

Promoting Safe Visitation During COVID-19

Cohort 4 Session 13

February 24, 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**



Today's Agenda

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

Promoting Safe Visitation during COVID-19

Case Study

Performance Improvement Discussion & Breakout Rooms

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

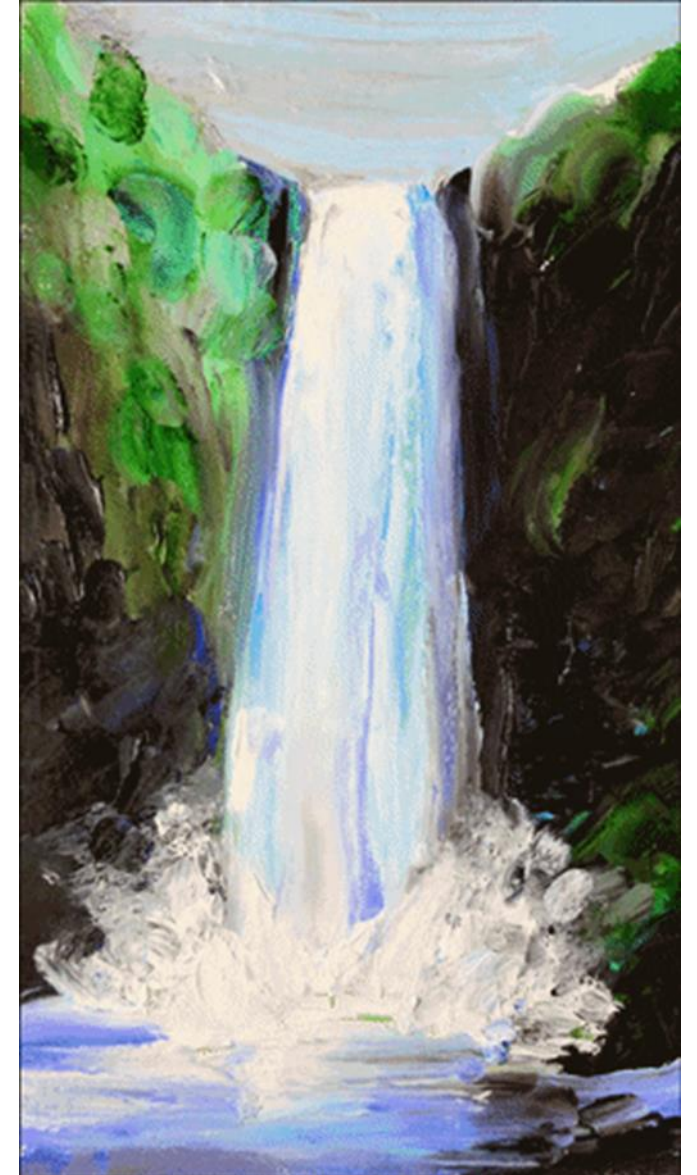
Why is it so important to reopen nursing facilities to visitation

- Humans are social beings
- The elderly are particularly vulnerable to the effects of isolation
- **Our Nursing Home reopening task force needs your input.**



Chat Waterfall

- We will ask you **two questions** about how social isolation has effected your residents
- 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 effects of social isolation you have seen in your residents
- 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:
 - What are you looking forward to in the post-COVID “new normal”
- 3-2-1 BEGIN

Regulatory Timeline-CMS

March 13

- Restriction of All Visitors except Compassionate Care

May 18

- CMS Issues Reopening Guidance

Sept 17

- Indoor Visitation Guidance

Sept 28

- CMS Issues Revised Reopening Guidance

Key Points from Guidance (CMS)

County Positivity Rates:

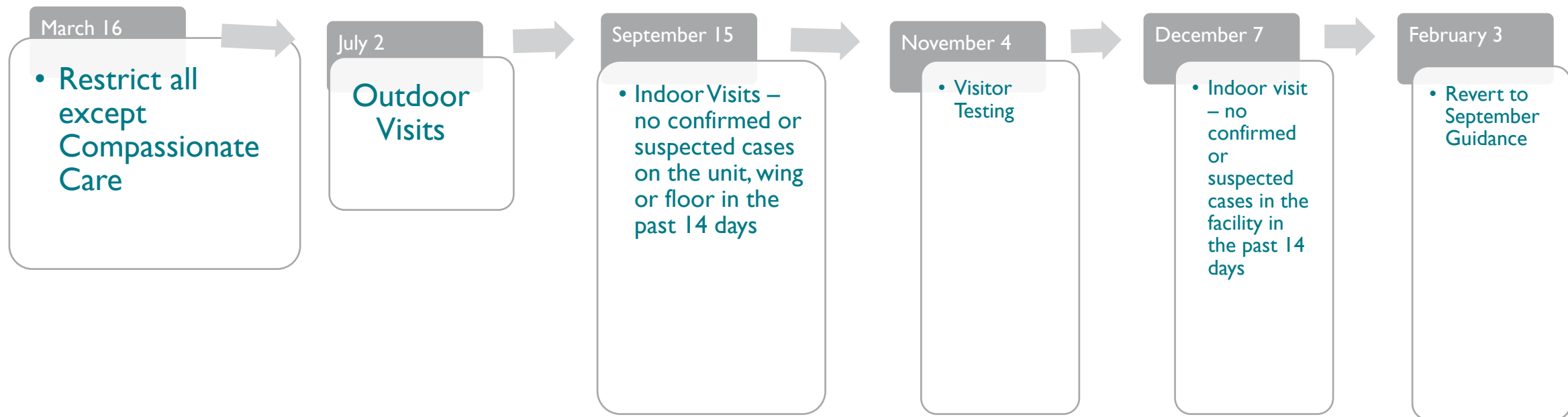
- Utilize the COVID-19 county positivity rate as additional information to determine how to facilitate indoor visitation:

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

Key Points:

Visits can occur if no cases on in 14 based on unit or floor

- Different from CMS

Isolation and Quarantine – unchanged

Testing – unchanged

Screening – unchanged.

Re-evaluation will continue based on data and information from CDC.

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.

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



Discussion: Your Visitation Innovations

- Are visitors testing?
- How do you ensure the visitors follow Core Principles?
- What are some Non-end of life examples for Compassionate Care visits?

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.)

Case: Challenges of Indoor Visitation

93 year old female resident. Signed onto hospice services on 2/8 with a diagnosis of dementia and related disorders. Significant weight loss. Family wants to have better “access” to their mother, especially given that she is on hospice. She is legally blind and has dementia but knows her family. She has a private room.

Building currently works with recreation to schedule either an in person or virtual visit with residents. Given the volume, residents may get only one visit per week. Family has worked with team for increased visits but this is confusing to recreation team who may feel like it’s unfair to others as she is not at active end of life.

She has 5 children and a spouse. Visits have occurred in the dedicated spaces for routine visiting, but one daughter requesting that her father in particular visit on the neighborhood so they can have more privacy and be closer to each other.

Her children want to bring her coffee and appropriate small items for her to eat during the visits because it’s something they can do for her and it makes them all feel better.

Case: Challenges of Indoor Visitation

How are we able to allow her spouse to visit during a compassionate care visit and honor a request for them to be closer to one another when we have to enforce social distancing?

- Should we be able to allow her to drink fresh/hot coffee and have a small snack during the visit? (We are guided for all to have face masks on.)
- What is the guidance if the family wants to physically assist her to eat?
- How do we manage the time of the physical escort to the room and subsequent monitoring of the visit as this will start to occur for multiple residents.

What the future may look like

Breakout Sessions – 3 Scenarios – 1 per room, 10 minutes

What do you need from CMS/DPH to improve visitation?

Scenarios:

- Resident and Visitor are both vaccinated
- Resident is vaccinated, visitor is not
- Resident is new admission on quarantine



Break Out Questions

- What testing requirements are needed?
- What PPE requirements are needed?
- What location do you use for the visit?

Report Out

Resident Newly Admitted

- Anticipated future policies depending on vaccine acceptance. Still open questions relating to new variants and how effective the vaccines will be against them
- Will nursing facilities be able to ask for proof of vaccination when visits resume?
- Conflict when hospitals have different visitation policies than the nursing home and families expect the same policies to be in effect in the SNF
- Might be able to shorten period for new admissions when vaccinated



Both Vaccinated

- Screening visitors, issuing masks and face shields, separate area for common space visits
- Challenging to hold onto visitor face shields so they can be reused
- Proof of vaccination—how will that work?
- If both are vaccinated, might be able to allow more privacy, less supervision during the visit. Should be a reduced need for physical distancing
- Use of PPE shouldn't change because we need to assume that you can still catch and/or transmit COVID if you have been vaccinated

Resident Vaccinated, Visitor Not

- Visitor needs to stay in full PPE and should be offered testing, but the resident should be able to eat a snack during the visit
- Increasing volume of visitors—testing all of them might be challenging, depending on volume. Testing might be prioritized for short-stay visitors, who have more intensive care needs/need for longer visits
- Use of volunteers to supervise visitation (most labor-intensive part of visitation)
- What are the restrictions for bringing back volunteers currently?
- What if both are COVID-recovered? Within what time frame?

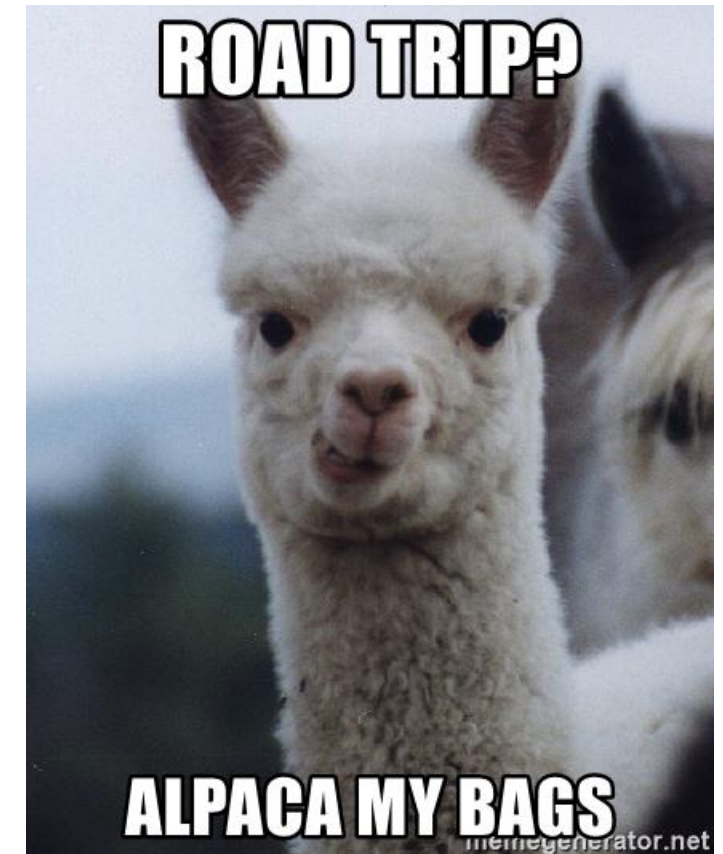
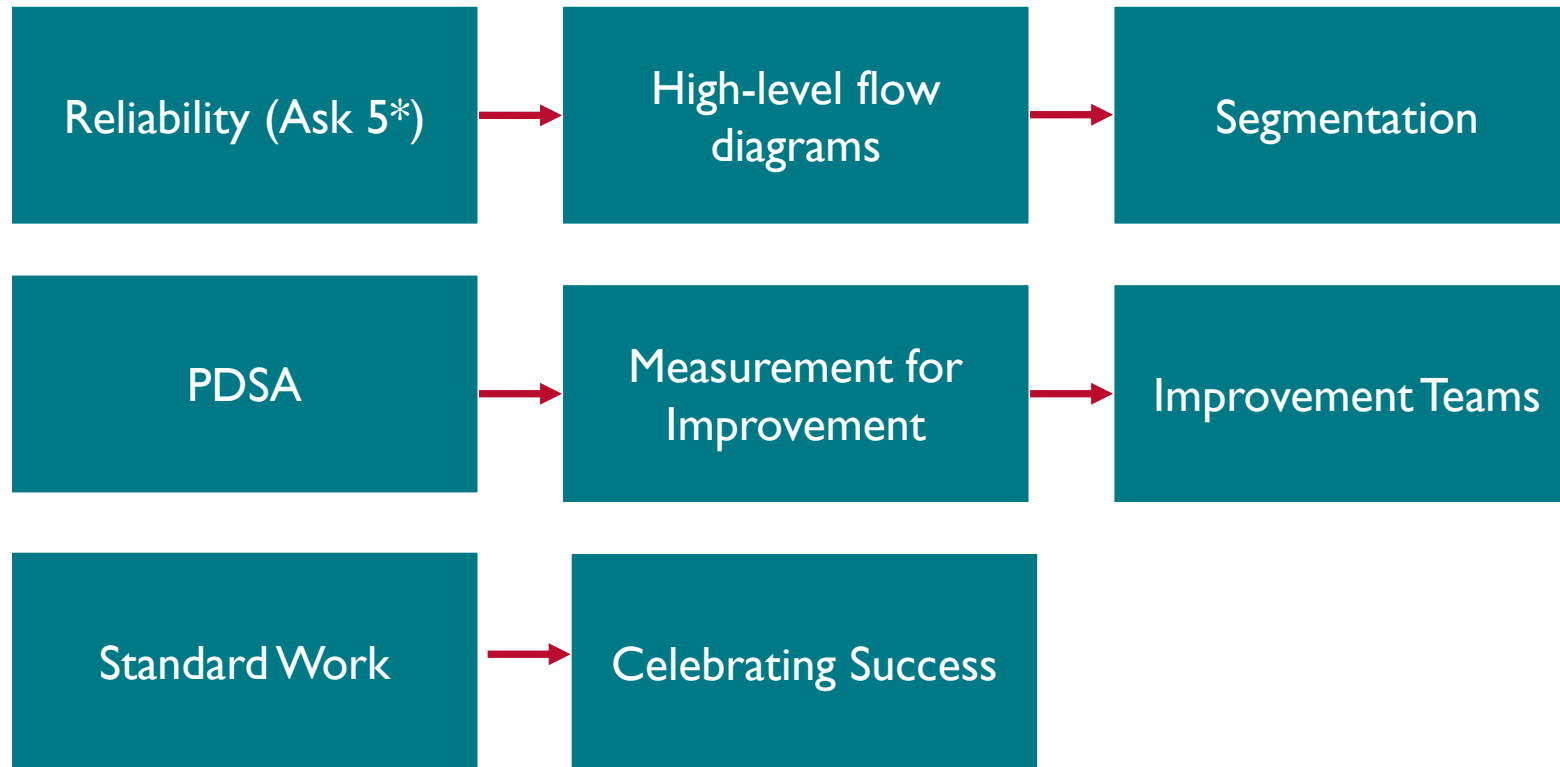
Human Frailty and Standard Work

Brian Bjoern, IHI

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



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

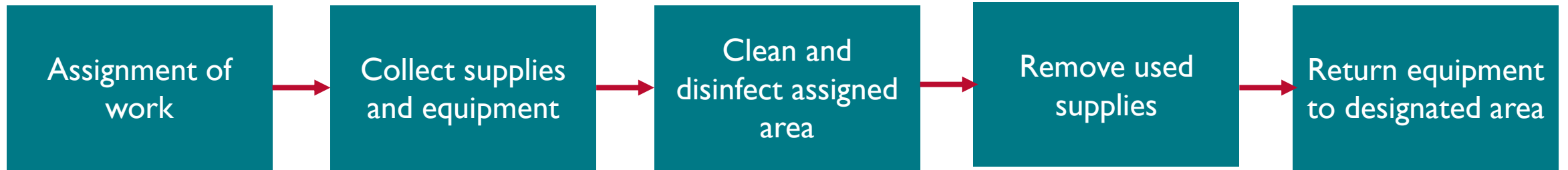


Mechanical interfaces



Habits and patterns

Associate problems with a box in the flow diagram



Unclear
assignment

Supplies
unavailable

Supplies not
labelled properly

Not clear about
starting point

Did not know
that mop head
must be replaced
between rooms

No receptacle for
used supplies

No area clearly
designated

Designated area
cluttered

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 3, 2021**

Topics:

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

Questions? Comments? Email 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?

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

