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.

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AHRQ ECHO National Nursing Home COVID-19 Action Network

HEALTH SCIENCES Project ECHO

AHRQ Agency for Healthcare Research and Quality

Institute for Healthcare Improvement

Module 3: Emotional and Organizational Support for Staff

Session 2:

The Connection between Emotional Intelligence and Stress Response

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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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ECHO is All Teach, All Learn

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

As a reminder, 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

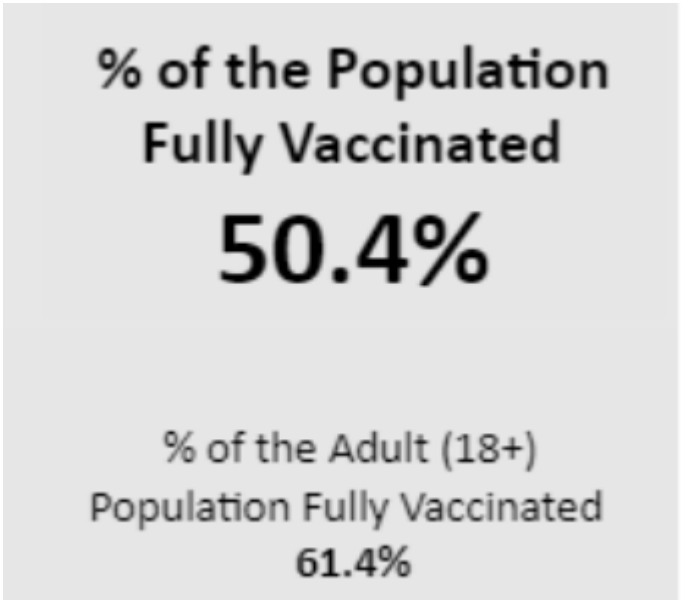
- How are you feeling today?
- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?

Weekly COVID-19 Updates

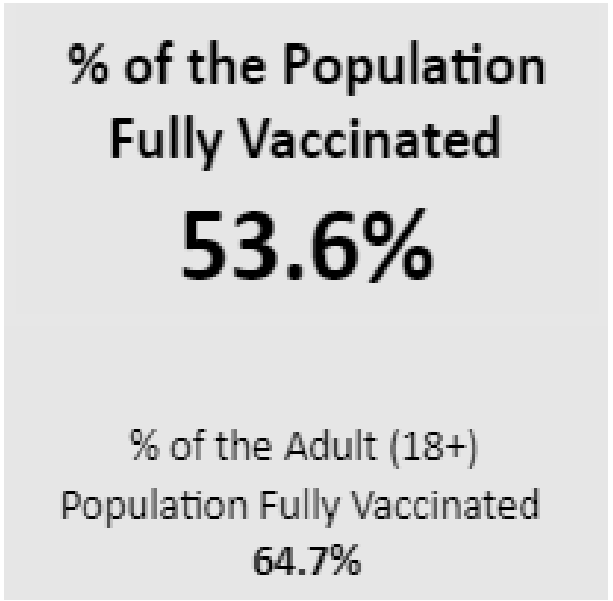
- Virginia COVID-19 Stats
- Guidance/Regulatory Updates
- From the Literature

Yes Virginia, there is a lifesaving vaccine, please take it

June 26



July 26



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

May 17-July 17

Define vaccinated as 14 d post second dose

Fully Vaccinated People: **4,560,561**

Percent of Cases In People Not Fully Vaccinated	Percent of Hospitalizations In People Not Fully Vaccinated	Percent of Deaths In People Not Fully Vaccinated
96.81%	**93.61%**	**92.56%**
15,307 Total Cases Not Fully Vaccinated^	**747** Total Hospitalizations Not Fully Vaccinated	**112** Total Deaths Not Fully Vaccinated

Total Breakthrough* Cases	Total Breakthrough Hospitalizations	Total Breakthrough Deaths
504	**44****	**9**
0.012% Percent of Fully Vaccinated People who Developed COVID-19	**0.0010%** Percent of Fully Vaccinated People Who Were Hospitalized for COVID-19	**0.0002%** Percent of Fully Vaccinated People Who Died of COVID-19

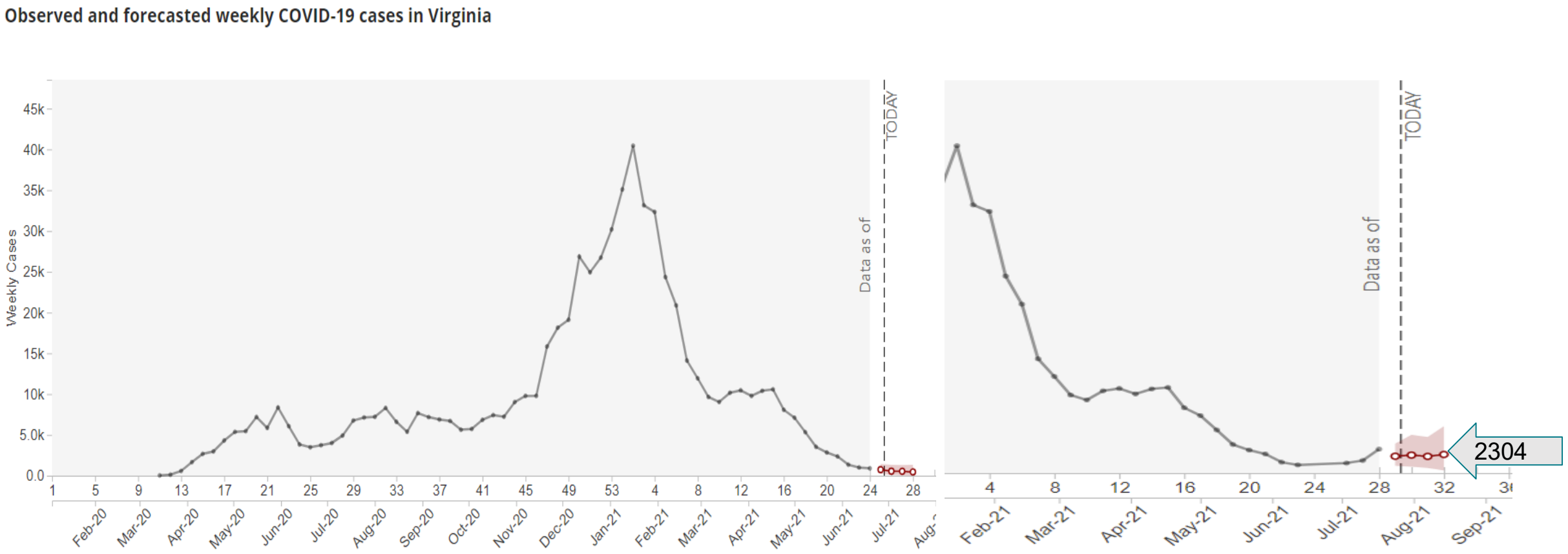
Virginia Report was all yellow and green

STATE PROFILE REPORT | 07.16.2021

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	2,352 (28)	+68%	5,963 (19)	194,633 (59)
NUCLEIC ACID AMPLIFICATION TEST (NAAT) POSITIVITY RATE	3.5%	+1.0%*	2.0%	4.3%
TOTAL NAAT VOLUME (TESTS PER 100,000)	57,731** (676**)	-3%**	283,740** (920**)	3,630,069** (1,093**)
NEW COVID-19 DEATHS (RATE PER 100,000)	29 (0.3)	+16%	116 (0.4)	1,565 (0.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	1%†	+1%*	0%	1%

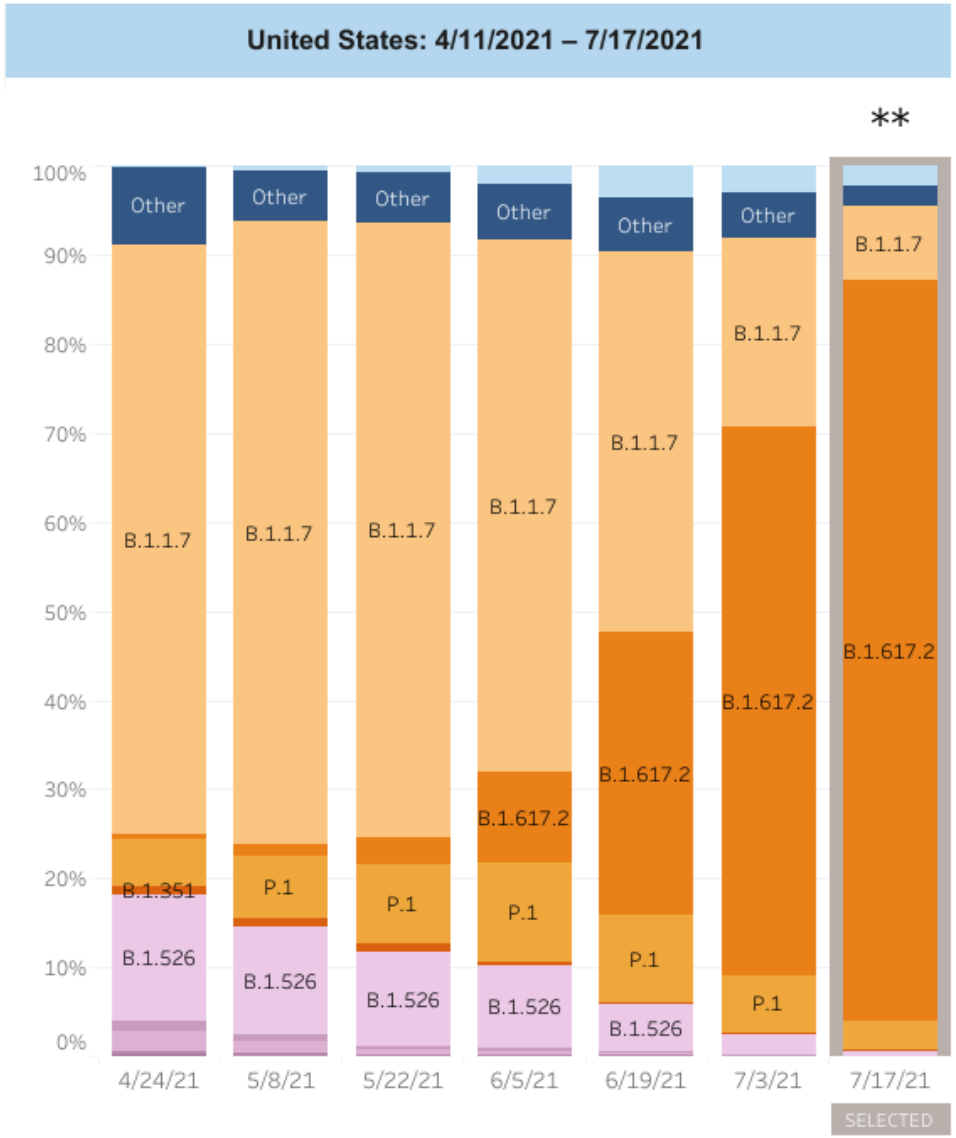
https://healthdata.gov/Community/COVID-19-State-Profile-Report-Virginia/3ghy-svgi

Predicted then based on cases and trends to now based on decreased vaccination rates



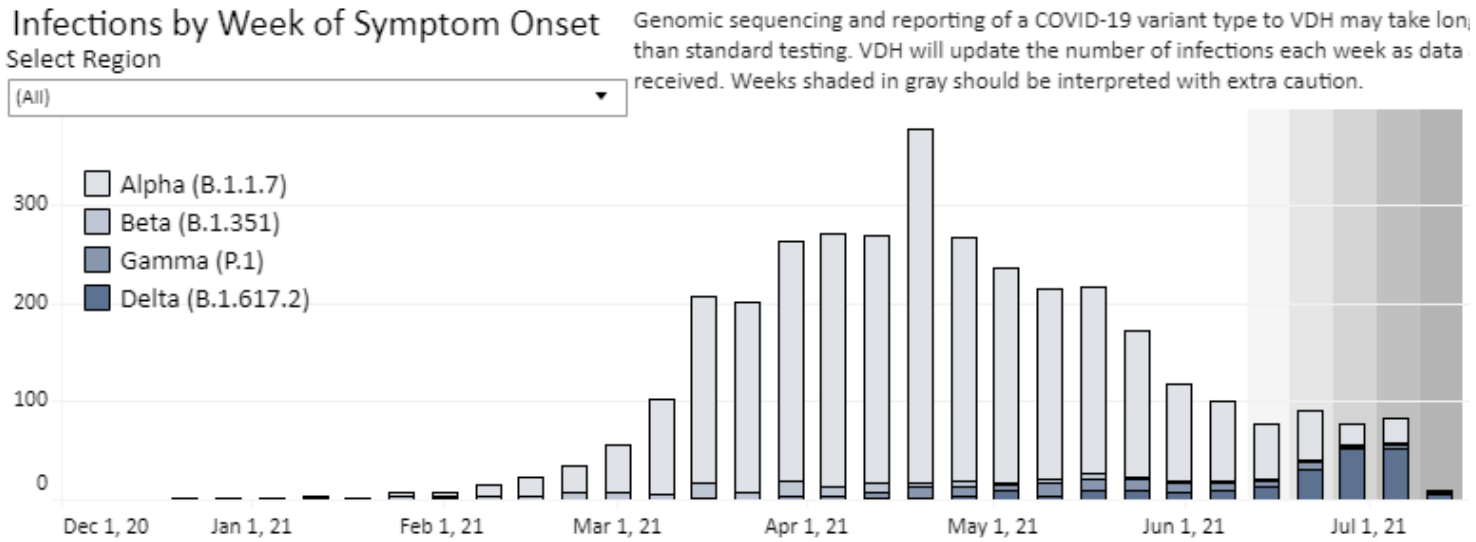
https://covid.cdc.gov/covid-data-tracker/#forecasting_weeklycases

Variants of Concern



7/17

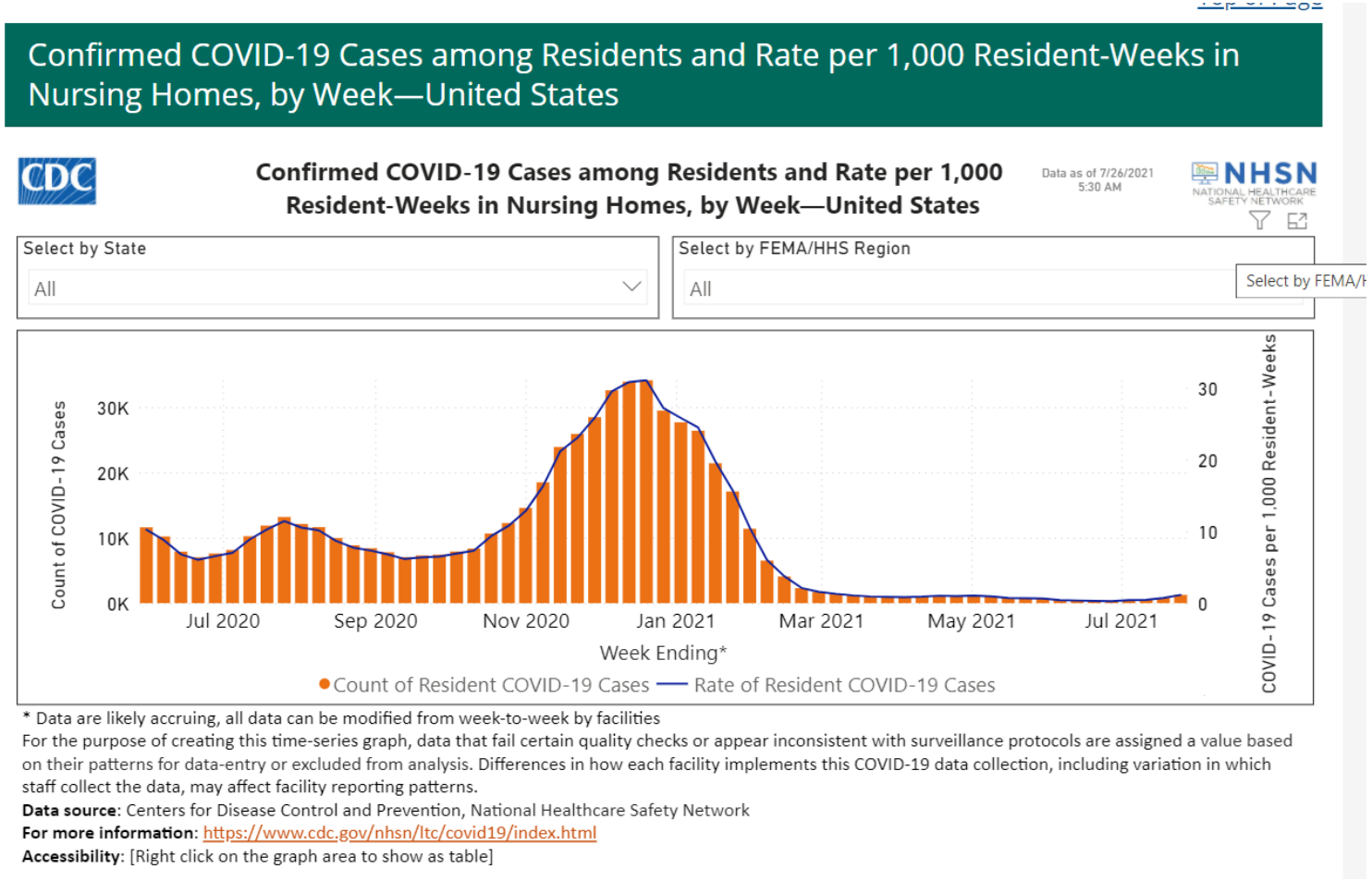
Virginia



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

CMS NHSN DATA WEBSITE

https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html



From the Literature

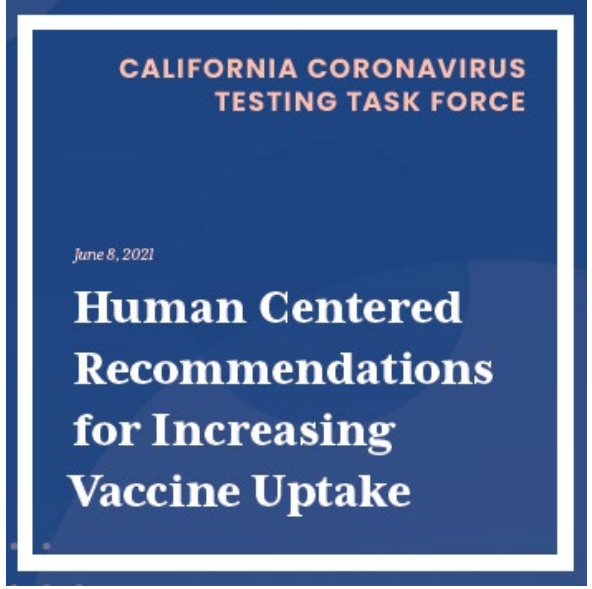
No critical updates this week. Stay tuned!

“As the Virus Turns”

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

All Episodes
https://community.ihi.org/echo/ourlibrary?DefaultView=folder

Episode 16
- Delta now predominant
- Much higher viral loads
- Cough, anosmia less common
- Sx mimic allergies, common cold, RSV
- Hits younger, unvaccinated people hard



As the Virus Turns, week 17

Framework that links 7 hesitancy categories to types of messaging

https://www.aha.org/system/files/media/file/2021/06/Human-Centered-Recommendations-For-Increasing-Vaccine-Uptake.pdf

- Lengthy
- 57 pages

STEADFAST OPPONENTS

This group is against getting the vaccine and do not see themselves getting the vaccine in the future because it opposes their beliefs.

HEALTHY INDEPENDENTS

This group believes that the vaccine is fine for others who are most vulnerable to COVID-19, but trust in their good health and immune systems above the vaccine.

CONCERNED SKEPTICS

This group is fearful of side effects and what the short and long term health implications would look like for their unique health condition. They will not consider the vaccine for years.

INDIFFERENT INDIVIDUALS

Getting the vaccine is not top of mind for this group. They do not think it's necessary because they believe they are healthy enough already, and they have largely already "returned to normal."

CAUTIOUS SUPPORTERS

This group believes that the vaccine is helpful, but they do have a few reservations for themselves or loved ones in getting the shot.

RELUCTANT VAXXERS

This group has reservations about the vaccine, how rushed it was, and what the side effects would be, but are ultimately willing to get the shot.

VACCINE ADVOCATES

This group is fully supportive of getting the vaccine or have already been vaccinated. They may have some questions, but fully trust the shot.

Follow Up

Concerns from Last Week:

Visitation involving vaccinated residents, unvaccinated family

Issues to Follow Up

Vaccinated patients can be fed by unvaccinated staff but not unvaccinated family which is a source of friction

- Ombudsman: Cannot block visitation based on guest vaccine status
- Considerations: transmission rates, private room, public area, compassionate care, informed consent of risk
- Nursing homes are handling visitation differently (separate room, resident room, hours, etc.) but CDC Guidance remains unchanged: unvaccinated visitor and vaccinated resident both wear masks at all times

CDC Guidance 4-27-21

1. Visitation

When is visitation allowed?

Post-acute care facilities, including nursing homes

Indoor visitation could be permitted for all residents except as noted below:

- Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.
- Indoor visitation should be limited solely to compassionate care situations, for:
  - Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met criteria to discontinue Transmission-Based Precautions.
  - Vaccinated and unvaccinated residents in quarantine until they have met criteria for release from quarantine.
- Facilities in outbreak status should follow guidance from state and local health authorities and CMS on when visitation should be paused.
  - Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.

CDC Guidance, continued

Physical distancing and source control recommendations when both the patient/resident and all of their visitors are fully vaccinated:

- While alone in the patient/resident's room or the designated visitation room, patients/residents and their visitor(s) can choose to have close contact (including touch) and to not wear source control.
- Visitors should wear source control and physically distance from other healthcare personnel and other patients/residents/visitors that are not part of their group at all other times while in the facility.

Physical distancing and source control recommendations when either the patient/resident or any of their visitors are not fully vaccinated:

- The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the patient/resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.

Handout to reduce your burden

https://www.cms.gov/files/document/visiting-love-ones-nursing-home.pdf

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Mom's vaccinated:

WHEN CAN I VISIT HER NURSING HOME?

It is so great that your mom, dad or other loved ones have received their COVID-19 vaccine. This is an important step towards protecting their health, achieving herd immunity and returning to normal life.

Both CMS and CDC recognize the importance of visiting your relatives as part of staying healthy. You can now visit your loved ones inside when the positivity rate in your nursing home's county is less than 10%. In addition, if the positivity rate in your nursing home's county is more than 10%, and less than 70% of residents in the facility are fully vaccinated, then only residents who are fully vaccinated should receive visitors.

In the case of an outbreak at a facility, indoor visitation is still possible, as long as COVID-19 transmission is contained to a

Also, **although a vaccinated person may not "feel" sick from COVID-19, they could be infected and/or spread the virus to others**. For example, if a vaccinated resident contracts the virus from a staff member or visitor, that resident will likely be protected from the disease, but could put an unvaccinated resident or staff member at serious risk.

For now, nursing home staff, patients, residents, and visitors need to **continue practicing the 3 W's: Wear a mask, Wash your hands, Watch your distance**. And, nursing homes must continue to implement all current CDC **infection control guidance** and adhere to CMS' regulations and guidance for **testing**. **As vaccination increases and COVID-19 cases decrease, we look forward to more visitation and social interaction among residents, friends, family, and loved-ones.** We will continue to learn and make updates to

Unvaccinated staff a hazard

McKnight's
LONG-TERM CARE NEWS

NEWS MAGAZINE COLUMNS MARKET NEWS DIRECTORY RESOURCES EVENTS T(

News

July 23, 2021

Unvaccinated nursing home staff in the hot seat as CDC investigates COVID-19 breakthrough cases

Kimberly Marselas

Follow @KimMarselas

Mesa County, CO

High prevalence Delta

16 fully vaccinated memory clinic residents infected
- 13 mild
- 3 deaths among hospice patients

Low staff vaccination rate implicated

Emotional and Organization Support

Session 2 – The Connection Between Emotional Intelligence and Stress Response

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Objectives for this Session:

- Define emotional intelligence and the relationship to the biological stress response.
- Explain how the stress response is connected to wellbeing.
- Describe the concept of intentionally noticing how it impacts wellbeing.
- Hear improvement questions designed to collect feedback during huddles and rounds.
- Learn the domains and requests that matter most to staff, especially communication, teamwork, and resident care.

New Questions?

Chat Waterfall:

What does the term Emotional Intelligence mean to you**?**

Emotional Intelligence (EI) is

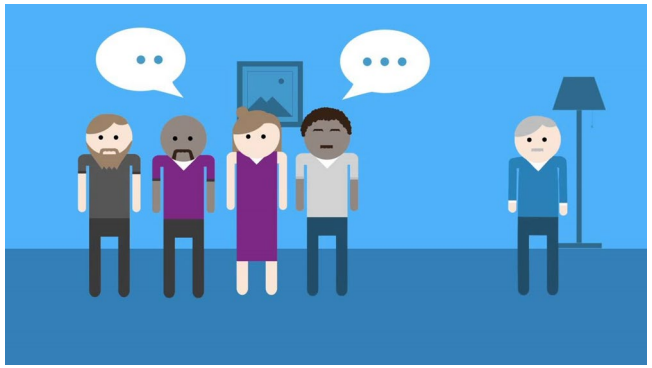
- The capacity for understanding our own feelings and the feelings of others to more effectively manage relationships and interactions with others.

- *"Emotional intelligence refers to a different way of being smart. It doesn't measure how well you did in school or what your GRE scores were, but rather how well you handle yourself and your relationships…"*

  Daniel Goleman, Harvard Business Review Series

EI Is Not

- Just being nice.
  - It is about being honest.
- "Touchy-feely."
  - It is about awareness & understanding of feelings, yours & others.
- Being emotional.
  - It is about being smart with emotions.



Importance of EI

- Like cognitive intelligence, EI is both innate & can be enhanced

- EI highly correlated with outcomes that matter in healthcare in general & LTC in particular:
  - Interpersonal & communication skills
  - Professionalism
  - Better communication with patients and families
  - Team-building
  - Building & maintaining morale
  - Leadership
  - **Stress Management**

Constructs of Emotional Intelligence

Self-awareness	**Self-regulation**
Empathy	Social Skill

EI and stress response

- Self-Awareness
  - Ability to know one's emotions, strengths, weaknesses, drives, values & goals
  - Recognize their impact on others
- Self-Regulation
  - Controlling or redirecting one's disruptive emotions & impulses
  - Adapting to changing circumstances

Stress response and our body

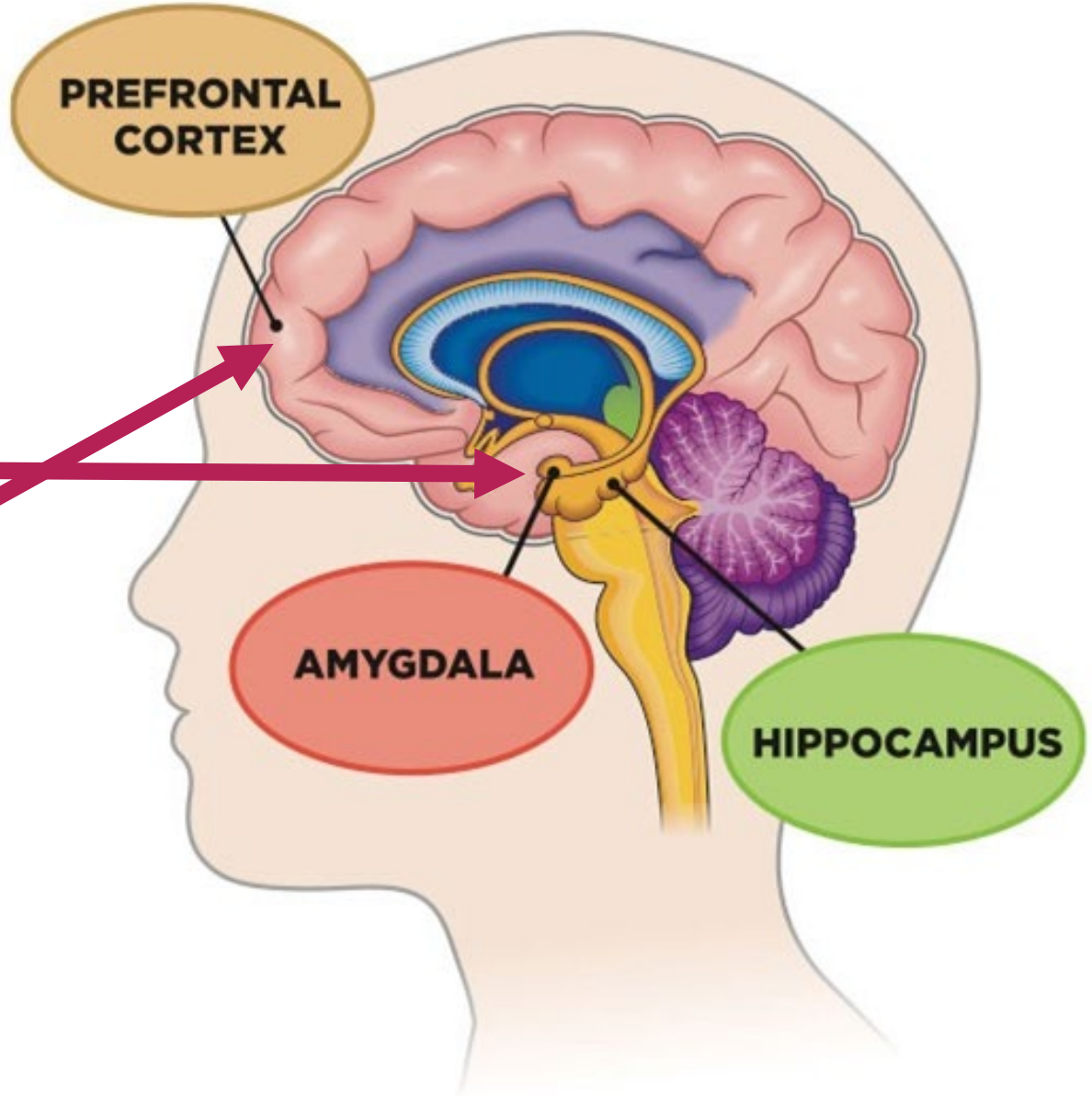
- Understanding what happens to our bodies when we are stressed or experience a potentially traumatic event can help increase our awareness (emotional intelligence) which impacts our ability to choose how to respond

AMYGDALA

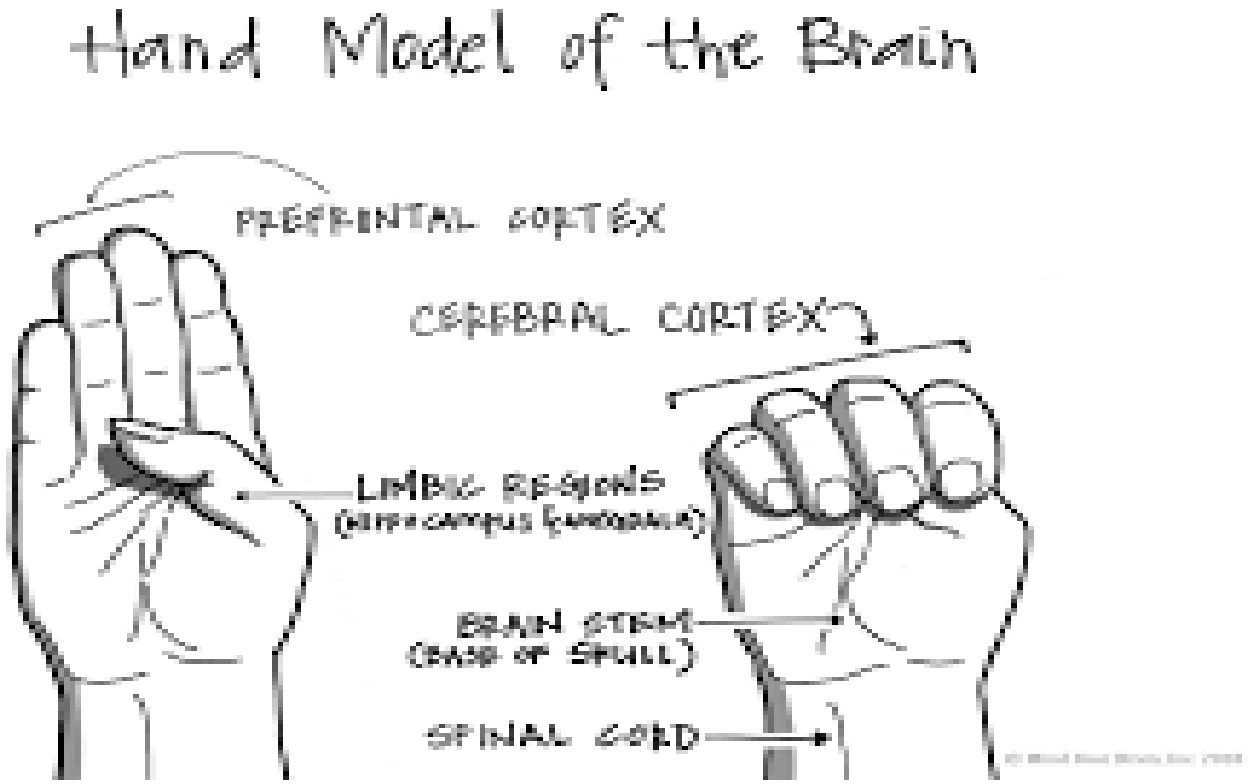
The part of our brain that keeps us safe. It is considered our emotional brain and when we are stressed, anxious or angry, it TAKES OVER. It turns on flight, fight or freeze states. You CAN'T control it!

PREFRONTAL CORTEX

The logical part of our brain that helps us with decision-making. But, it goes "off-line" when the amygdala is in charge. It SHUTS down!



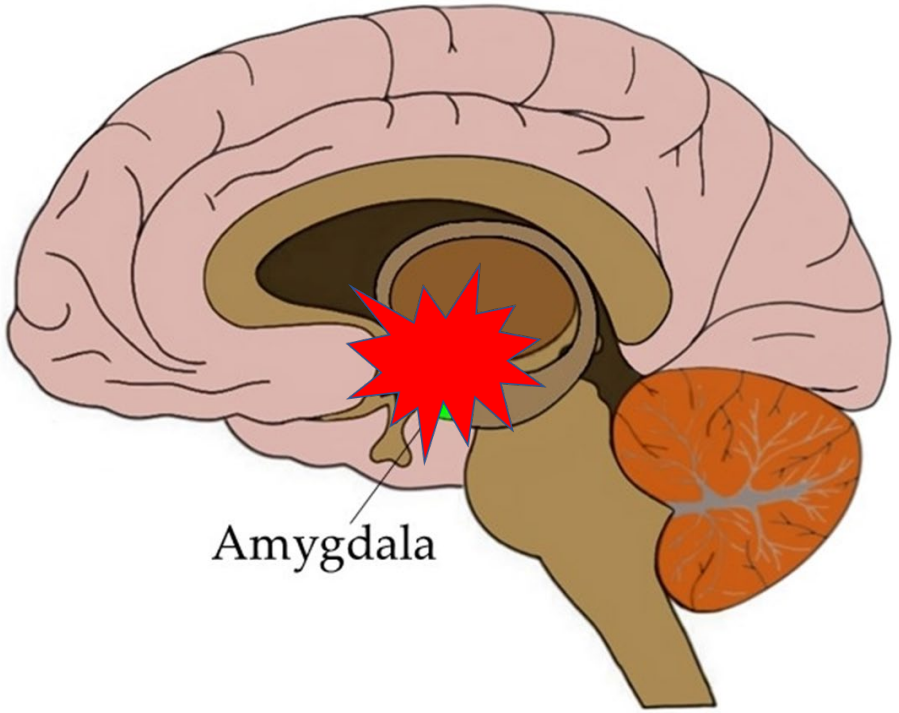
Hand Model of the Brain (Siegel, 2010)

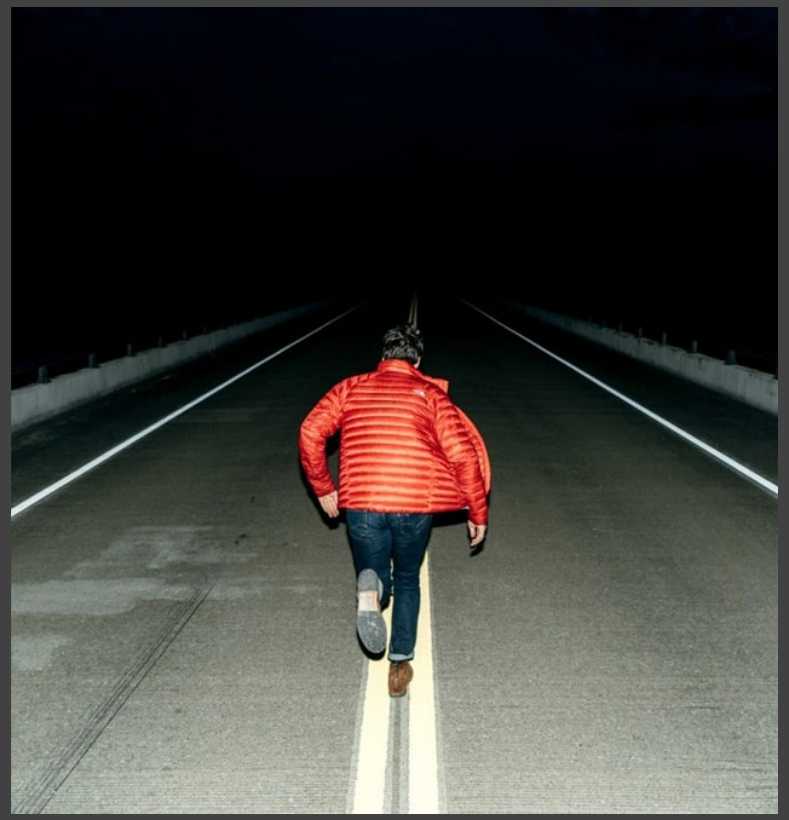


Thoughts and sensations are triggered

The amygdala BURSTS into action when it perceives a threat (a trigger in the environment)

- Our Biology REACTS the SAME, no matter if the threat is perceived or real.





Fight **Flight** **Freeze**

Biological stress response takes over

The sights and sounds of stress

- What stresses you out at work?
- How do you know you are stressed?
- How do you know others are stressed?
  - How do you support them? What is your response?
- These emotions and sensations “live” in the lower functioning part of the brain.

Intentional Noticing (analogy of a body scan)

Where is the discomfort showing up?

- "Catching" your stress response. Intentionally paying attention to your body.
- We can't change what we don't notice. Need to become more aware of what we are feeling at any given moment.
- When these signs of discomfort/overwhelm are "caught", consider it like a yellow light at an intersection.
  - They are a SIGNAL to slow down, to be aware and to be prepared to stop

How does YOUR body communicate overwhelm or distress? (self-awareness)

Physical

- Shallow breathing
- Increased heart rate
- Clenched teeth
- Upset stomach, nausea
- Headache
- Shoulders at “your ears”
- Creased facial expression
- Tense muscles

Behavioral and Emotional

- Anger
- Blame
- Fear
- Irritability
- Frustration, impatience
- Exhaustion
- Hopelessness
- Edgy, jittery

COVID-19 Anxiety Workbook
https://health.uark.edu/coronavirus/caps-covid-19-resources-anxiety-workbook.pdf

Cognitive symptoms of overwhelm or distress

- Fear of losing control, being unable to cope
- Fear of physical injury or death
- Frightening thoughts, images or memories
- Poor concentration, confusion, distractibility
- Narrow attention, hypervigilance for threat
- Poor memory
- Difficulty in reasoning

COVID-19 Anxiety Workbook
https://health.uark.edu/coronavirus/caps-covid-19-resources-anxiety-workbook.pdf

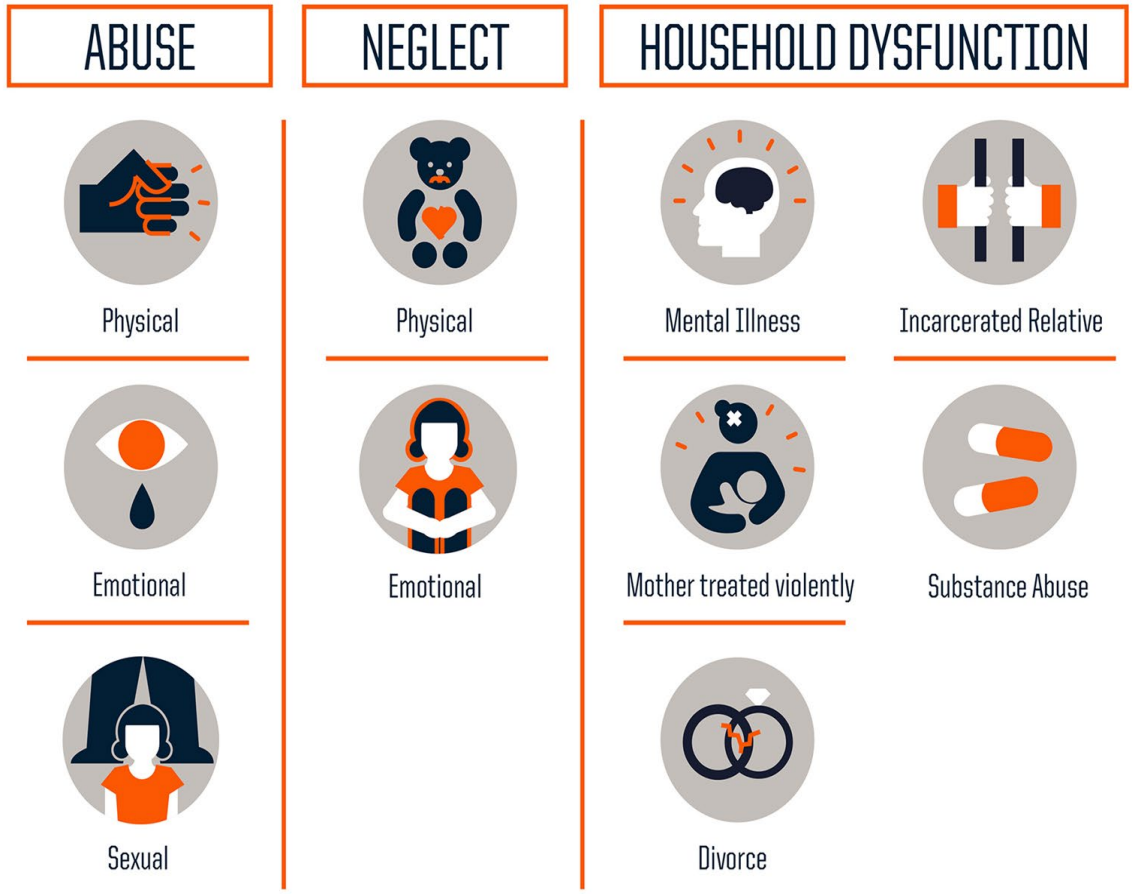
After you “catch” your stress response, what’s next?

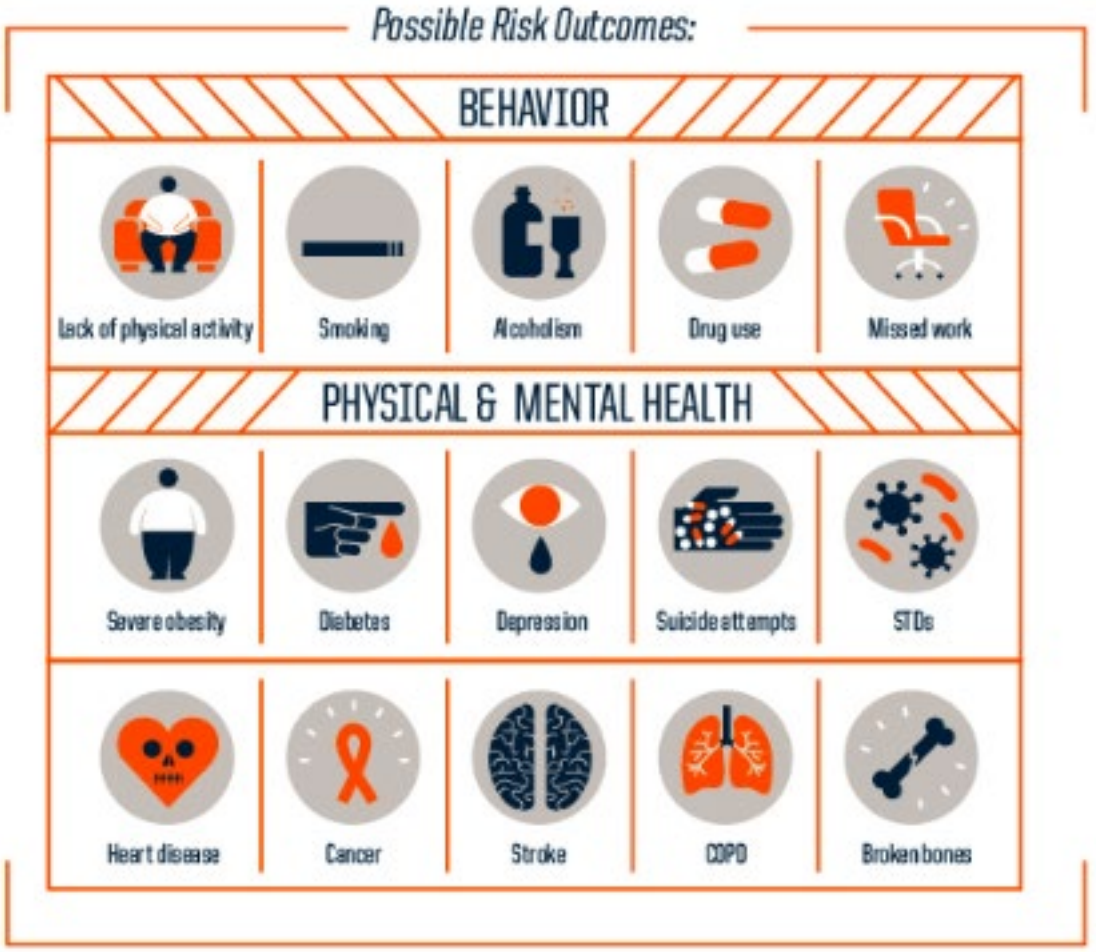
In next week’s topic, we’ll talk about the correlation of your stress response with the language of nonviolent communication. In the last topic, we’ll bring everything together and discuss ways to use this awareness for your wellbeing.

Stress Response

Stress has immediate, short term and lifelong effects on health.
These effects impact residents and staff.

Adverse Childhood Experiences (ACEs)





RWJ

ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that **experiencing a higher number of ACEs** is associated with **many of the leading causes of death** like heart disease and cancer.

CHRONIC HEALTH CONDITIONS

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity

MENTAL HEALTH CONDITIONS

- Depression
- Suicide or attempted suicide

HEALTH RISK BEHAVIORS

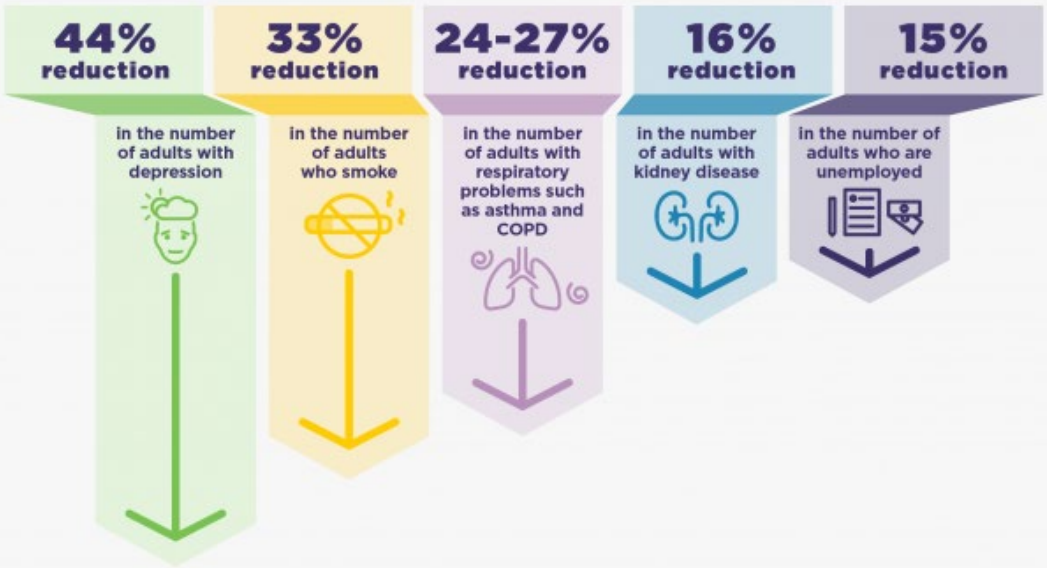
- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior

SOCIAL OUTCOMES

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

Healthy Childhoods Have Benefits Throughout Life

What could happen if we **prevent ACEs?**
Fewer cases of depression, heart disease, and obesity.



Source: CDC
https://www.cdc.gov/violenceprevention/aces/resources.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Fresources.html#anchor_1626996630

Why are these topics important?

Kaiser Family Foundation (KFF) and The Washington Post Health Care Workers Survey of 1,327 frontline healthcare workers

62% report worry or stress related to COVID-19 has a negative impact on their mental health

13% have received mental health services

18% report they think they need services (reasons reported included too busy, afraid or embarrassed, couldn't afford it, couldn't get time off work)

Many are experiencing:

Trouble sleeping: 56%

Frequent headaches / stomachaches: 31%

Increased alcohol / drug use: 16%

58% of staff report their employer is "falling short" when it comes to additional pay for employees working in the most high-risk situations

55% feel "burnt out"

46% feel "anxious"

21% feel "angry" when they go to work

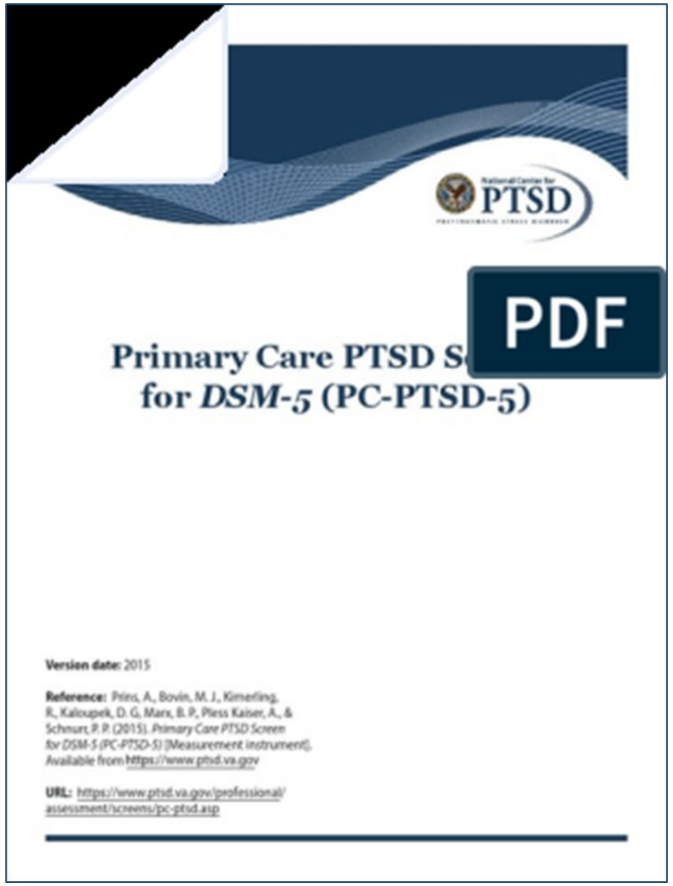
KFF/The Washington Post Frontline Health Care Workers Survey | KFF

Context

- Beyond regulating your own emotional intelligence and stress responses, this information may be shared with your team members.

Screening for CURRENT Symptoms

- The Primary Care–Posttraumatic Stress Disorder–5 (PC-PTSD-5)
- Screening tool for residents, can also be used for staff



In the past month, have you …

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. been constantly on guard, watchful, or easily startled?	YES	NO
4. felt numb or detached from people, activities, or your surroundings?	YES	NO
5. felt guilty or unable to stop blaming yourself of others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1-5.	**TOTAL SCORE**	

Worksheet to supplement the PC-PTSD-5

Box 3.9 **DELAYED REACTION TO TRAUMA**

Signs & Symptoms of Posttraumatic Stress

Possible Delayed Emotional Reactions **YES/ NO** source_____

Irritability; Aggression; Negative affect; Distress at trauma reminderes; Fear of trauma happening again; Negative thoughts about self; Detachment; Feelings of vulnerability; Mood swings; Grief reactions.

Possible Delayed Physical Reactions **YES/ NO** source_____

Nightmares; sleep disturbance; Hypervigilance/Heightened startle; Persistent fatigue; Changes in appetite or digestion or cortisol levels; Lowered immune function/more colds and infections; Focus on aches and pains

Possible Delayed Cognitive Reactions **YES/ NO** source_____

Intrusive memories; Flashbacks; Exaggerated self-blame or blame of others about the event(s); Difficulty concentrating; Belief that avoidance or other behaviors will protect them from trauma; Avoidance of trauma-related feelings or memories or preoccupation with the event; Panic & phobia-like behavior in response to trauma triggers; Inability to remember key features of the trauma

Possible Delayed Behavioral Reactions **YES/ NO** source_____

Avoidance of event reminders ; Decreased interest in activities; Risky or destructive behavior; Isolation/withdrawal; Disrupted social relationships; History of abuse of alcohol or drugs

Possible Delayed Existential Reactions **YES/ NO** source_____

Questioning ("why me"), disillusionment, cynicism; Loss of purpose or faith; Hopelessness; Also potential adaptive responses such as re-establishing priorities, redefiniting meaning and importance of life, reviewing life assumptions to accommodate trauma.

Adapted from HHS (2014). *TIP-57*, pp. 61-62.

Transformational Leadership

https://www.nursingtimes.net/clinical-archive/leadership/engaging-leadership-a-better-approach-to-leading-a-team-14-05-2018/

Segway to Tara

Building a Culture of Emotional Safety and Trust to Support Staff Wellbeing

Session 2 – Use Conversations to Listen, Build Trust, and to Create an Emotionally Safe Environment *Together With Staff*

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What are the Characteristics of an Emotionally Safe Culture?

- **Trust**-- between staff, administrator, residents, and families
- **Collaborative**-- mutuality, respect, and teamwork is expected and modeled through communication and processes
- **Communicative**-- all voices and ideas are valued and heard--clinical and operational staff; encouraged to share feelings which are heard with attuned listening
- **Inclusive**-- Empathy and respect are extended between staff; **Supportive**-- provides flexibility and structures to seek our and honor staff requests and needs-- professionally and personally-- and their families
- **Safe**-- physically and emotionally
- **Improvement-oriented**-- staff, resident, and family voices impact change

What are the Barriers to Creating an Emotionally Safe Environment?

- **Perception of lack of time** and constantly-changing procedures and priorities
- **Lack of trust and support** from administration, “the system”, surveyors, etc.
  - Punitive audit culture prior to and during COVID-19
- **Stress**--at work and at home
- **Lack of teamwork and bi-directional communication**
  - Processes are not interdisciplinary, staff and systems are siloed
  - Culture of blame and fear to express voice/opinion
  - Lack of professional development pathway

Ask, Listen, Do: Build Confidence, Trust, and Support Through Conversations

- What existing processes can we **observe actions**, **share feelings**, and **notice behaviors** that indicate what matters most to staff--clinical and operational?
  - Rounds
  - Huddles
  - Town Halls

ASK "What Matters...Now?"

LISTEN to "What Matters...Now."

DO "What Matters...Now."

What Can We Do This Week?

- Have a conversation with 5 staff members in different roles to ask what matters most to them?
  - How might we address what matters to this individual?

Additional Resources

- Primary Care PTSD Screen for DSM-5 (PC-PTSD-5), https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf

- Worksheet to supplement the PC-PTSD-5,
  - Perley, R. (Ed.). (2021). Managing the long-term care facility: Practical approaches to providing quality care (2nd ed.). Jossey-Bass/Wiley.

Wrap up

- Final comments or questions?
- Any topics you would like the faculty to discuss next week?
- We would like to learn from you! Please share your ideas for tests of change, success stories, challenges and innovations by emailing us.
- 1:1 and small group coaching is available from your coach and Training Center Team.

Thank you!

Learn More!

EI & Leadership

Harvard Business Review Magazine
and Web Articles
Building the Emotional Intelligence of Groups

Vanessa Urch Druskat and Steven B. Wolff
Contextual Intelligence

Tarun Khanna
Emotional Agility

Susan David and Christina Congleton
Primal Leadership

Daniel Goleman, Richard E. Boyatzis, and Annie McKee
Harvard Business Review Press Books
Becoming a Resonant Leader

Annie McKee, Richard Boyatzis, and Frances Johnston
HBR's 10 Must Reads on Emotional Intelligence

Harvard Business Review Slide Deck
The Focused Leader
Daniel Goleman

Learn more! Growing EI (continued resources)

Preston Ni M.S.B.A.

How to Increase Your Emotional Intelligence — 6 Essentials

How to think about emotional intelligence.

https://www.psychologytoday.com/us/blog/communication-success/201410/how-increase-your-emotional-intelligence-6-essentials

https://www.psychologytoday.com/us/blog/liking-the-child-you-love/202101/7-tips-raise-your-emotional-intelligence

The Ability to:

1. **Reduce Negative Emotions**
2. **Stay Cool and Manage Stress**
3. Be Assertive and Express Difficult Emotions When Necessary
4. Stay Proactive, Not Reactive in the Face of a Difficult Person
5. Bounce Back from Adversity
6. Express Intimate Emotions in Close, Personal Relationships

Resources

Engaging Leadership – a better approach to leading a team?

CDC Vital Signs: Preventing ACE's to Improve adult health

Announcements

Next Week: The Language of Feelings and Needs and the Correlation with Wellbeing

CE Activity Code:

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

Questions? email ceinfo@vcuhealth.org

Attendance

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

Resources / Website

https://www.vcuhealth.org/NursingHomeEcho