

COVID-19 in Nursing Homes

COVID-19: A pathway to achieving reliable,
sustainable processes in nursing homes

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Disclosures

I do not have any disclosures to declare.

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Nursing Homes in the USA

Nursing Home

Long Term Care

Skilled Nursing

Short stay

Assisted Living

- Nursing home: a place for people who don't need to be in a hospital who cannot be cared for at home
- Some are like hospitals with medical care, physical, speech and occupational therapies
- Continuing Care Retirement communities include all levels of care. May require buy-in
- Many facilities offer special programs for people with Alzheimer's disease and other types of dementia or who are on ventilators

Nursing Homes in the USA

Basic

Clinical Roles

- Long-term Care
 - Medical Director
 - Nurses: Registered and Licensed; Nurse Practitioner
 - Certified Nursing Assistants (CNAs)
 - Personal Care Assistant (PCA)
 - Infection Control Professional
 - Pharmacist
 - Therapies
 - Activities specialists
 - Psychiatrist, Psychologist
 - Hospice
- Skilled Care
 - Medical specialists, e.g., pulmonology, intensivist
- Short Stay (Transitioning from hospital to home)
 - Rehab: orthopedic, physical therapy, etc.

Comparisons

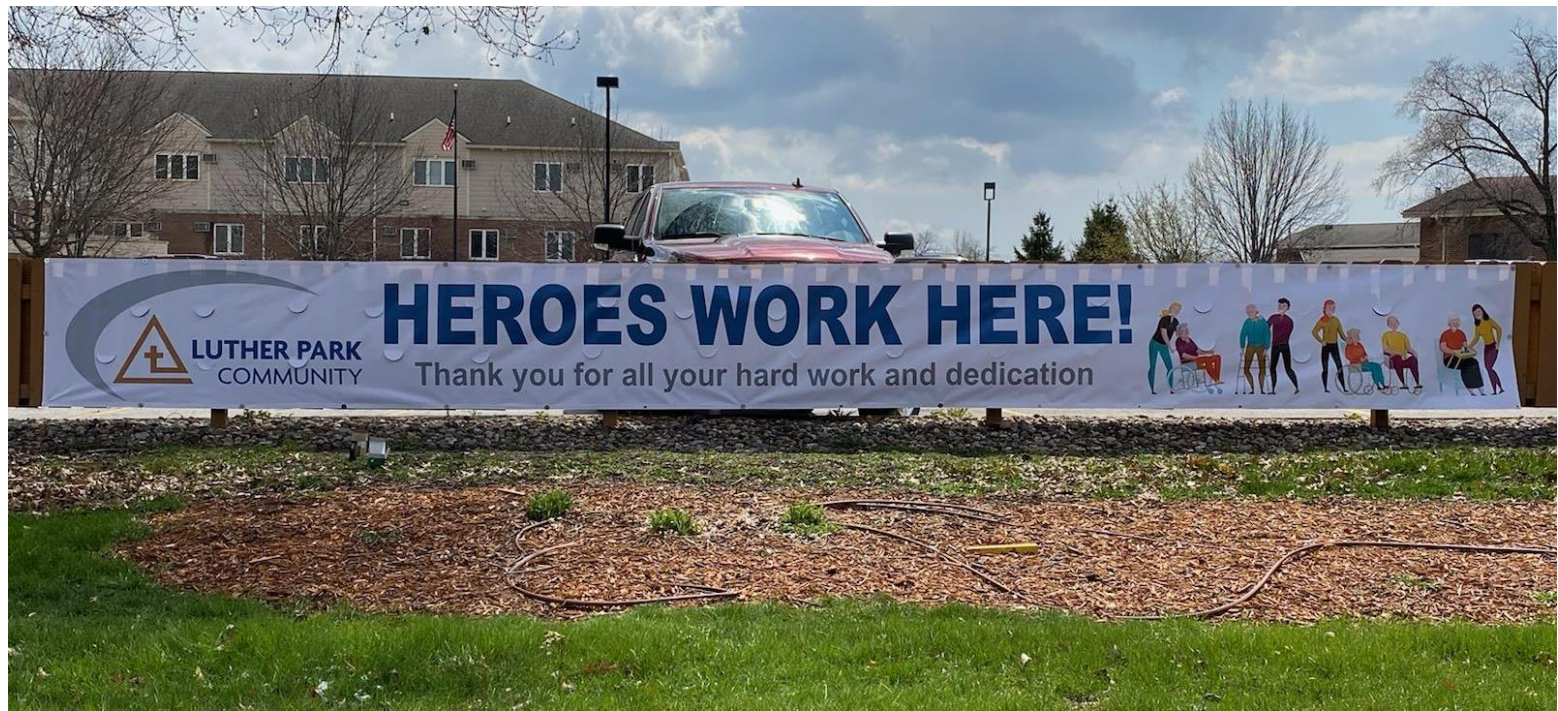
	Italy	Iowa	US
Age 65+	23%	17.5%	16.9%
% of population in Nursing Home	0.45	0.76	4.5
% of population in Assisted Living	1.29	0.35	2.0
Death/100,000 from COVID-19	155.8	126.5	149.2
% of COVID-19 Deaths in NH		32.9	35 Updated after program



Des Moines, Iowa, USA

Senior Living Community

- Nursing Home
- Skilled Nursing
- Assisted Living
- Independent Living
- Dementia Care





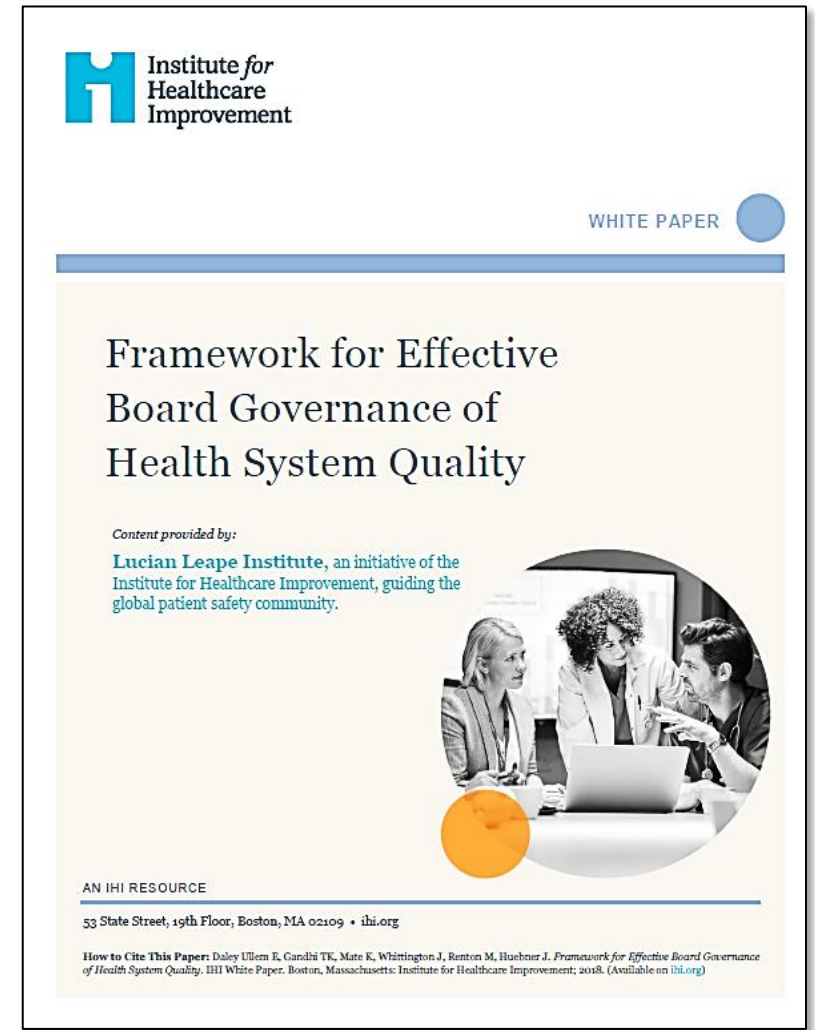
Governance of Quality Whitepaper

Adaptations with permission of IHI

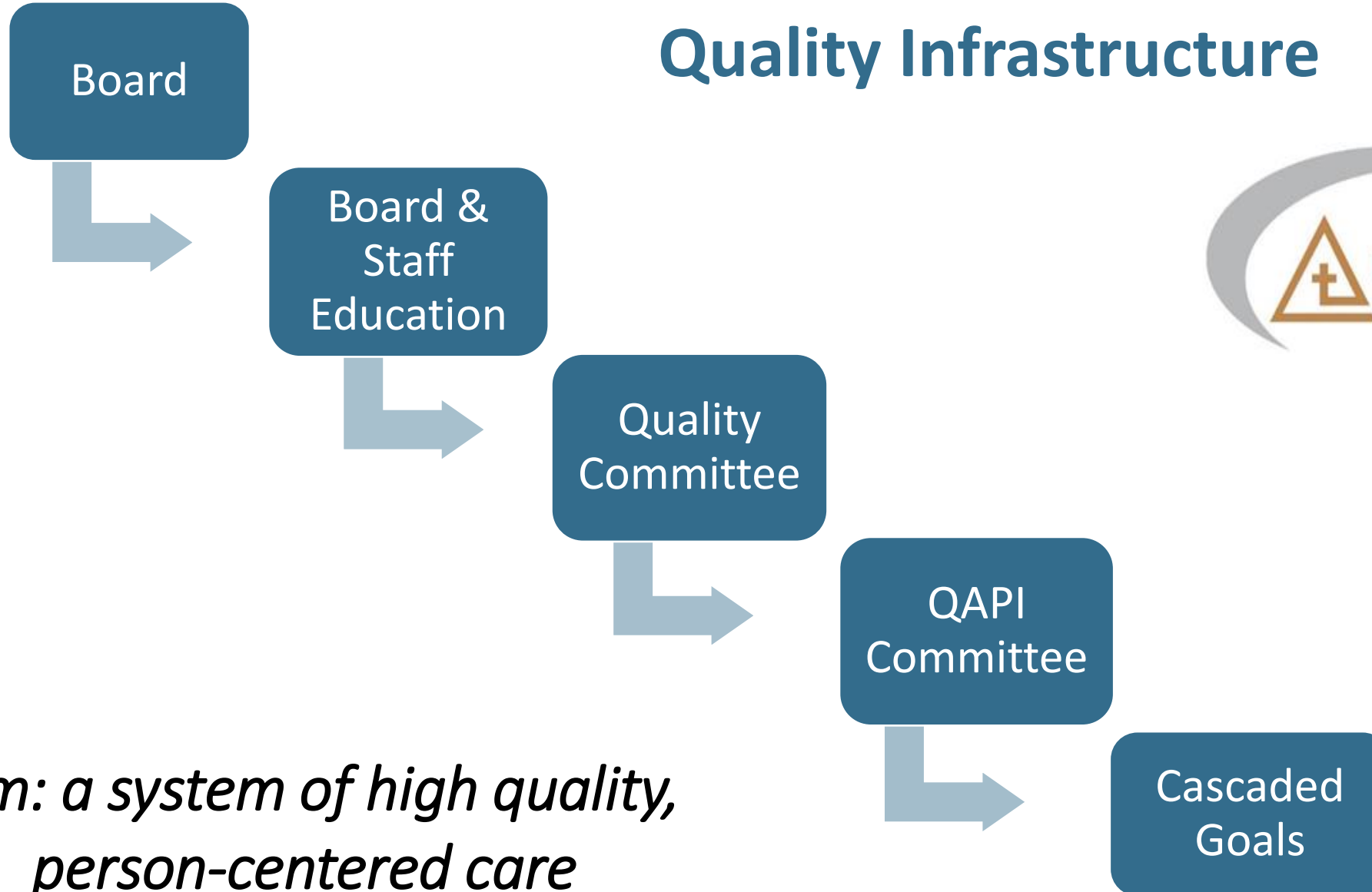
Translated language to senior living

Created three phases

Incorporated Luther Park areas of focus



Quality Infrastructure



*Aim: a system of high quality,
person-centered care*

QAPI: Quality Assurance & Performance Improvement

Effective QAPI programs are critical to improving the quality of life, care and services delivered in senior living organizations.

Specified leaders, staff, and processes to enable:



Establishing
performance
measures



Studying and
learning from
failures



Developing
actions and
follow-through



Sustaining
improvement

Systems thinking and a Just Culture

A systems approach (every department and level of service)

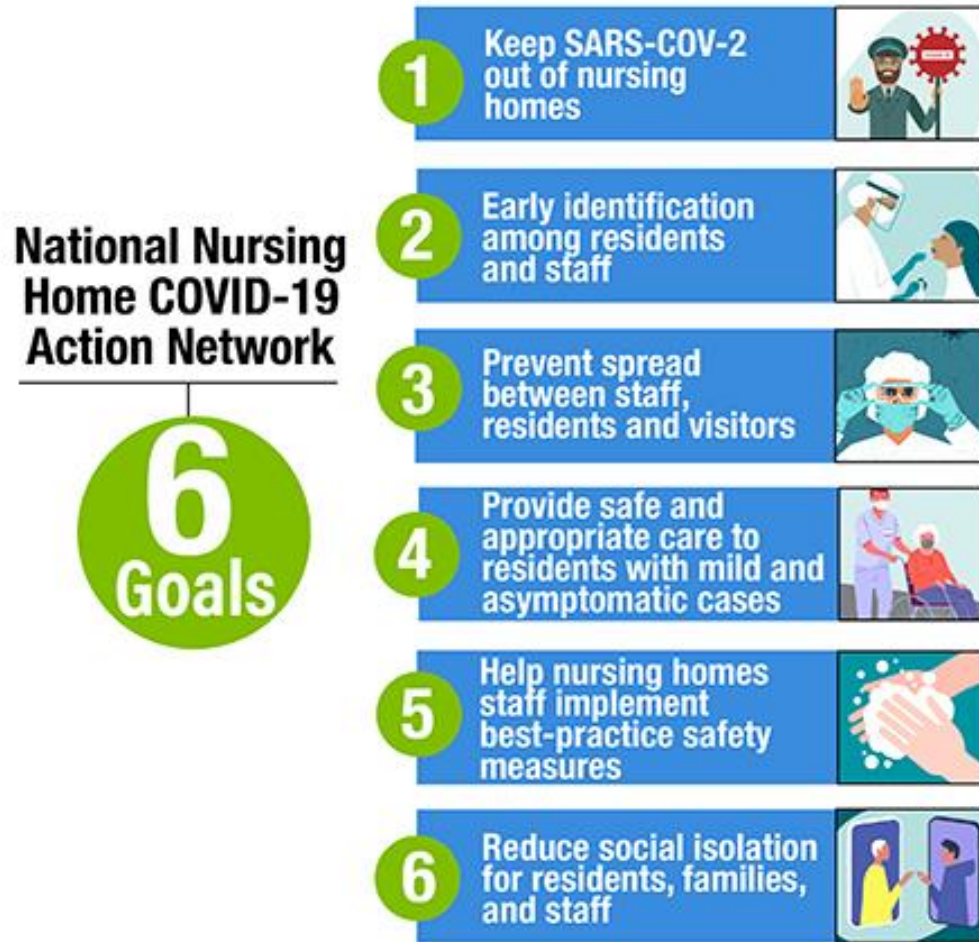
QAPI: Infrastructure for Improvement Including COVID-19 in Quality Improvement



Reports to QAPI include:

- Worries, harms to residents and staff, and discoveries of broken processes
- Changes being tested; what works and should be spread
- Learnings and findings from senior leader rounds, huddles, daily meetings
- Partnering with external providers to standardize COVID information transfer and protection practices
- Findings from onsite CMS and state inspection surveys

The National Nursing Home COVID-19 Action Network



- Goal 15,000 nursing homes
- Currently 9,000 nursing homes serving 630,700 residents
- 16 weekly 90-minute sessions with core and QI content and coaching

<https://www.ahrq.gov/nursing-home/index.html>

<https://hsc.unm.edu/echo/institute-programs/nursing-home/pages/>

Tackling High-Priority COVID-19 Challenges for Nursing Homes | IHI - Institute for Healthcare Improvement

Teaching Cohorts of Teams from Nursing Homes

- Participants had less experience in QI and fewer resources
- Met them where they were:
 - Made language adjustments, e.g. “try a change” (not “test”), very simple flow mapping to sort out failures
 - Used their worst fears and biggest challenges for focus e.g., added vaccinations and staffing challenges
 - Used their stories to illustrate improvement methods
 - Helped them clarify infrastructure for improvement and QAPI



Helping staff become “experts” in COVID-19 processes

- Reliable education:
 - “1:1 is the best” using teach-back and show-back
 - Visual job aides with “what, how, why”
- Routine checks for unnoticed disinfecting needs.
- Focus on culture, language needs and wants when designing processes and training.
 - Can staff do the process as taught?
 - If not, what gets in their way?
 - Is change needed in process or education?



Engaging residents and families in reliable processes



- Asking residents daily what they see or worry about
- Engaging resident councils in identifying problems, what matters to them, and ideas for improvement
- Visiting residents on every shift to check on needs, all processes in place, and how is the resident doing emotionally?

A team discovered availability of masks was a bigger issue than residents not wanting to wear them. Developed a new standard process for mask storage, restocking and local availability

Reducing resident decline in health related to loneliness



- Video visits with families, physicians, and therapies
- Creative activities and connections with families
- Safe hallway activities
- Fun celebrations with residents
- Drive-by celebrations and window visits
- Compassionate Care visits, family feeding assistants

Managing wellbeing of employees

- Managers aware of stress symptoms, frequently express gratitude
- Staff engaged in ideas for needed changes
- Grief and bereavement skills and counseling
- Psychologist visits with staff needing help
- Debriefing at end of shift
- Frequent sharing of positive messages



Remaining Challenge: effectively supporting managers and senior leaders

Managing staffing challenges

- Rapid COVID-19 tests for staff on request
- Frequent leader rounding to understand needs, offer support
- Paid time off for COVID-19 or exposure quarantine
- More Patient Care Assistants
- “All hands on deck!” Administrators helping however they can; some are certified PCAs



Sustaining employee morale for the long haul of pandemic

- Providing emotional support
- Career ladder from PCA to CNA certification
- Participation on teams or committees
- Specialized training; cross training
- Partnering with other disciplines
- Leading, Mentoring
- Roles in daily huddles



Providing Vaccinations in US Nursing Homes



- Commercial pharmacy companies provide and administer vaccines in most states; a few used their National Guard
- Three successive clinics 3-4 weeks apart
 - Residents vaccinated in their rooms
 - Staff vaccinated in large meeting rooms with nearby observation space following vaccinations

Remaining challenge: after the onsite clinics, how will others be vaccinated?

Addressing resistance to COVID-19 vaccines

- Help employees address their fears
- Interviews with staff and small groups to
 - understand hesitation about COVID vaccines
 - get their ideas for encouraging co-workers
- Videos or messages from peers and experts to relay facts and decode scientific messages
- Incentives: small gifts, bonuses, paid time off



CDC website, a useful resource: <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html>

Paradigm Shifts: Nursing Homes in the COVID-19 Pandemic

From



To

Leader Rounding: Surveillance

Leader Rounding: Support

Change: changing policies

Change: redesigning processes

Doing Improvement

Being Improvers

Knowing What to Do

Knowing Why It's Important

Compliance

Commitment

QAPI: "It's a Government Thing."

QAPI: "The Way We Do It Here!"

Paradigm Shifts: Nursing Homes in the COVID-19 Pandemic

From



To

'Doing our best'

'One lapse can lead to death'

'My work is my job'

'My work is a family'

Education: in groups

Education: 1:1 with return demonstration

Vaccine resistance

Vaccine confidence

Emergency plan: on the shelf

Emergency plan: a living document

CNAs: 'stay in their lanes'

CNAs: 'critical to care teams'

COVID-19 Silver Linings

- Systemness
 - Across departments and services
 - Communities and states support to nursing homes
- Employees helping each other with reliable processes
- Competitors supporting each other
- NNHCAN: 9K+ nursing homes learning reliability and sustainability together



COVID-19 Silver Linings

- New/better technologies for
 - Air filtering
 - Cleaning & disinfecting
 - PPE
- Technologies used for communication
 - Connecting loved ones
 - Keeping families informed of policy changes
 - Advance care planning
- Use of technologies to replace physician and specialists' visits
 - Infection control monitoring, physical therapy check-ins



COVID-19 Silver Linings

- “We can!” attitudes
- “Keep all the processes we improved!—
Masks can go away!”
- “Things we took for granted are now best practices”

Feelings of progress: “It’s an exhilarating high. The actual length of the stride forward isn’t the point. That it is forward at all—that’s a gift wrapped in the shiny paper of hope.”



Resources

National Nursing Home COVID-19 Action Network (NNHCAN)

AHRQ: <https://www.ahrq.gov/nursing-home/index.html>

ECHO: <https://hsc.unm.edu/echo/institute-programs/nursing-home/pages/>

CDC: Nursing Home toolkits <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html>

Resources

IHI Framework

IHI initiative on COVID-19 and Nursing homes

[Tackling High-Priority COVID-19 Challenges for Nursing Homes | IHI - Institute for Healthcare Improvement](#)

IHI BLOGS on learnings from working with nursing homes

Residents: <http://www.ihi.org/communities/blogs/protecting-and-engaging-nursing-home-residents-during-the-covid-19-pandemic>

Staff Burnout: <http://www.ihi.org/communities/blogs/lessons-from-nursing-home-staff-to-address-burnout-and-joy-in-work>

Time-saving Tips: <http://www.ihi.org/communities/blogs/time-saving-tips-to-help-prevent-nursing-home-staff-burnout>



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