The Role of the CNA during COVID-19

Cohort 4 Session 10

February 3, 2021

2:00 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

NM HEALTH SCIENCES | Project ECHO®

AHRQ — Agency for Healthcare Research and Quality

Institute for Healthcare Improvement | MASSACHUSETTS SENIOR CARE ASSOCIATION | Hebrew SeniorLife | HARVARD MEDICAL SCHOOL AFFILIATE

Today's Agenda

Follow-up from Session 9 – Effective Leadership & Communication; Vaccine Clinic Check In

The Role of the CNA during COVID 19

Discussion

Performance Improvement Discussion

Wrap-up and Poll

Questions & Answers

Session 9 Follow Up: Effective Leadership & Communication

- What leadership ideas generated on the call last week resonated most?

- How can the remaining sessions support leaders in your buildings?

AHRQ ECHO National Nursing Home COVID-19 Action Network

THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES | Project ECHO

AHRQ Agency for Healthcare Research and Quality

Institute for Healthcare Improvement

MASSACHUSETTS SENIOR CARE ASSOCIATION

Hebrew SeniorLife | HARVARD MEDICAL SCHOOL AFFILIATE

‹#›

Vaccine Clinic Check-in and Updates

- CVS will provide # 1 vaccination at the 3rd visit

DPH Update?

- Binax – per DPH memo January 31, 2021:

  - Can order up to 8 times licensed beds through March.

- Order once per month

- [Appendix C: Resource Request Form](#) and email the completed form to COVID19.Resource.Request@mass.gov.

The Role of CNAs During COVID 19

AHRQ ECHO National Nursing Home COVID-19 Action Network

HEALTH SCIENCES ECHO Project AHRQ Agency for Healthcare Research and Quality Institute for Healthcare Improvement MASSACHUSETTS SENIOR CARE ASSOCIATION Hebrew SeniorLife | HARVARD MEDICAL SCHOOL AFFILIATE

‹#›

Chat Waterfall

- We will ask you **two questions** about how we might leverage the expertise of CNAs in COVID 19 efforts

- Rapid generation of ideas

- Everyone participates

- Captures "wisdom of crowd"
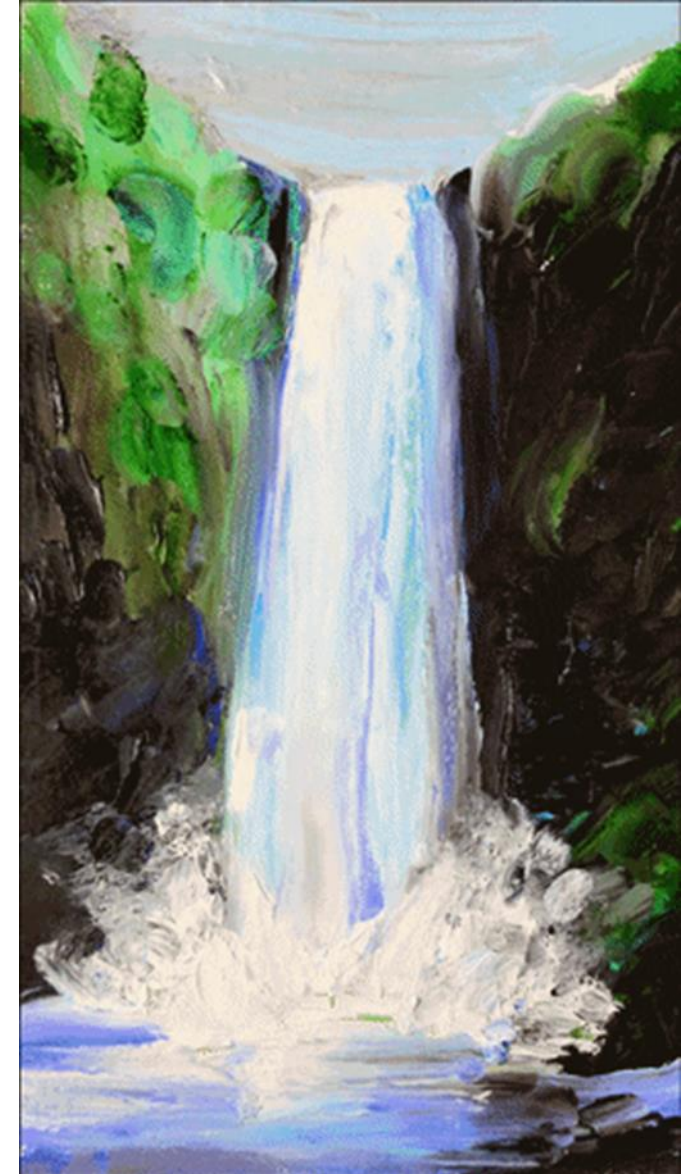
Last Name Between A-K

- Type your response to the question below

- Respond "Everyone"

- Wait until I count you down (DO NOT HIT SEND UNTIL I TELL YOU TO!)

- Here is the question:
  - What are the biggest challenges CNAs face during COVID -19?

- 3-2-1 BEGIN

Last name between L-Z

- Type your response to the question below

- Respond "Everyone"

- Wait until I count you down (DO NOT HIT SEND UNTIL I TELL YOU TO)

- Here is the question:
  - How might we respond the challenges just described?

- 3-2-1 BEGIN

How Do Our Insights and Recommendations Compare?

Short Video

https://www.youtube.com/watch?v=kTbUttByHMk&feature=youtu.be

Role of the CNA during COVID-19: Challenges

- CNA shortages are magnified

- CNAs have taken on many new responsibilities

    - Deliver food at mealtimes, help with resident laundry, disinfect every room

    - Added agency staff in many facilities – "house" aides now more responsibility

- Keep residents feeling safe and secure (with less physical contact and more physical barriers)

- Try to keep residents connected to family and community (with more technology and less time)

- Unprecedented grief and loss

- High risk clinical role

What CNAs say they need...

- <u>Inclusion</u> of CNAs as an essential team member in care plan meetings, daily huddles, and with clinical and regulatory updates about COVID

- <u>Recognition</u> that being a CNA is an important and valued profession

- <u>Communication</u> to CNAs to allay fear and build a culture of trust

- <u>Safety</u>: Provide safe work environment (PPE, break areas, flexible scheduling, vaccine)

- <u>Investment</u> in CNAs
    - Provide <u>career growth opportunities</u> and education beyond in-services
    - <u>Education</u>: CME support, certification opportunity
    - CNA pipeline to support workforce shortages

Key Strategies for Recruitment and Retention

Workforce Best Practices

- Implement financial incentives, set competitive compensation and provide a clear job description

- Be upfront and bold about the compensation
  - $20.23/Hr. Average CNA Wage
  - $35.62/Hr. Average LPN Wage
  - $40.89/Hr. Average RN Wage

- Articulate the benefits of working at your organization
  - Promote career advancement opportunities
  - Provide flexible scheduling
  - Offer incentives like gift cards, stipends for childcare and transportation

AHRQ ECHO National Nursing Home COVID-19 Action Network

UNM HEALTH SCIENCES | Project ECHO | AHRQ Agency for Healthcare Research and Quality | Institute for Healthcare Improvement | MASSACHUSETTS SENIOR CARE ASSOCIATION | Hebrew SeniorLife | HARVARD MEDICAL SCHOOL AFFILIATE

Workforce Best Practices

- Use the State's LTC Staffing Portal
- Utilize social media to post jobs and reach additional candidates
  - Facebook, Instagram, LinkedIn, Craigslist
- Engage existing staff to help with recruitment
  - Share experiences of current staff through video testimonials
  - Word of mouth; Implement a referral bonus program
- Use text messaging to communicate with candidates
- Develop an effective onboarding program
- Implement Resident Care Assistants (RCAs) position
- Develop workforce pipelines
  - Resident Care Assistants
  - RN, LPN, CNA Clinical Placements

Case Study

Doreen has been a CNA in your center for three years. She has been working on the COVID 19 positive unit for the last couple of months and has helped orient all CNAs who are new to the unit.

At the end of her shift yesterday, Doreen reported that she had noticed that several staff members on the unit were not using proper hand hygiene practice. She thinks this is occurring because CNAs and nurses are both doing tasks they don't usually do. She has some thoughts on how this problem can be fixed.

- How can the Unit Manager empower Doreen to help resolve this problem?

- What are some potential barriers that Doreen might encounter?

- How might the leadership team help overcome these barriers?

Break-Out Rooms: Leveraging CNAs to Improve Infection Control

- How can you ensure that CNAs are part of ongoing training and updates on Infection Control practices?

- What are some ways in which CNAs can contribute to Infection Control audits and process improvement?

- What are examples of processes that support CNA communication about a change in resident condition or about what matters most to the resident?

Performance Improvement Presentation

Brian Bjoern, MD

Getting started with PDSA

How to make your improvement life easier

Brian Bjoern

Stephanie McPherson, Alliance Health at Rosewood

Process: Rapid Covid-19 testing with BinaxNOW

Obtain antigen kit and reagent	→	Test performed by licensed staff	→	Test read by licensed staff	→	PCR confirmation of positive tests
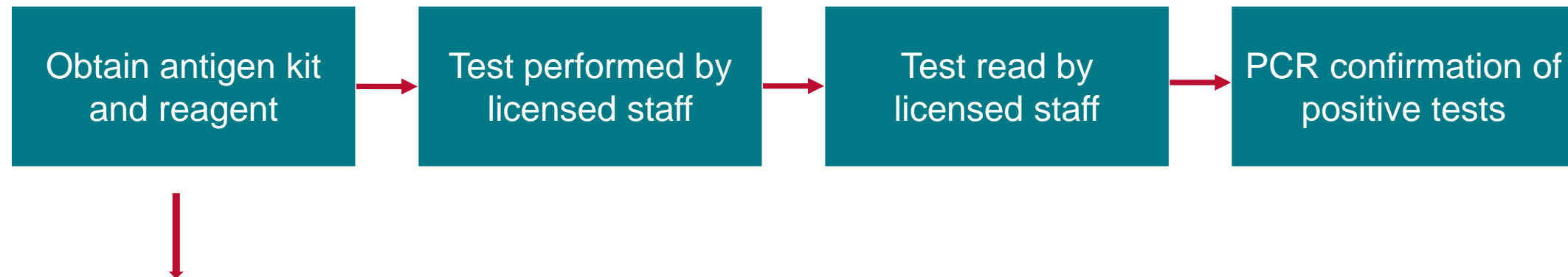
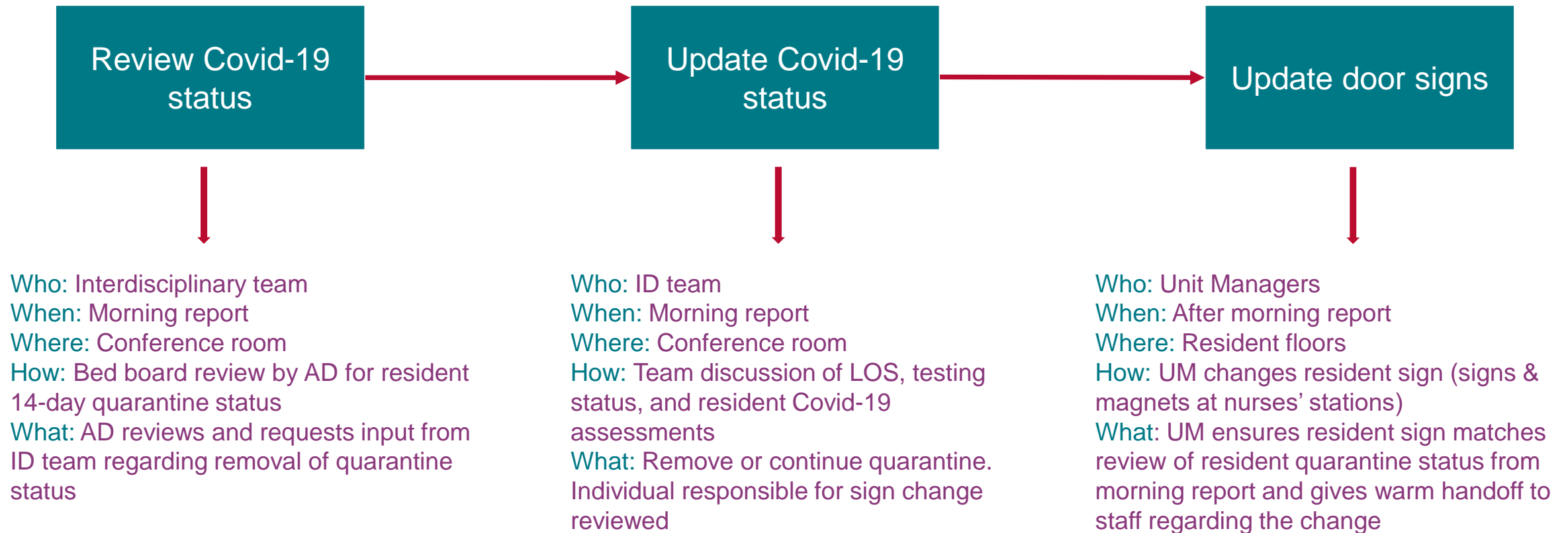Who: Ordered through DPH

When: Inventoried each month

Where: Stored in administrator's office and on floors
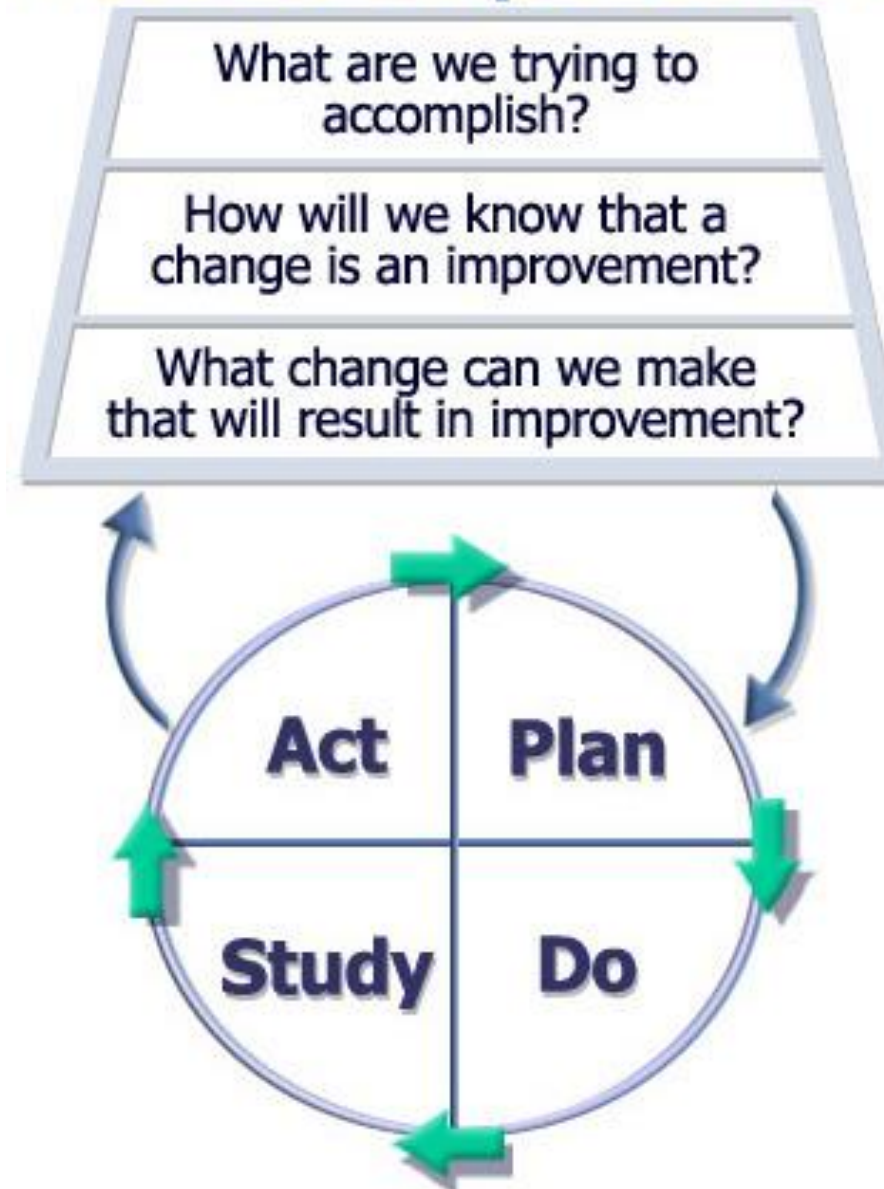
How: Administrator verifies supplies

What: Brainstorm solutions if supplies are missing
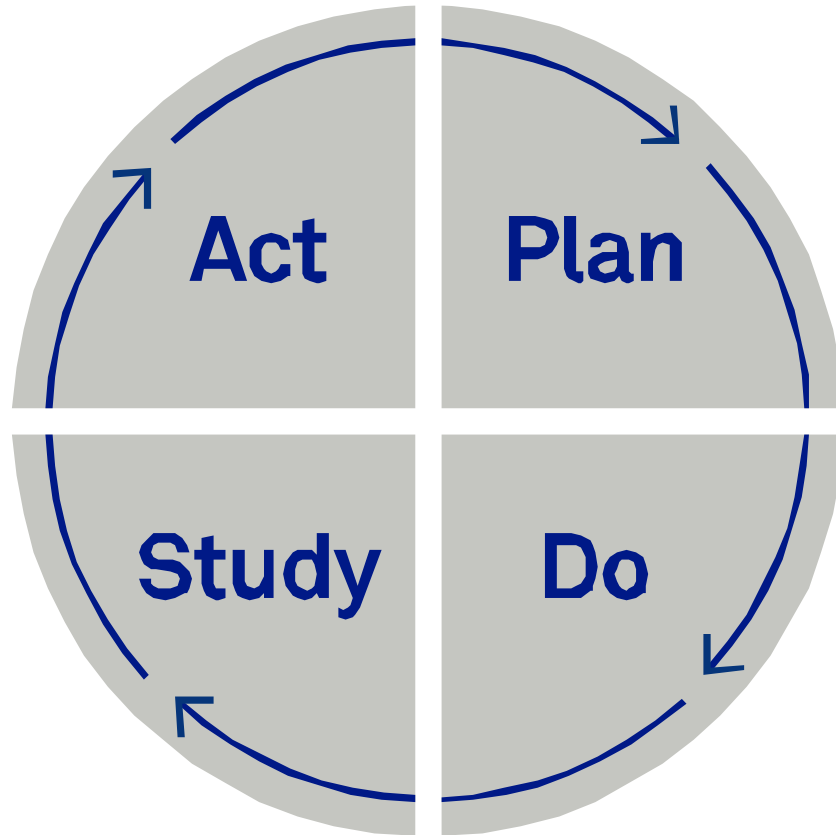
Jen Collins, Pilgrim Rehabilitation

Process: Correct Covid-19 status on resident room doors

Review Covid-19 status	→	Update Covid-19 status	→	Update door signs

Who: Interdisciplinary team
When: Morning report
Where: Conference room
How: Bed board review by AD for resident 14-day quarantine status
What: AD reviews and requests input from ID team regarding removal of quarantine status

Who: ID team
When: Morning report
Where: Conference room
How: Team discussion of LOS, testing status, and resident Covid-19 assessments
What: Remove or continue quarantine. Individual responsible for sign change reviewed

Who: Unit Managers
When: After morning report
Where: Resident floors
How: UM changes resident sign (signs & magnets at nurses' stations)
What: UM ensures resident sign matches review of resident quarantine status from morning report and gives warm handoff to staff regarding the change

Model for Improvement

PDSA

- PLAN a change or test aimed at improvement

- DO–carry out the test

- STUDY the result. What did we learn? What went wrong? Was our prediction correct?

- ACT–adopt or abandon the change or run it through another cycle

PDSA common issues

- No explicit theory
  - Vaccine hesitancy:
    - Lack of information?
    - Cultural norms?
    - …?

- No explicit prediction
  - If we do X, we expect Y to happen

Small steps lead to big change

- Start small:
  - 1 day
  - 1 resident
  - 1 CNA

- Run multiple small PDSA at the same time

- Scale up as you build confidence that your change idea is working

- Slice your project into smaller pieces

Segmentation–or how to eat the elephant one bite at a time

- Segmentation–trying out your test of change under the most favorable conditions

- Early, easy wins help build momentum–celebrate them!

- Allows you to learn and build confidence in the change before testing in difficult areas

- Different segments will yield different results = accelerated learning

Segmentation examples

- Day shift vs. weekend or night shift

- Staff eager to try something new vs. the more reluctant

- Better staff unit vs. unit with staffing shortage

Leave in action

- Think of a process that you need to improve (use 2–5-word description)

- Which segment do you choose for your first tests?

What to expect next…

Next Session: **February 10, 2021, 2:00pm**

Topic

- Session 11: Interprofessional Team Management of Mild Cases of COVID-19

Send in your facility's best practices/challenges by Monday, February 8, to Marina Renton at mrenton@maseniorcare.org

Wrap Up and Poll

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

Questions?