

Promoting Safe Visitation During COVID-19

Cohort I Session 13

February 22, 2021

1:00 pm

Please note, Project ECHO collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO 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.

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



Today's Agenda

Follow-up from Session 12 – Promoting Safe Care
Transitions during COVID-19

Promoting Safe Visitation during COVID-19

Case Study

Breakout Rooms

Performance Improvement Discussion

Wrap-up and Poll

Questions & Answers

Session 12 Follow Up

Promoting Safe Care

Transitions During COVID-19

Follow-up Questions?



Promoting Safe Visitation during COVID-19



Queen Anne Nursing Home, Hingham

Why is it so important to reopen nursing facilities to visitation

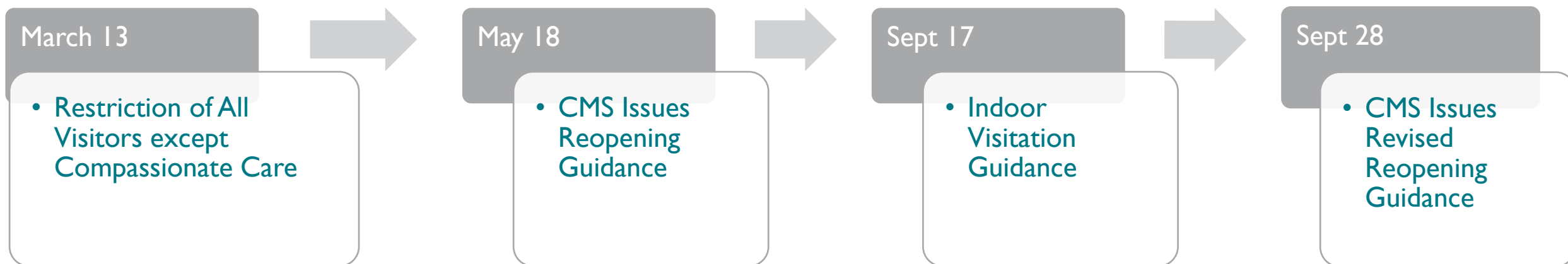
- Humans are social beings
- The elderly are particularly vulnerable to the effects of isolation



Lack of social interaction in the elderly can lead to:

- Changes in mood such as depression and anxiety
- Decline in mentation
- Increase in behaviors in residents with Dementia.
- Decreased desire to eat leading to weight loss.
- Can cause other physiological effects such as increased blood pressure or cardiovascular events.
- Some studies have shown that social isolation can lead to premature death

Regulatory Timeline-CMS



Key Points from Guidance (CMS)

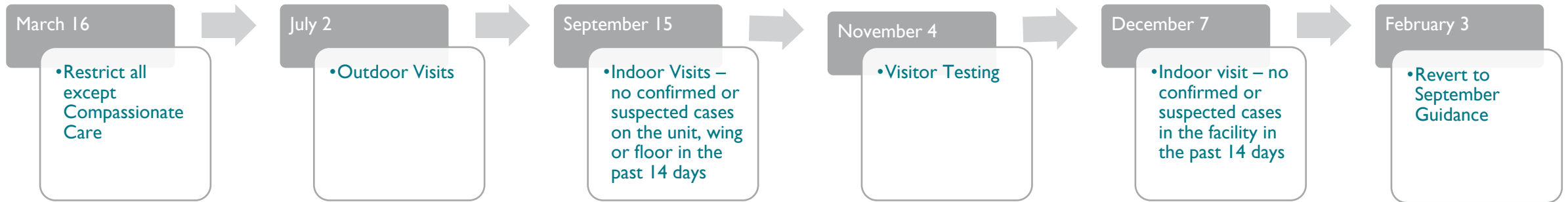
County Positivity Rates:

- Utilize the COVID-19 county positivity rate as additional information to determine how to facilitate indoor visitation:

Visitor Testing:

- Not required but facilities are encouraged in medium or high-positivity counties to test visitors, if feasible.
- If testing facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested.
- Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

Regulatory Timeline DPH



Update – EOHHS Letter 2/19/21



COVID-19 Prevention Protocols Post-Vaccination

February 19th, 2021

Many families and friends of loved ones residing in long-term care communities have asked whether there will be changes to COVID-19 policies, in particular visitation, now that residents are fully vaccinated. Since June 3rd, families and friends have been able to visit their loved ones. You may visit your loved one so long as there have not been any new cases on your loved one's floor or unit for 14 days. This policy was recently revised as prior to this change, visitation was not allowed when there were any positive cases in the facility. The Department of Public Health (DPH) will continue to modify these policies gradually as more communities become fully vaccinated, and as we learn more from the CDC.

It is important to recognize that fully vaccinated individuals can still contract COVID-19 and spread the virus to others. COVID-19 safety protocols have helped contain infections dramatically since last March, and we want to keep infections to a minimum, particularly given recent information that several virus variants could spread rapidly. You can find more information on the current number of COVID-19 cases and deaths in nursing homes and rest homes, referred to as Long-Term Care (LTC) Facilities, on the [DPH Daily Dashboard](#) under "COVID-19 Cases in Long-Term Care (LTC) Facilities."

When will I be able to visit my loved one in a long-term care facility?

You may visit your loved one so long as there have not been any new cases on your loved one's floor or unit for 14 days. Visitation is critically important to a long-term care resident's emotional well-being and quality of life and therefore we encourage you to visit if able. Regardless of the vaccination status of your loved one or those within the facility, it is important to continue to adhere to COVID-19 safety protocols. As we all know, COVID-19 can spread rapidly in LTC. Furthermore, fully vaccinated residents may experience little or no symptoms, and inadvertently transmit the virus to visitors.

What else will change in long-term care facilities after residents are vaccinated?

Isolation and quarantine precautions:

At this point, isolation and quarantine recommendations for staff and residents have not changed, even if the person has received one or two doses of the COVID-19 vaccine. This includes quarantine for staff and residents after an exposure, and residents after admission to the long-term care facility.

COVID-19 Testing:

Testing will continue as currently outlined in DPH guidance, [Long Term Care Surveillance Testing](#), regardless of vaccination status for individual residents or staff in the long-term care facility. This includes weekly testing of all staff, testing of symptomatic staff and residents as well as more extensive outbreak testing of all residents and staff when a new COVID-19 case is identified.

Screening:

Screening residents, staff, and visitors for signs and symptoms of illness will continue as outlined in [DPH guidance](#), even after residents and staff at the facility have been vaccinated. There have been no changes to recommendations for screening for signs and symptoms of COVID-19 in long-term care facilities. No staff should work with fever or symptoms of acute illness, regardless of whether it is caused by COVID-19 or another illness.

*See Mass Senior Care website for link to letter

Core Principles of COVID-19 Infection Prevention

- 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)
- Social distancing of at least six (6) feet between persons
- Specific entries, exits, and routes to designated visitation areas.
- Instructional signage throughout the facility and proper visitor education on COVID 19 signs and symptoms, infection control precautions, other applicable practices (exits, routes to designated areas)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and in designated visitation after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID 19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h)

Visitation



Virtual

Face time, Zoom, Skype, Google Duo



Outdoor

Window visits
Designated outdoor visitation space



Indoor

Compassionate Care visits
Designated indoor visitation space
Resident room visits

Your Visitation Innovations



Julian Leavitt



Mount Carmel



Your Visitation Innovations



Mt. Greylock Extended Care Facility

Sep 25, 2020 ·

Although Resident Virginia D. was not able to attend a family wedding, she was thrilled to have them stop by to make sure she was included in a family photo! Her son Carmen married the love of his life Annette today. We thought they all looked amazing!



Mt. Greylock

Your Visitation Innovations



Sixteen Acres



Compassionate Care Visits

Compassionate care situations” does not exclusively refer to end-of-life situations.

- •A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- •A resident who is grieving after a friend or family member recently passed away.
- •A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- •A resident, who 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.)

Challenges of Indoor Visitation – Case Study

- Resident actively passing. Family (daughter, son in law, 2 granddaughters in for bedside compassionate visit) Positive Covid in facility. Upon entering 3 family members were appropriately screened and donned PPE. They were Binex tested.
- One granddaughter adamantly refused, became abusive to staff yelling this is a violation of my rights. I won't allow you to have the potential to contact trace me or my DNA.
- DON who was present in the facility responded explained reasons for screening, testing and use of PPE.
- Visitor left the facility continuing verbal aggressions into parking lot.



What the future may look like

Breakout Sessions – 3 Scenarios – 1 per room, 8 minutes

Is visitation different for different scenarios:

- Resident and Visitor are both vaccinated
- Resident is vaccinated, visitor is not
- Resident is new admission on quarantine, received one dose of vaccination



Report Out

- Resident vaccinated and visitor is not :
 - Continue with current restrictions as still not enough known
 - Screen visitor – verbal and temperature
 - Ideally test the visitor and resident
 - PPE visitor – N95/KN95 supplied by the facility/full PPE
 - Both resident and staff masked and 6 feet apart
 - Not in the resident room's if they have a roommate
 - Would like to see the social distancing rule go away – especially in facility if staff and residents vaccinated



Report Out

- Both vaccinated
 - Still an awful lot to think about – need higher vaccination rates in the community
 - Immunity better, transmission better
 - Who to open it up to – only those that are vaccinated? Proof of vaccination? Fake cards? Children?
 - Still limit visitation times – infection control with frequent cleaning, etc.
 - Should stay the way it is now – too much to worry about right now and don't want to open it up to additional infections
 - A lot of hesitancy to opening up

New Admit in Quarantine – 1 dose of vaccine
Still need to be conservative

- Don't know how much protection they have after one vaccine
- If visitor had COVID and is considered recovered should be able to visit
- Full PPE
- BinaxNow depending on facility's ability
- Continue to restrict visitation – limit time and number

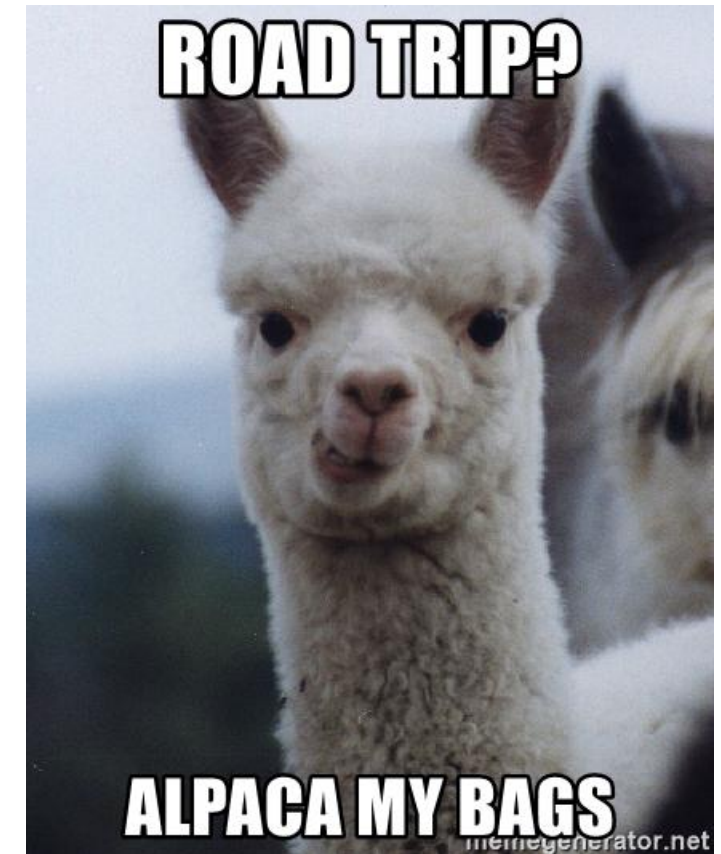
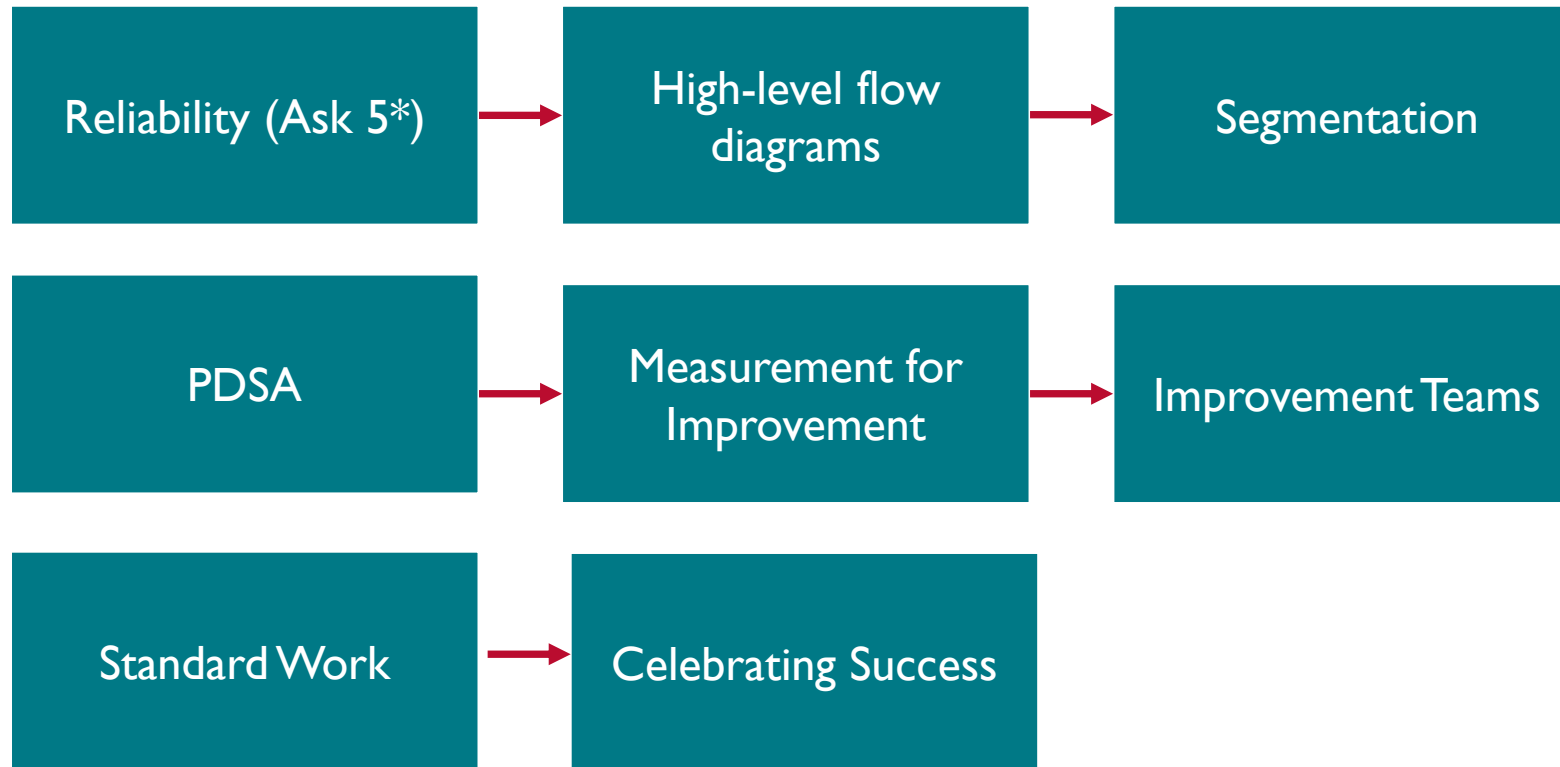
Human Frailty and Standard Work

Martha Hayward, IHI

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The QI Journey



Ask 5: Who, When, Where, How, What

Human Frailty

Accepting human failure in process design

Some Observations



If 80% of those using the designed process understand and believe **why the** project is important then you are ready for implementation.



Relying on humans to always do the right thing even if they want to is a poor design assumption.



Relying solely on education, training and vigilance to guarantee process acceptance will likely cause process failure.



The best way to achieve implementation of an idea even if the **why** is highly accepted is to assume human failure and design appropriately

Education and Training

- Absolutely required but not sufficient.
- Tends to be the only implementation tool for most processes.
- Uses and wastes a lot of resources.
- Often uses compliance, feedback and more training rather than accepting frailty of the design.

How to thwart human failure

Use design principles that assume human failure will occur from the onset so whenever possible help humans to remember.



Checklists



Double checks



Reminders

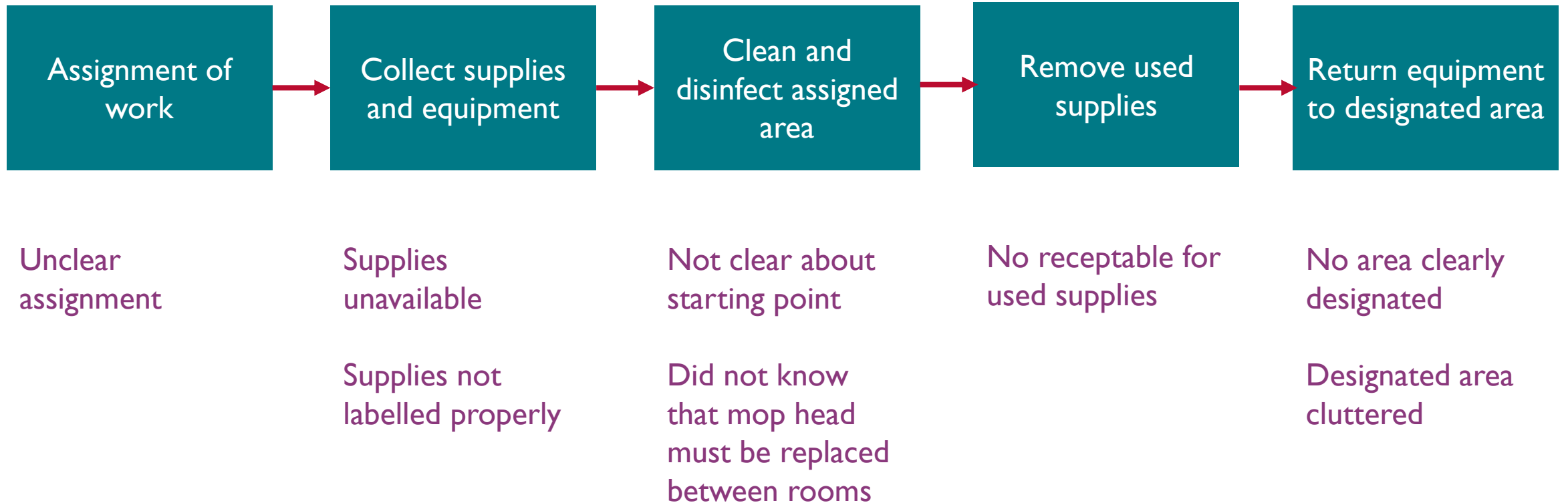


Mechanical interfaces



Habits and patterns

Associate problems with a box in the flow diagram



Improve the Labeling of Cleaning and Disinfecting Products

- **Why** Ensure safety of the user and residents
- **Who** Person assigned to review inventory
- **When** During inventory check
- **Where** In the stock receiving area (or places where prepared)
- **How** Review existing label; if not appropriate correct with appropriate label
- **With what** Use the label maker to produce label

Set Up For Your First Small Test of Change

- Explain what you are trying to accomplish: in this case, appropriate labeling of products by person responsible for inventory control to label products
- Ask the person to carry out the task as designed
- Debrief after the completion of the trial

Debriefing the Tester

- Were there products that were not properly labeled?
- Were they easy to identify?
- Were you able to re-label correctly?
- What may have prevented you from completing this task?
- How long did it take you to complete the task?
- Is there something we should consider doing differently?

Leave in action

- Pick one step of one process that you want to improve

What to expect next...

Next Session: **March 1, 2021**

Topics:

- Session 14: Promoting Solutions for Making the Built Environment Safer During COVID-19

Submit pictures of building modifications to mleccese@maseniorcare.org

Wrap Up and Poll

- Please watch your screen and respond to our 2 poll questions as they launch



Questions?

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