Weekly Topic

Module 6: Leadership Communication

Session 4: Communication Loop

July 6th and July 7th, 2021

Slides courtesy of: Janine Finck-Boyle, MBA/HCA, LNHA, VP-
Regulatory Affairs, Leading Age

**AHRQ ECHO National Nursing
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Learning Objectives

By the end of this session, participants should be able to:

1. Appreciate emergency preparedness requirements as it pertains to communication.
2. Identify challenges nursing homes face in miscommunication.
3. Describe an effective communication loop that can be used in multiple settings.

SMART GOALS

S

SPECIFIC

State exactly what you want to accomplish.

M

MEASURABLE

Use smaller, mini-goals to measure progress.

A

ACHIEVABLE

Make your goal reasonable.

R

REALISTIC

Set a goal that is relevant to your life.

T

TIMELY

Give yourself time, but set a deadline.

Communication Goals

“Implement communication mechanisms to be accurate and reliable during an emergency.”

OR

“In Q3 2021, audit, improve and internally test internal and external communication protocols used during an emergency to ensure they are accurate and reliable.”

Emergency Preparedness Framework



Emergency Plan



Policies and Procedures



Communications Plan



Testing & Training

Communications Plan

- Contact Information
 - Internal and external contact information
 - Provide for staff (internal) and outside agencies/contractors (external)
 - Utilize different modes of communication (ie phone, email, text, etc.)
 - Include primary and secondary information
- External Emergency Preparedness
- Additional Information and Resources
 - For instance, include website or internal resource
- Review and Update
 - Make it part of monthly or quarterly QAPI meeting to update

Chat Waterfall

Before COVID-19, how often did you audit your emergency preparedness plan?

*****Remember put in your response but DO NOT hit enter until instructed.*****



Nursing Home Specific Information - Internal Contacts

Need internal list that includes name and contact for the following:

- Residents or Responsible Party
- Staff (nursing + all other staff)
- Direct Medical Staff (medical director, physicians, NP/PA, consultants)
- Volunteers
- Service Contracts (dental, podiatry, optometry, etc.)

Nursing Home Specific Information - External Contacts

Need external list that includes name and contact for the following:

- Key NH Leadership Staff (Admin, Nursing, Medical, etc)
- Local Police (emergency and non-emergency number)
- Fire Marshall and County Inspector (elevator, fire safety, etc.)
- LTC Ombudsman
- Elected Officials, Public Agencies
- News Media
- Sales & Suppliers of Equipment Needs

External Emergency Preparedness

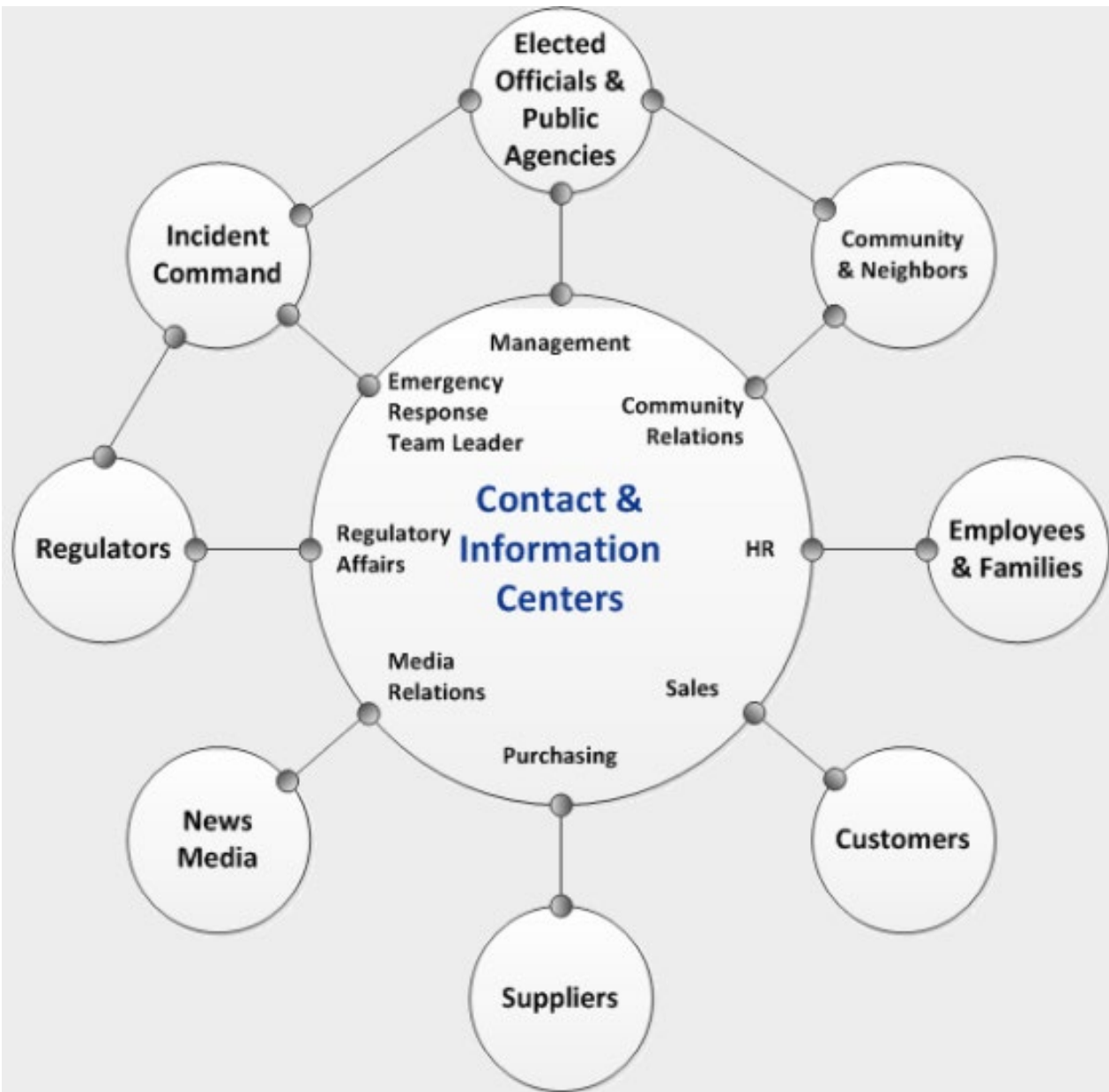
Need to include NH-specific information for emergency personnel:

- Building Description (address, building layout - floors, units, etc.)
- External Contact List
- Occupancy/Census (include when last updated)
- Resident Population Demographics (pediatric patients? bariatric care?)
- Specialty Programs/Needs (respiratory / cardiac unit?)
- Specialty Equipment (O2 tanks? Vent support?)
- Evacuation Needs
- Supply (food, water, etc.) & Pharmacy Contingency Plan

Communication Plan

In the event of an emergency, do your staff have contact / information “assignments”?

- Who do you contact?
- When should I contact them?
- When to go into Incident Command Mode?
- Bi-directional flow of information



Chat Waterfall

During COVID-19, did you ever set up or operate in an emergency incident command structure?

*****Remember put in your response but DO NOT hit enter until instructed.*****



Nursing Home Incident Command System (NHICS)



2017

I. NHICS Guidebook

II. Response Toolkit

Incident Response Guides (IRGs)

NHICS 200: Incident Action Plan (IAP) Quick Start

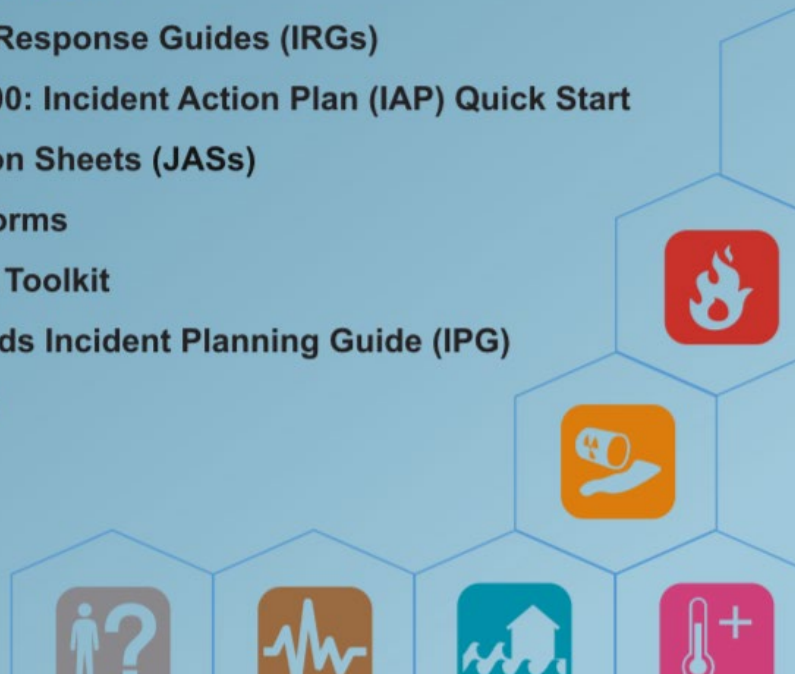
Job Action Sheets (JASs)

NHICS Forms

III. Planning Toolkit

All Hazards Incident Planning Guide (IPG)

Glossary



Nursing Home Incident Command System (NHICS)

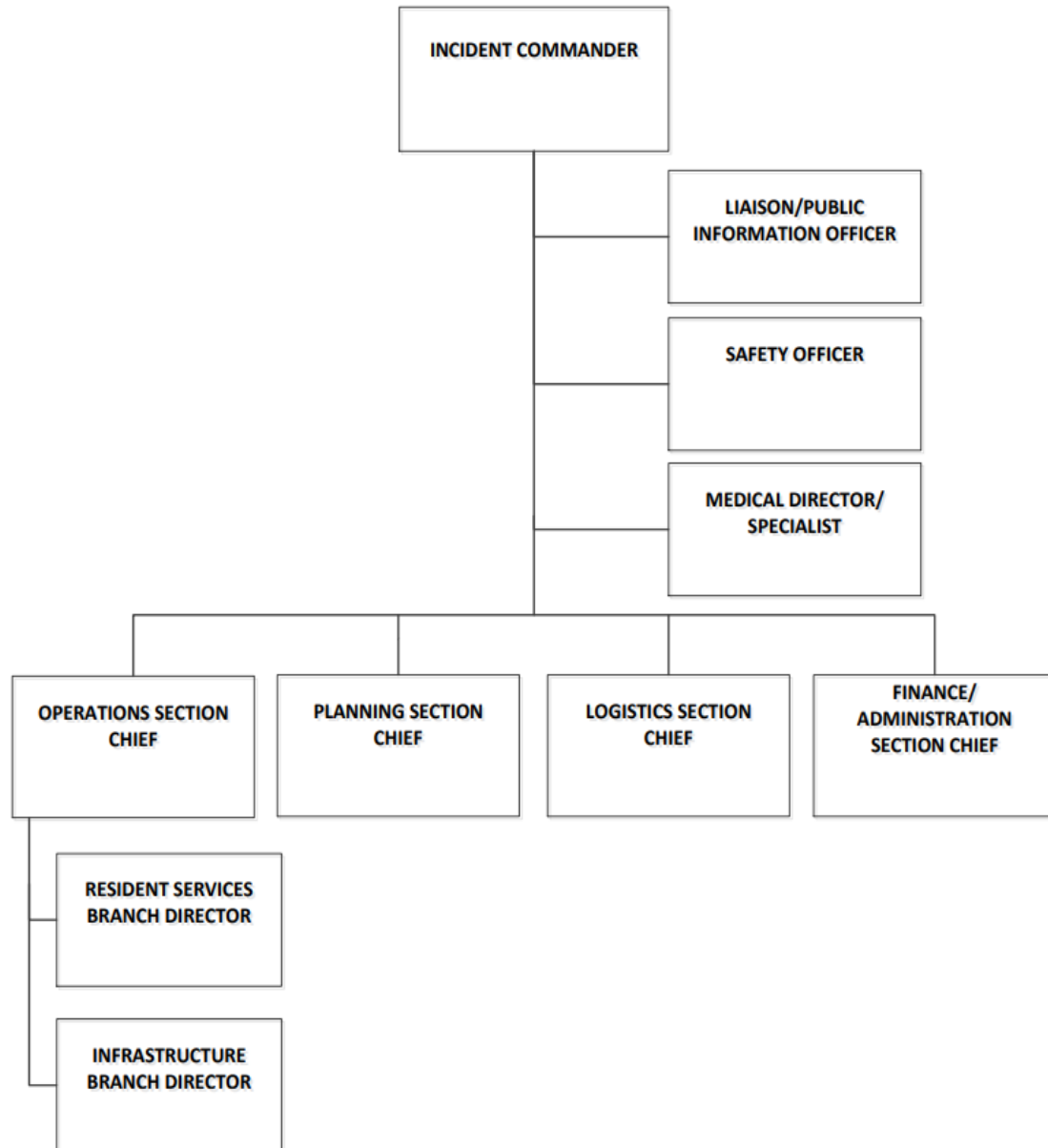
In partnership with the California Association of Health Facilities (CAHF), the California Department of Public Health directed federal grant-funded resources to revise the Nursing Home Incident Command System (NHICS) initially published in 2009. The 2017 NHICS revision parallels relevant changes contained in the 2014 Hospital Incident Command System (HICS) update. Most significantly, the 2017 NHICS represents a “streamlining” of the prior NHICS and HICS versions with a goal of making the system easier to use for nursing homes and other long-term care facilities.

https://www.fhca.org/facility_operations/emergency_preparedness

<https://www.cahfdisasterprep.com/nhics>

http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS_E_Book.pdf

INCIDENT MANAGEMENT TEAM (IMT) CHART



Components

- Incident Management Team (IMT)
- Job Action Sheets (JASs)
- Incident Response Guides (IRGs)
- Incident Planning Guides (IPGs)

NHICS recognizes that the following essential responsibilities must be met to successfully manage an incident:

- People that **LEAD/MANAGE** all of the activities necessary to support incident goals and objectives;
- People that **DO** stuff to support incident goals and objectives;
- People that **GET** stuff to support incident goals and objectives;
- People that **COLLECT RELEVANT INFORMATION, ANALYZE and PLAN** to support incident goals and objectives; and
- People that take care of **FINANCE/ADMINISTRATIVE/CLERICAL SUPPORT** to support incident goals and objectives.

Overview

This Long Term Care Mutual Aid Plan (LTC-MAP) provides a method to coordinate and manage requests for assistance when one or more long-term care (LTC) facilities are faced with an incident that exceeds their ability to manage the event independently. The LTC-MAP facilitates the use of resources from member LTC facilities to manage the incident and provides a coordinated approach to support evacuated residents in single or multiple facility evacuations.

The LTC-MAP is designed to enhance regional response capabilities to better manage the impact of all-hazards events on LTC facilities.

A. Plan Objectives

1. Voluntary Agreement

Create a voluntary agreement among individual plan members to assist each other in times of a disaster.

2. Regional Inclusion

Incorporate the LTC-MAP into Regional Healthcare Coalitions (RHC) response capabilities.

3. Scenarios

Ensure a functional methodology to address the following three (3) disaster scenarios:

- i. Single Facility / Isolated Incident (e.g., Fire, Loss of Emergency Power);
- ii. Single Facility / Local or Area-wide Incident (e.g., Flooding, Ice Storm, Blizzard);
- iii. Multiple Facility / Statewide or Regional Incident (e.g., Derecho, Hurricane, Tornado).

Virginia Long Term Care Mutual Aid Plan (LTC-MAP)

The general purpose of this Plan is:

- i. To place and support care of residents evacuated from a Disaster Struck Facility (DSF);
- ii. To provide supplies, equipment, and pharmaceuticals, as necessary, to a DSF; 6 March 2018
- iii. To assist with transportation of evacuated residents within the state region, outside of the state region, and outside of Virginia;
- iv. To provide staffing support, as necessary, to a DSF or Resident Accepting Facility (RAF), whether evacuating, surging and sheltering residents above licensed bed capacity, or Sheltering-in-Place.

http://nspa1.org/wp-content/uploads/2021/03/Virginia_Long_Term_Care_Mutual_Aid_Plan_Final__postscrip3.pdf

Discussion Question

Describe your first interaction with your regional healthcare coalition? Was it during COVID-19 or before?

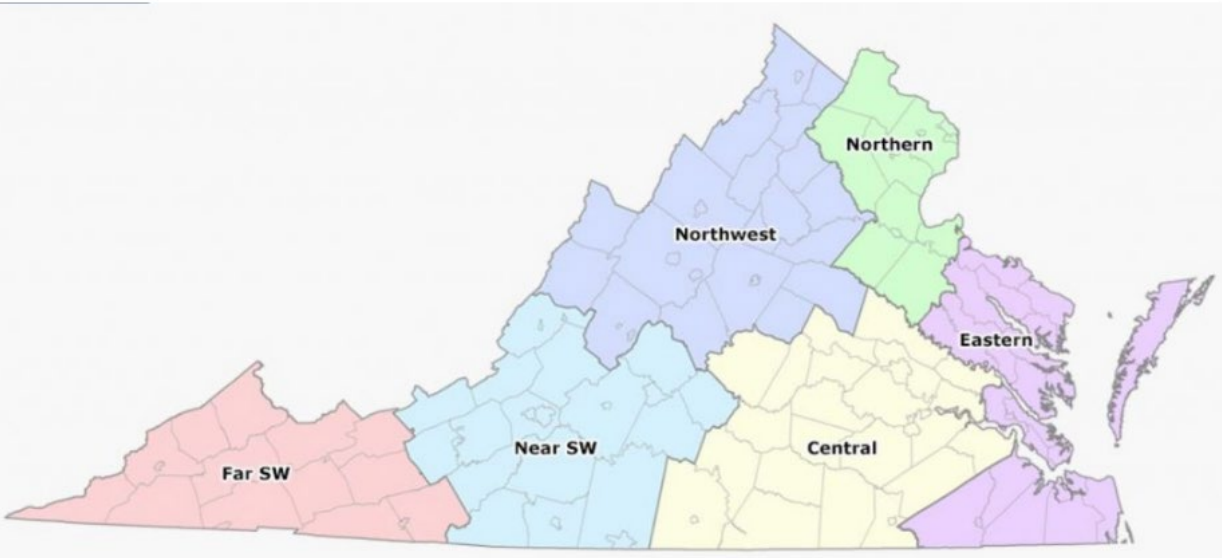


*Unmute or
chat*

Unmute and share via audio or via chat

VDH Hospital/Healthcare Preparedness

Know your contacts and your system



| Region | Coalition Name | Regional Healthcare Coordinator |
|----------------|--|---|
| Central | Central Virginia Healthcare Coalition | Steve Parrott steve.parrott@central-region.org |
| Eastern | Eastern Virginia Healthcare Coalition | Judy Shuck jshuck@vaems.org |
| Far Southwest | Far Southwest Healthcare Coalition | Dan Gray dangray@bvu.net |
| Near Southwest | Near Southwest Preparedness Alliance | Robert Hawkins rhawkins@vaems.org |
| Northern | Northern Virginia Hospital Alliance | Kristin Nickerson kristin.nickerson@novaha.org |
| Northwest | Northwest Region Healthcare Coalition | Ron Clinedinst regionalcoordinator@nwrhcc.org |
| Statewide | Virginia Department of Health | James Moss james.moss@vdh.virginia.gov |
| Statewide | Virginia Hospital and Healthcare Association | Kelly Parker kparker@vhha.com |

<https://www.vdh.virginia.gov/emergency-preparedness/hospital-healthcare-preparedness/>

Managing Healthcare Operations During COVID-19

Updated Feb. 8, 2021 [Print](#)

Planning and Staying Prepared

Hospital Preparedness

Planning for community spread of COVID-19 is critical for maintaining healthcare services during the ongoing COVID-19 pandemic.

[Checklist](#)

[Steps for Staying Prepared](#) >

[Pandemic Planning Scenarios](#) >

[Transport and Arrival Checklist](#) >

[Print and Other Resources](#) >

Operating Effectively

Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings



CDC Emergency Preparedness

CDC Checklist:

1. Structure for Planning/Decisions
2. Written COVID-19 Plan
3. Elements of Plan
 - a. General
 - b. Communications
 - c. Supplies/Resources
 - d. Management of Ill-Residents
 - e. Visitors
 - f. Occupational Health
 - g. Education/Training
 - h. Surge Capacity

https://www.cdc.gov/coronavirus/2019-ncov/hcp/facility-planning-operations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fpreparedness-checklists.html

Emergency Preparedness requires a Communications Plan

Skilled Nursing and Post-Acute Care Centers, Assisted Living Communities, and
Centers for Individuals with Intellectual or Developmental Disabilities

AHCA
AMERICAN HEALTH CARE ASSOCIATION

NCAL
NATIONAL CENTER FOR ASSISTED LIVING

1201 L Street NW, Washington, D.C. 20005

Communications Plan

1. Form a team
 - a. Emergency Communications Team (ECT) as part of Incident Management Team (IMT)
 2. Plan ahead (templates)
 3. Know the stakeholders
 - a. Fire, police, EMS
 - b. Power, water, gas
 - c. Residents/families
 - d. Staff, volunteers, news media, regulators, elected officials, neighbors, corporate mgmt, state associations, etc.
 4. Contact information
 5. Communication Channels
 6. Privacy and Confidentiality
- ***Consider a separate Media Plan***

<https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Pages/default.aspx>

Challenges with an Effective Communication Loop



TRAINING AND TESTING



MOCK DRILLS



INACCURATE INFORMATION



INCIDENT COMMAND CENTER



TECHNOLOGY



PRIVACY



REGULATIONS



TIMEFRAMES

The Communication Loop - Best Practices & Tools

Best Practices:

- Establish easily activated communication channels
- Follow chain of command
- Create backup resources
- Coordinate with other healthcare organizations
- Account for your residents/staff

Tools:

- Closed loop
- Read back
- SBAR
- Checklists
- Huddles
- Debriefs

Segue to Tara



Virginia Living Museum
Newport News, VA
<https://thevlm.org/explore/exhibits/dinosaur-discovery-trail/>



Breakout Discussions

**AHRQ ECHO National Nursing
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The Communication Loop

Instructions:

1. Upon entering the breakout room (no ECHO Hub members), identify a spokesperson.
2. You have 10 minutes to discuss one of the following:
 - a. Who leads your communication plan?
 - b. What challenge did your organization face in communication? Internal or external?
 - c. Think back to a time when there was a miscommunication or a near-miss? How did you improve communication after the incident?
3. Share with the larger group when you return from the breakout room.

If unable to do breakout room, think amongst yourself for 2-3 minutes and then share

Leave in Acton: 3 Things to try this week

1. Review your Communications Plan
 - a. What updates or changes might be needed?
2. Consider ideas shared by your peers and look to what changes you can incorporate.
3. Bring any questions to the session next week as part of opening discussion.

Next Week:

Module 6 Leadership Communication: Session 5 - Using Technology



VCU

Open Discussion

- COVID-19 Active Issues
- QI Content with More In-Depth Conversation
- Questions for Group Discussion

**AHRQ ECHO National Nursing
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Announcements

Next Week: Using Technology in Communication

CE Activity Code:

Within 7 days of this meeting, **text the attendance code to (804) 625-4041.**

Questions? email ceinfo@vcuhealth.org

Attendance

Contact us at nursinghome-echo@vcu.edu if you have attendance questions.

Module 6 ends week of July 12

Time for 2 more modules week of July 19 thru end of August

2 recommendations based on feedback from other training centers

Offer segues from COVID-19 to other leadership and best practices domains

- Trauma-Informed Care
- Antibiotic/Antiviral Stewardship



Emotional and Organizational Support for Staff

Goal

Create a trauma-informed, psychologically safe work environment that enhances emotional intelligence and the development of life skills to support personal and professional growth.

Strategy

This module will focus on increasing individual and organizational capacity for psychological safety to enhance psycho-emotional growth and well-being.

5 Critical Change Opportunities

- Introduce participants to two of the principles of trauma informed care, safety and trust.
- Expand emotional intelligence by recognizing one's stress response.
- Train staff in strategies to respond to stress by identifying feelings and needs with the language of nonviolent communication.
- Integrate a mourning practice into nursing home culture via team-based processes, such as rounds and debriefs.
- Support psycho-emotional growth by building attuned listening, debriefs, and learning into daily activities.

Building Sustainable Infection Control Practices

Goal

Stop the Spread of the SARS-CoV-2 (COVID 19) and other infectious agents by implementing sustainable nursing home infection prevention and control practices during the pandemic and beyond.

Strategy

COVID 19 has stressed the resources and capacity of nursing home. Rapid spread, frequently changing standards, and complexities related to staffing have challenged existing infection prevention and control programs. Effective leadership, reliable processes, and active engagement of staff and residents are essential to preventing the spread of infection and ensuring a safe, healthy environment.

5 Critical Change Opportunities

- Provide clear leadership and adequate resources to support infection control.
- Promote and monitor for reliable processes around Hand hygiene.
- Create reliable systems and processes around Infection surveillance.
- Promote immunizations and engage employees in infection prevention and control best practices.
- Implement reliable processes around antibiotic/antiviral stewardship.

Resources / Website

<https://www.vcuhealth.org/NursingHomeEcho>



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Education

[Contact Us](#)

[Diabetes and Hypertension Project ECHO](#)

+

[VCU Health Nursing Home ECHO](#)

-

[Our Team](#)

Curriculum

[Resources](#)

[Contact Us](#)

Curriculum

Take the opportunity to submit and discuss your de-identified case study for feedback from team of early childhood specialists. To submit a case for presentation during an ECHO clinic, please email jhmathews@vcu.edu.

Upcoming Sessions

16-Week Curriculum Topics

Session 1: Program Introduction: Preventing and Limiting the Spread of COVID-19 in Nursing Home

- [Session 1 Summary](#)
- [Slide Presentation](#)

Session 2: Infection Prevention Management: Guidance and Practical Approaches for Use of Personal Protective Equipment (PPE) during COVID-19

Resources

[COVID-19-Variants-of-Concern-Dashboard.png \(827×1600\)](#)
[\(virginia.gov\)](#)

<https://www.vdh.virginia.gov/content/uploads/sites/182/2021/05/COVID-19-Variants-of-Concern-Dashboard.png>

[Virginia Coronavirus Map: Tracking the Trends - Mayo Clinic](#)

[CDC COVID Data Tracker](#)

[COVID-19 State Profile Report - Virginia | HealthData.gov](#)

[TRAIN Learning Network](#)