



VCU

Nursing Home ECHO

COVID-19 Action Network

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

For educational and quality improvement purposes, we will be recording this video-session. By participating in this ECHO session you are consenting to be recorded. If you have questions or concerns, please email, nursinghome-echo@vcu.edu.

Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some teleECHO® programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives



Agency for Healthcare
Research and Quality





VCU

Session 14

**Promoting Safe Visitation and
Nursing Home Re-opening During
COVID-19**

Quality Assurance-Performance Improvement

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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Session Agenda

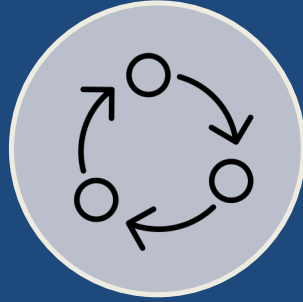
- Acknowledgements & Announcements
- Best Practices Briefing
- Case Presentation
 - Hub Team response and recommendations
 - Spoke Sites response and recommendations
 - Facilitator summarizes recommendations
- Quality Assurance and Performance Improvement Booster
- Community Forum - Sharing Successes, Challenges and Solutions



ECHO is All Teach, All Learn



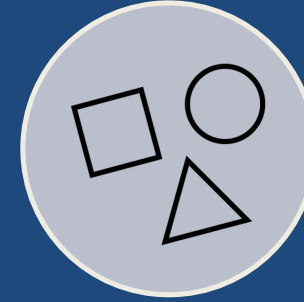
Interactive



Co-
Management
of Challenges



Peer-to-Peer
Learning



Collaborative
Problem
Solving



Session Learning Objectives

Best Practices Briefing:

By the end of the session, participants will identify:

1. The effects of isolation has on our residents
2. Awareness of current visitation policy and prepare for changes in the policy as the pandemic continues.
3. Acknowledge team efforts that enhance visitation for residents.
4. Include resident families in team approach when possible.

Quality Assurance-Performance Improvement:

By the end of the session, participants will:

1. Identify one or more ideas to try
2. Plan for trying a new idea

Visitation during COVID-19

Slides courtesy of:

Roger Schult, DO, Kristen Lunden, LNHA, Katelyn Vaughn, APRN-BC, DNS-CT
AHRQ ECHO National Nursing Home COVID-19 Action Network

Your Experiences

Topics:

Are you allowing visitors in your building?

Chat in your responses

Your Experiences

Topics:

Has your visitation policy changed with community positivity rate?

If so, please elaborate.

What happened after the second wave (July, August), beginning of third wave (October, November)?

Chat in your responses

Your Experiences

Topics:

Regarding visitation, what has worked the best?

What challenges have you run into?

Chat in your responses

Visitation during COVID-19

Over the past year, we know the isolation has been difficult for our residents and their families.

Facilities are dealing with the continually changing COVID-19 climate that impacts our visitation policies.



Why is it so important to reopen nursing facilities to visitation

Humans are social beings

Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life.



Lack of social interaction in older adults can lead to:

- Depression and anxiety
- Functional decline
- Falls
- Decline in mentation
- Behaviors in residents with Dementia
- Weight loss
- Physiological changes:
 - Increased blood pressure
 - Increased heart rate

Background

In March 2020, CMS issued memorandum QSO-20-14-NH providing guidance to facilities on restricting visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.

In May 2020, CMS released Nursing Home Reopening Recommendations, which provided additional guidance on visitation for nursing homes as their states and local communities progress through the phases of reopening.

In June 2020, CMS also released a Frequently Asked Questions document on visitation, which expanded on previously issued guidance on topics such as outdoor visits, compassionate care situations, and communal activities.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH

DATE: September 17, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Nursing Home Visitation - COVID-19

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE. The guidance below provides reasonable ways a nursing home can safely facilitate in-person visitation to address the psychosocial needs of residents.
- **Use of Civil Money Penalty (CMP) Funds:** CMS will now approve the use of CMP funds to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar products) to create physical barriers to reduce the risk of transmission during in-person visits.

Core Principles of COVID-19

Infection Prevention with visitors

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g. temperature checks, questions or observations about signs and symptoms) and denial of entry of those with signs and symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred for mitigation of COVID-19)
- Face covering or mask (covering mouth and nose) required
- Social distancing of at least six (6) feet between persons

Continued...

- Signage throughout the facility on COVID-19 signs and symptoms, infection control precautions, and other applicable practices (exits, routes to designated areas)
- Visitor education on infection control practices
- Cleaning and disinfecting high frequency touched surfaces in the facility
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents
- Resident and staff testing

CMS Guidance

The risk of transmission can be further reduced through:

- the use of physical barriers (e.g., clear Plexiglass dividers, curtains)
- outdoor visitation
- social distancing
- infection control practices (masks)

Also, nursing homes should enable visits to be conducted with an adequate degree of privacy.

Outdoor Visitation (per CMS)

Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.

When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing).

We (CMS) also recommend reasonable limits on the number of individuals visiting with any one resident at the same time.

Indoor Visitation (per CMS)

Facilities should accommodate and support indoor visitation based on the following guidelines:

There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.

Visitors should be able to adhere to the core principles and staff should provide monitoring.

Facilities should limit the number of visitors per resident at one time and limit the total number of visitors.

Facilities should limit movement in the facility.

COVID-19 Positivity Rate

Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).

Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).

High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility

Compassionate Care Visits (per CMS)

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations.

Situations may include a resident who:

- was living with their family before being admitted, is struggling with the change in environment and lack of physical family support.
- is grieving after a friend or family member recently passed away.
- needs cueing and encouragement with eating or drinking, is experiencing weight loss or dehydration.
- used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Points for Discussion

If no new NH-onset cases in the last 14 days and community prevalence <10%, STRONGLY consider re-opening to visitors

General things to consider (not official VDH/CMS/CDC guidance):

- How many visitors per person? Maybe start with each resident designating an essential support person
- Testing? Are you going to be testing visitors as part of your screening process?
- Time/day
- Duration of visit
- In-room visits?
- Vaccinations? Are you going to be offering vaccines to your visitors when the facility is able to administer them?
- Issues around physical barriers, sensory impairments (visual, hearing)

Posted guidance for all visitors? Treat everyone the same. No exceptions

Let's Poll It Up!

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



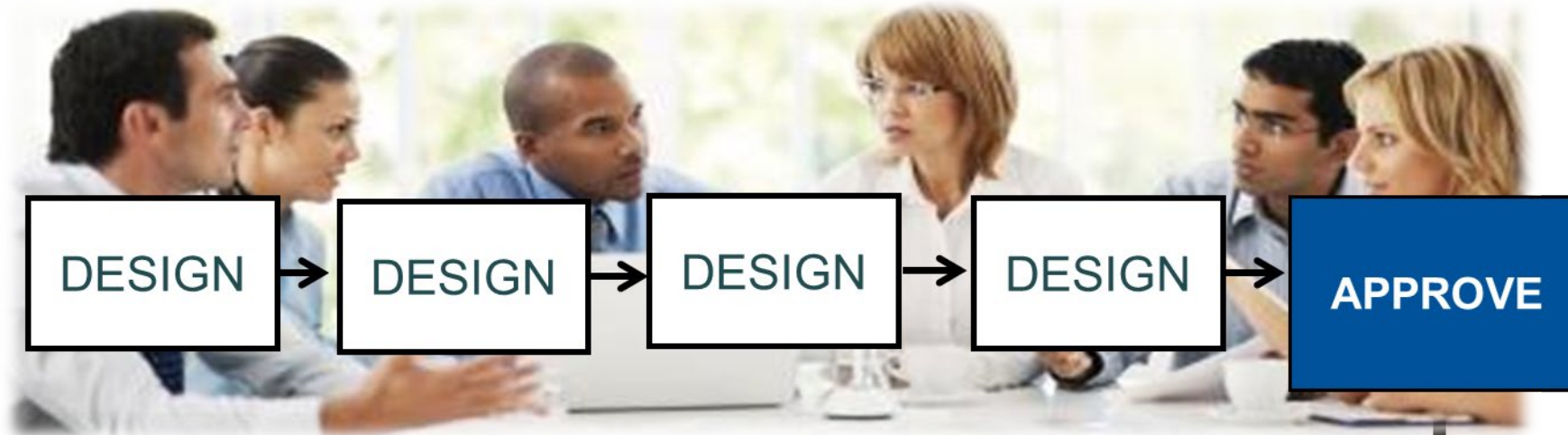
Hope Is Not a Plan: Using PDSA to Test Change Ideas

**AHRQ ECHO National Nursing
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The Typical Approach...

In the conference room



.....and in the real world.



Source: IHI Improvement Coach Professional Development Program

Model for Improvement Approach



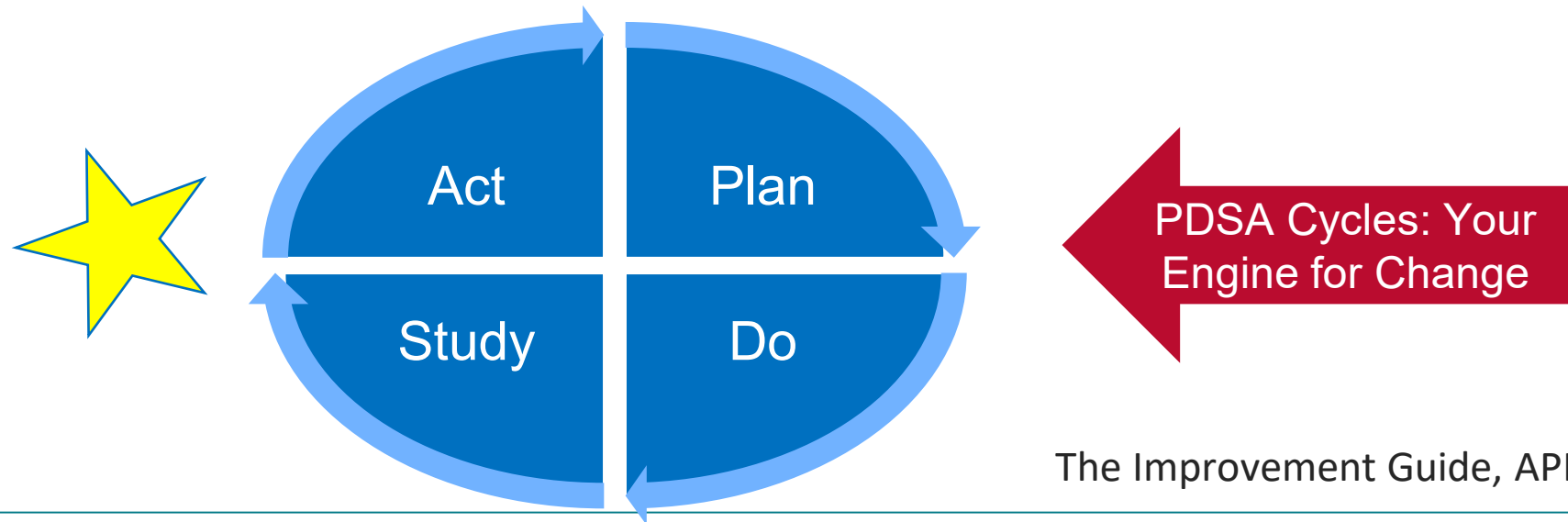
Source: IHI Improvement Coach Professional Development Program

The Model for Improvement

What are we trying to accomplish?

How will we know a change is an improvement?

What changes can we make that will result in improvement?



The Improvement Guide, API, 2009

Plan, Do, Study, Act Cycles (PDSA Cycles)

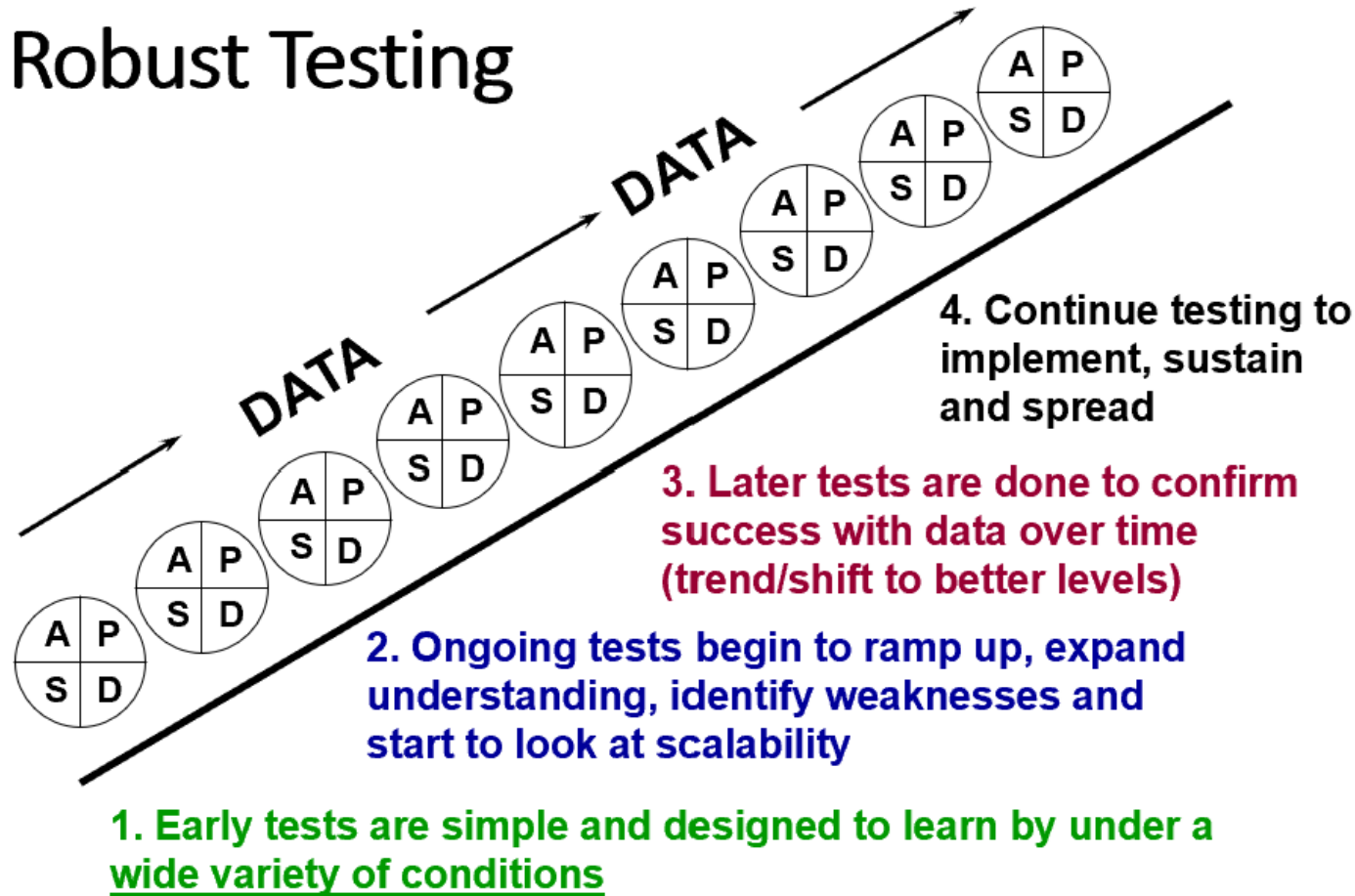
Also known as Plan, Do, Check, Act Cycles (PDCA Cycles)



Adapted from The Improvement Guide, API, by R. Lloyd, 2012

Start Small, Think Big

Robust Testing



Adapted by from: IHI Improvement Coach
Professional Development Program. Fall 2017

PDSA Test Description

- Project name: **Mask Room Makeover**
- Participants: **Sam, Tony, Pat**
- Aim: **Eliminate mask room chaos by next week**
- Cycle number: **One**
- Briefly describe the change to test: **Use clothesline and clothespins to organize reusable mask room.**



Plan

- What are the **questions** for this cycle? **Will new mask organization reduce room disorganization?**
- What are your **Predictions?** **Yes, we think room will eliminate masks on floors windows seals etc.**
- What **data** is needed to test your prediction? **Before after photo and count of misplaced masks.**
- What is the **detailed plan** for the small test of change? **We will use our COVID observation unit to test our new idea. If successful we will rollout to our other units. Sam will complete the below action plan.**

Task to be completed	Person Responsible	When?	Where and how?
Purchase clothesline, clothespins and paper bags	Sam	By Monday	At Sam's convenience
Outfit room		

Do

- Was the plan carried out? **Yes**
- What **issues** or **unexpected events** did you encounter? **Staff were generally delighted with new look. Some were confused and could not find their mask bag. A few were not pleased due to having to reorient themselves to new mask bag locations.**
- What did you **observe** about the effectiveness of the action tested? **We could have communicated better about our plan, and pre-marked the bags.**

Study

- What worked and didn't work in making this change? Clothesline was wonderful. Left bag naming up to individuals. That caused problem as some did not mark their bags.
- Were your predictions confirmed? Yes, much better organization. But some lack of clear marking caused waste, since those masks had to be thrown away. Count of masks bags not hung: (before = 10, after = 5). Tossed bags = 5.
 - If not, what did you learn that you can do to make the next change more productive? Have bags pre-labelled with staff name. Remember to take photo before and after. Also remember to make count predictions.

Act

- Will you adopt, adapt or abandon the change tested? **We will adopt.**
- What is your plan for the next cycle? **We will have bags pre-labelled with staff name. We will also do some education so that staff understand and buy into the new system. We will use some staff champions to spread the news, and orient staff.**

PDSA – document your tests...

Template: PDSA Worksheet

Objective:



1. **Plan:** Plan the test, including a plan for collecting data.

Questions and predictions:

-
-

Who, what, where, when:

Plan for collecting data:



2. **Do:** Run the test on a small scale.

Describe what happened. What data did you collect? What observations did you make?

Use a tool that works for you and your team – this is one example

QI ESSENTIALS TOOLKIT: PDSA Worksheet



3. **Study:** Analyze the results and compare them to your predictions.

Summarize and reflect on what you learned:



4. **Act:** Based on what you learned from the test, make a plan for your next step.

Determine what modifications you should make – adapt, adopt, or abandon:

[PDSA Worksheet available in the QI Toolkit in the IHI ECHO Community Library and on IHI.org](#)

Some PDSA Tips

- Principle of Oneness, think BIG start small, very small
- Small cycle rapid test = Not just once – Lather, Rinse, Repeat
- First tests are for learning – fail early, fail often (at the beginning)
- Robust – under a wide variety of conditions
- Ramp up – once you “know” change idea is robust
- Latter tests are for success (we should see positive shifts/trends)
- Remember to identify a PDSA Measure (how would we know)
- Honor the rigor, keep track (PDSA Worksheet or PDSA Note)

Adapted from IHI Improvement Coach Professional Development Program, Fall 2017

THINK

BIG Like an Elephant



How to approach improvement efforts...

START

small Like a Mouse



MOVE

Fast Like a Rabbit



This Week's Action Challenge

Select a change idea you would like to test

- **PLAN:** Identify what questions you want to answer with your test
- **DO:** Got out and try it on a very small scale
- **STUDY:** Keep track of what you learn
- **ACT:** Decide what to do next – test again, test with some modification, abandon and move to new idea

Come back with your insights and learnings!



Let's Poll It Up Again!

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



Break slide

NEXT UP – WRAP UP & NEXT STEPS

Announcements

Next Week: Supporting the Emotional Well-being of Staff Caring for Residents During COVID-19

CE Activity Code

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

Questions? email ceinfo@vcuhealth.org

Attendance

Because attendance rewards and CE credit are dependent upon your ECHO attendance, contact us at nursinghome-echo@vcu.edu if you have a conflict.

Break slide

RESOURCES

PDSA – document your tests...

Template: PDSA Worksheet

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-
-

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Resources

<https://community.ihi.org/echo/viewdocument/session-12-presentation-safe-visita-1?CommunityKey=d51505e6-3be9-46d2-ab99-0c119c8f8c2d&tab=librarydocuments&LibraryFolderKey=99a126ac-b764-4d2> Institute for Health Improvement session material on NH visitation, experts from MA.

<https://www.cms.gov/files/document/qso-20-39-nh.pdf> CMS
Quidelines for NH Visitation

Resources

<https://www.vcuhealth.org/NursingHomeEcho> Jan. 2021

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Diabetes and Hypertension Project ECHO +

VCU Health Nursing Home ECHO -

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Resources

VCU Health Palliative Care ECHO +

Virginia Opioid Addiction ECHO +

Virginia Sickle Cell Disease ECHO +

LSM/Program Administrator EI AUTISM ECHO +

Curriculum

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

Upcoming Sessions

16-Week Curriculum Topics

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

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

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

- [Session 2 Summary](#)
- [Slide Presentation](#)
- [Thanksgiving and Holiday Visitation](#)

Session 3: Infection Prevention and Management: Approaches to Cohorting during COVID-19

- [Session 3 Summary](#)
- [Slide Presentation](#)

Session 4: Infection Prevention and Management: Promoting Solutions for Making the Built Environment Safe
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