

The Role of the CNA during COVID-19

Cohort 5 Session 10

February 4, 2021

12:00 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 9 – Effective Leadership & Communication; Vaccine Clinic Check In

The Role of the CNA during COVID 19

Discussion

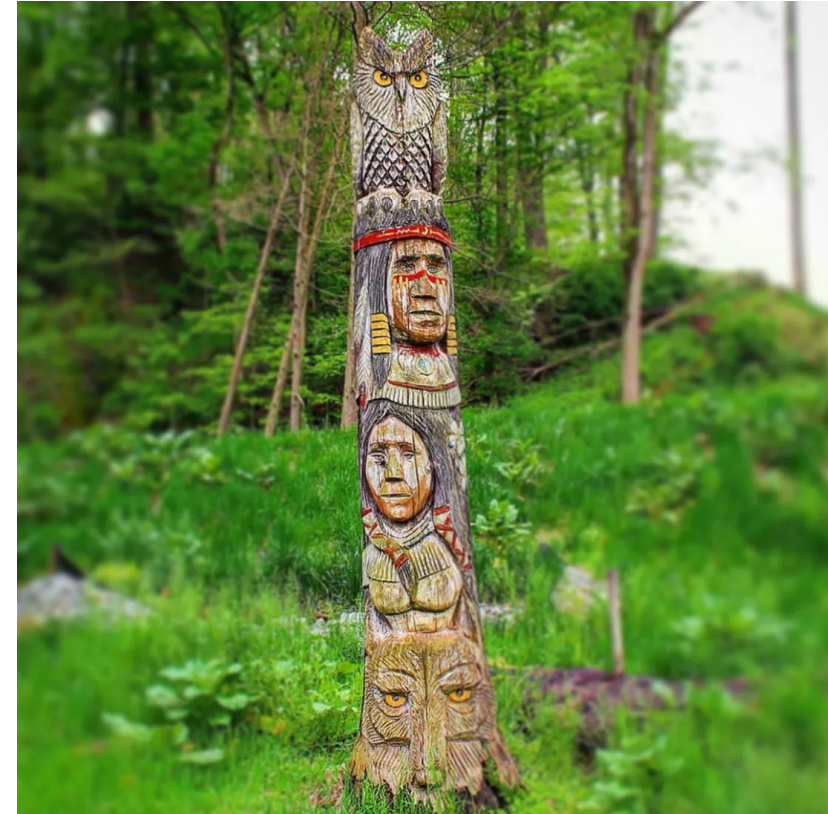
Performance Improvement Discussion

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?



Vaccine Clinic Check In

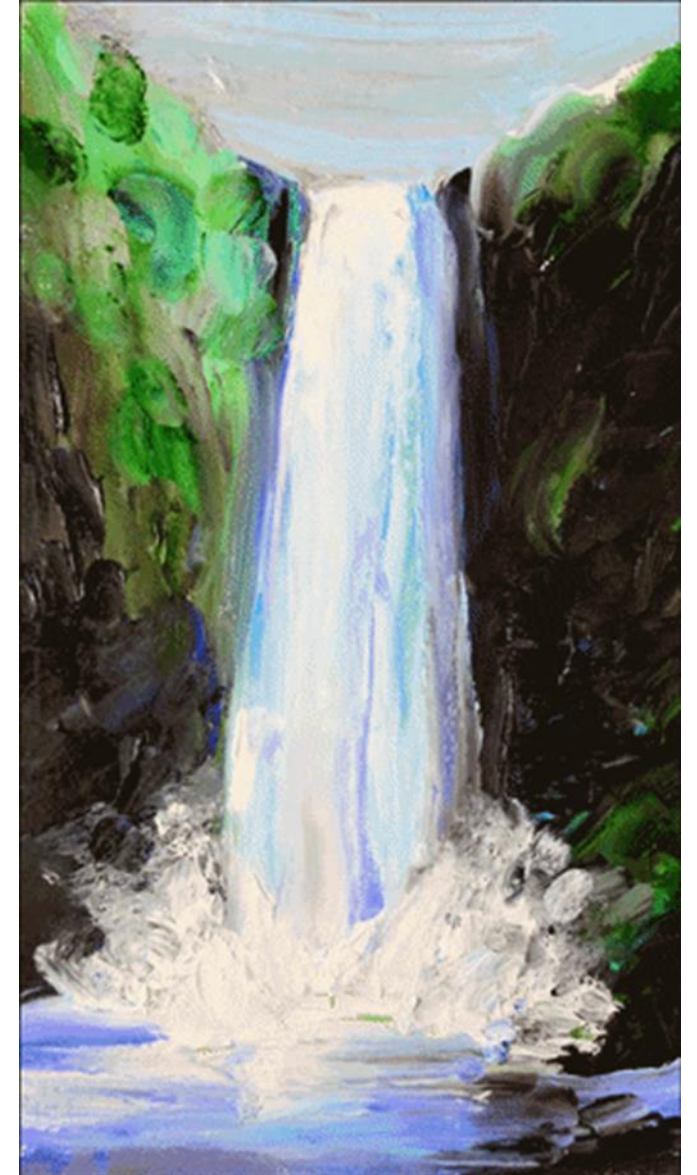


The Role of CNAs During COVID 19



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?



Role of the CNA during COVID-19: Challenges

- CNA shortages are magnified
- CNAs take on new responsibilities
 - Isolation requires CNAs to deliver food at mealtimes
 - Do the resident's laundry
 - Disinfect every room
- 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)

What CNAs say they need...

- Include CNAs as an essential team member in care plan meetings, daily huddles, and with clinical and regulatory updates about COVID
- Realize that being a CNA is the REAL and valued profession
- Communicate to CNAs to allay fear and build a culture of trust
- Invest in CNAs
 - Provide growth opportunities and education beyond mandatory in-services
 - Beyond compliance, their profession, their development, their skills

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?

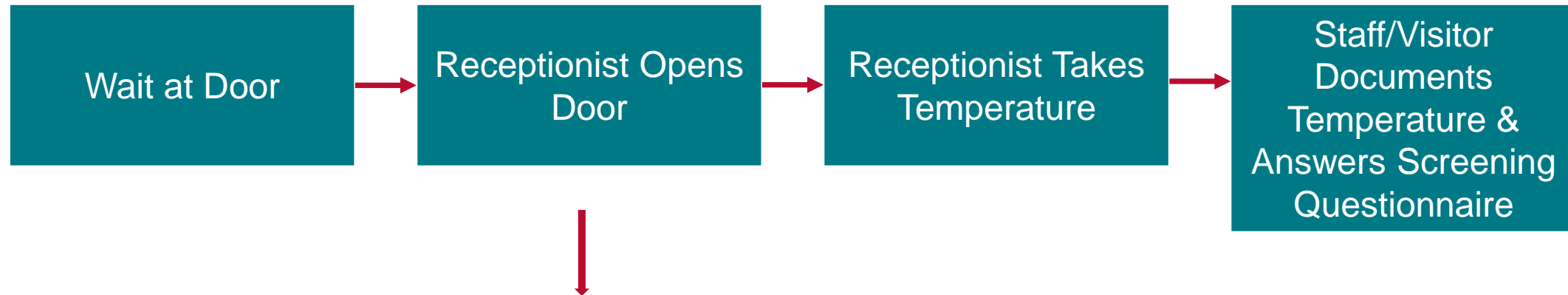
Getting started with PDSA

How to make your improvement life easier

Brian Bjoern

Joshua Hayes, Beaumont at Northborough

Process: Staff and Visitor Screening



Who: All staff/visitors entering

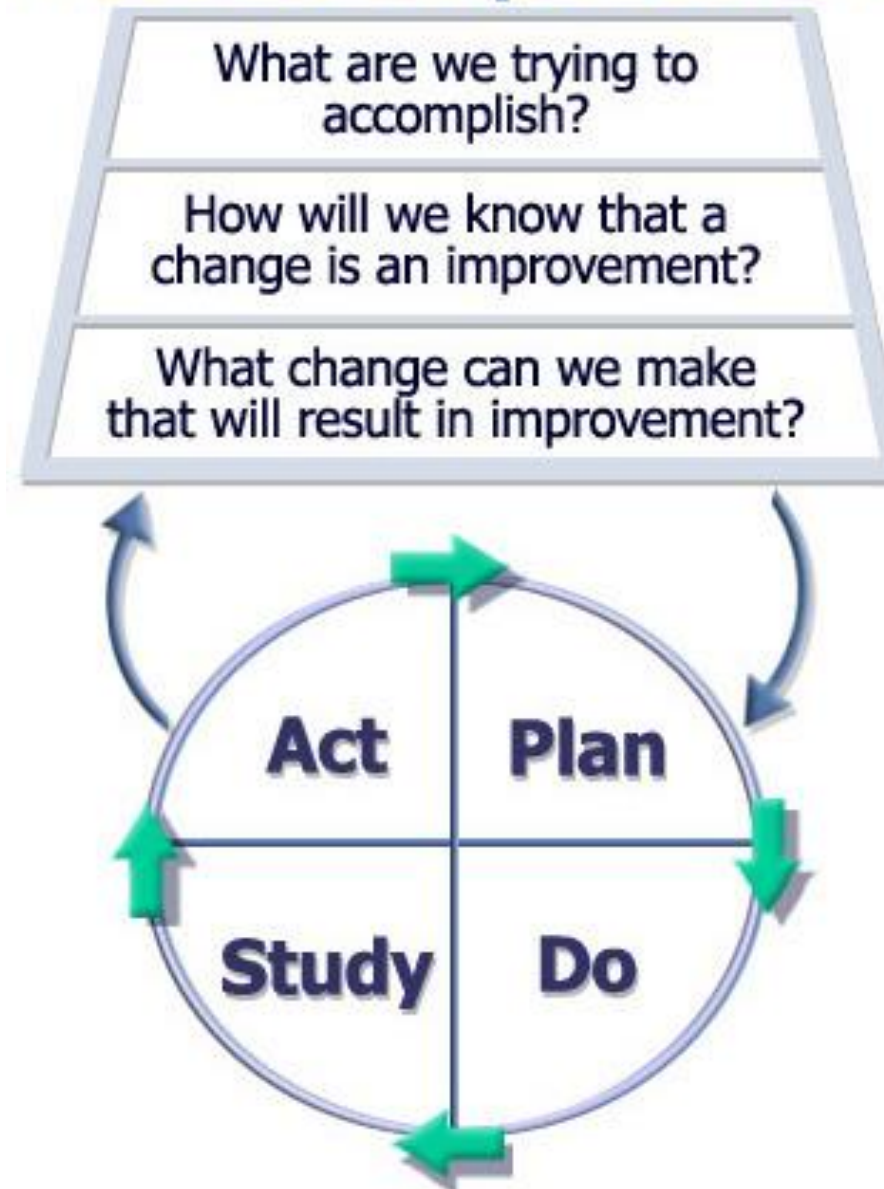
When: Upon (re)entry

Where: Front main (staff); Side (visitors)

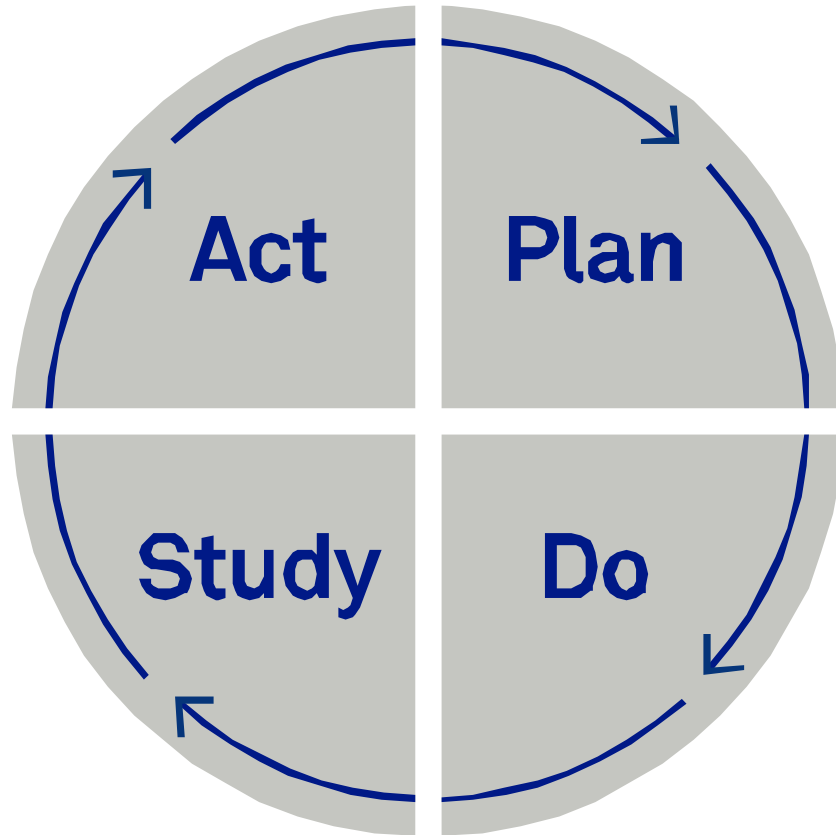
How: Use no-touch thermometer

What: Staff/visitors document temp on screening form & answer questionnaire (kept for records)

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 11, 2021 at 12:00pm

Topic

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

Send in your facility's best practices/challenges to Brenda Chen at bchen@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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