

Interprofessional Team Management of COVID 19 In Nursing Homes

Cohort 5 Session 11

February 11, 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 10 – The Role of the CNA in COVID 19

Interprofessional Team Management of COVID 19 in Nursing Homes

Break Out Room Discussion

Performance Improvement Discussion

Monoclonal Antibody Treatment Video

Wrap-up and Poll

Questions & Answers

Session 10 Follow Up: The Role of CNAs in COVID 19

- Did you have any “aha” moments related to the role of CNAs in COVID 19?
- Did you learn anything last week that you took back and tried with your team?



Vaccine Clinic Follow Up



Interdisciplinary Team Management of COVID 19 In Nursing Homes

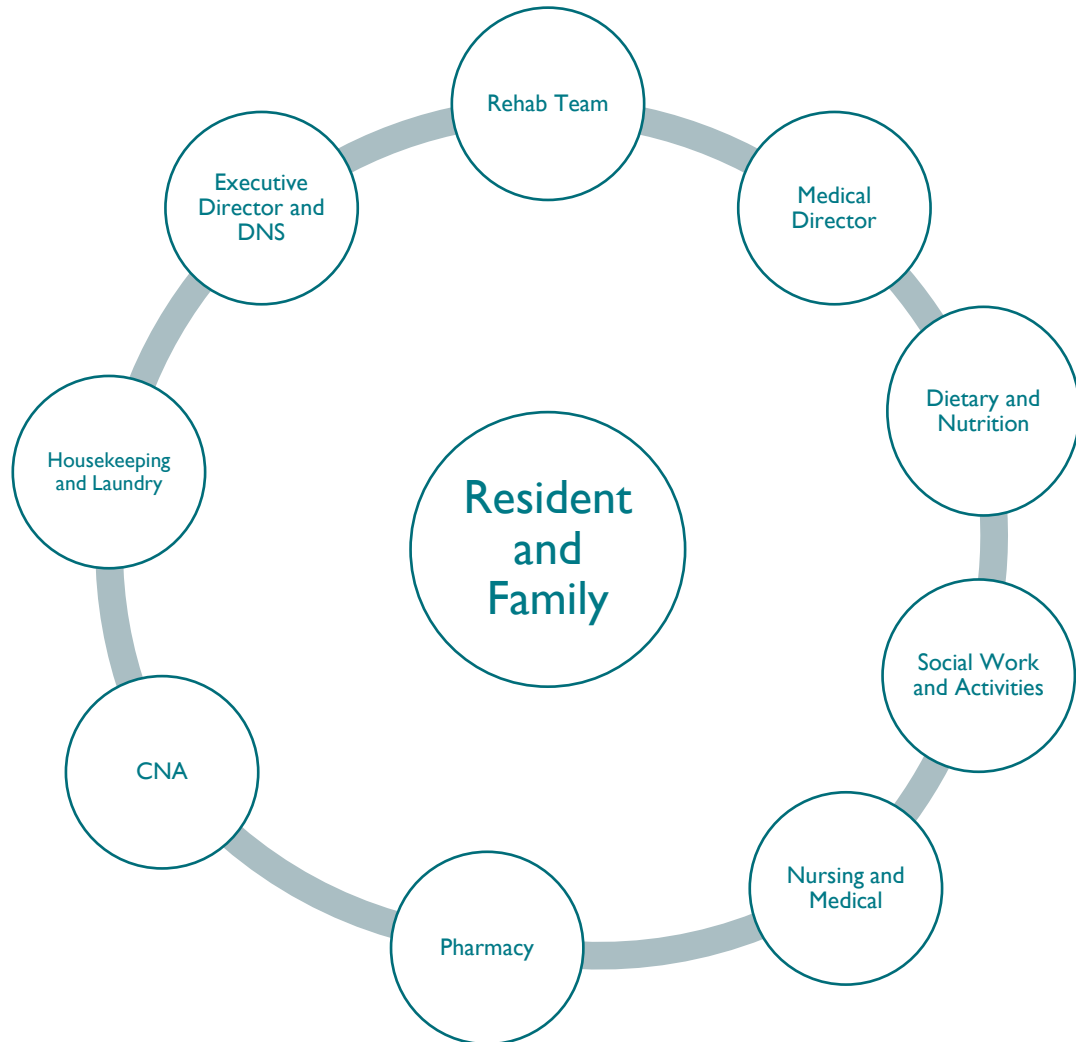


Pause and Reflect

- How does the interdisciplinary team now compare to pre-COVID?
- Have people begun thinking about their post-COVID interdisciplinary team?
- What is the same?
- What is different?



The Interdisciplinary Team



EXAMPLES:

- Rehab Team-_____
- Dietary and Nutrition-_____
- Social Work and Activities-_____
- Nursing and Medical-_____
- CNAs-_____
- Housekeeping and Laundry-_____
- Executive Director and DNS-_____
- Medical Director - _____
- Pharmacy - _____

Interdisciplinary Team Management:

Mr. Anthony Delgado

- 78 year-old long stay resident tests COVID positive during outbreak testing
- Initially asymptomatic
- Transferred to COVID positive unit where he develops fever and lethargy two days after transfer
- Case is reviewed during morning meeting and plan includes:
 - Increase vital sign monitoring to every 4 hours for 48 hours, then reassess
 - Monitor for additional signs and symptoms and/or change in condition
 - Assist with meals and encourage fluids
 - Update MD/NP
 - Update family


Treating Mr. Anthony Delgado in the Nursing Home

- If clinical deterioration occurs:
 - Review goals of care and advance directives with resident and family
 - Consider supportive care in nursing home
 - Consider transfer to hospital
- Mr. Delgado is evaluated by his medical team and the following orders were written:
 - Continue monitoring vital signs and O2 saturation every 4 hours
 - Labs ordered to rule out secondary bacterial infection
 - CXR to rule out pneumonia
 - O2 2L via nasal cannula; if O2 sat is less than 94%
 - Encourage fluids; consider IVF if labs indicate dehydration or unable to take pos

Strategies to Prevent Hospitalization

- INTERACT
 - Designed for skilled nursing facilities
 - Focuses on early recognition of change in condition
 - Clinical and decision support tools
 - <https://pathway-interact.com/>
- OPTIMISTIC
 - Tools for transfer to and from hospital
 - Symptom management tools
 - [OPTIMISTIC \(optimistic-care.org\)](https://optimistic-care.org)

Stop and Watch
Early Warning Tool



If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change; swollen legs or feet
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

☐ Check here if no change noted while monitoring high risk patient

Patient / Resident _____

Your Name _____

Reported to _____ Date and Time (am/pm) _____

Nurse Response _____ Date and Time (am/pm) _____

Nurse's Name _____

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Updated June 2018

Hospitalization: Clinical Indications

- Vitals become unstable despite interventions
- Urgent need for diagnostics and therapeutics
- Confirm goals of care are consistent with hospitalization



Best Practices When Transferring to the Hospital

Tips for transferring a resident to the hospital, and pre-transfer checklist. *Completed by nursing home staff prior to transfer to hospital, travels with resident to provide ED staff with essential information*

Decision to transfer a resident to the hospital should be based on:

Clinical considerations

Is the resident clinically stable?

Can we provide the diagnostic tests or treatments needed to care for this resident here?

If COVID-19 is suspected, how will we isolate the resident and do staff have needed PPE?

Goals of care

Any medical orders regarding hospitalization, intubation, code status (such as POST form)?

Have goals been re-addressed in the context of COVID-19?

<https://www.optimistic-care.org/probari/covid-19-resources>

Breakout Session: Interprofessional Team Management of Mr. Delgado

- Case is reviewed during morning meeting and plan includes:
 - Increase vital sign monitoring to every 4 hours for 48 hours, then reassess
 - Monitor for additional signs and symptoms and/or change in condition
 - Assist with meals and encourage fluids
 - Update MD/NP
 - Update family
- For Discussion:
 - Which members of the interprofessional team are responsible for each of these care plan activities?
 - How can all members of the interprofessional team be engaged in monitoring?
 - How are changes reported?
 - Where are changes in condition documented?

From flow diagram to PDSA

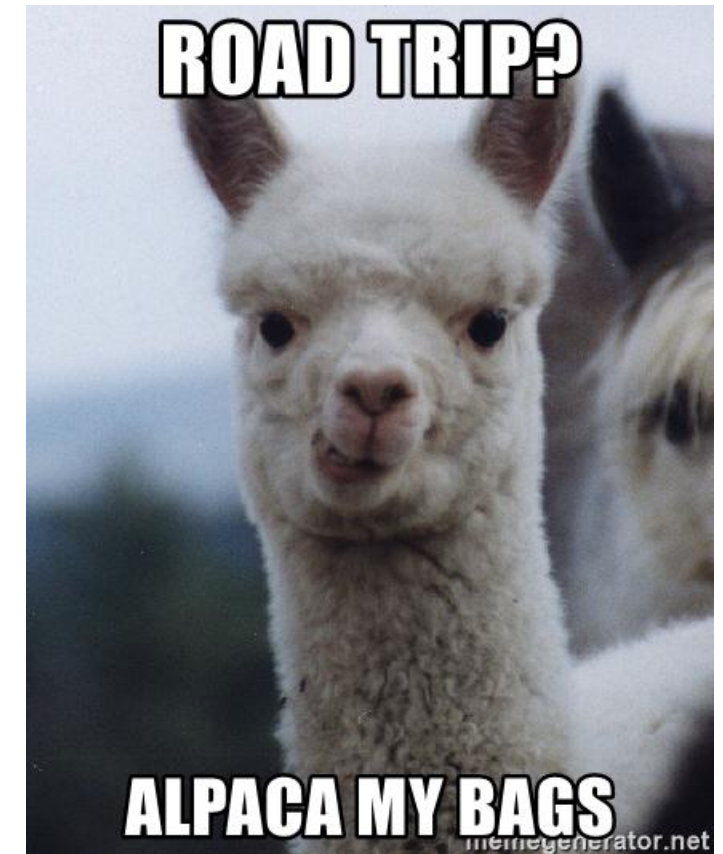
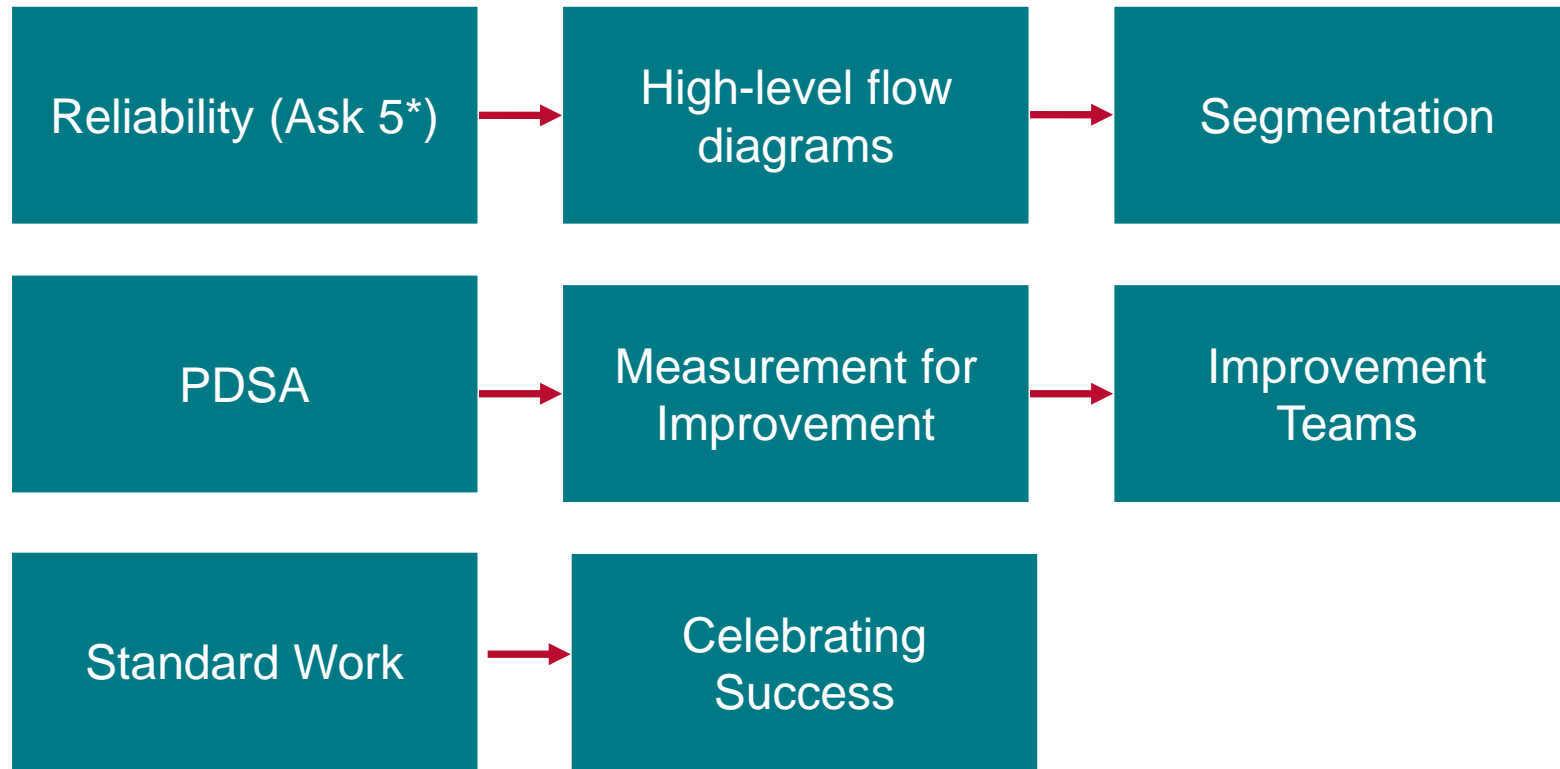
Brian Bjoern

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Training Hub Logo

The QI Journey

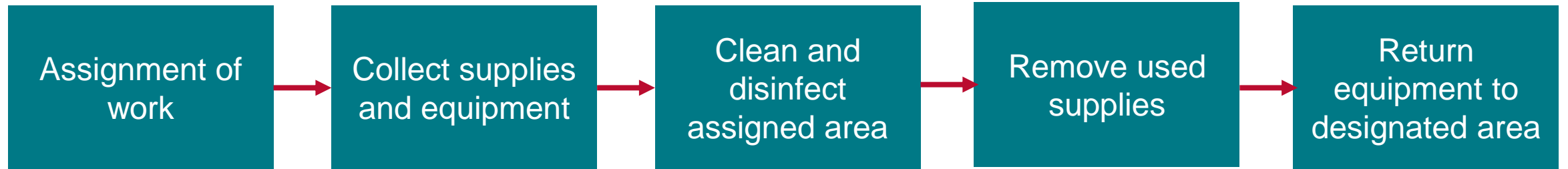


Ask 5: Who, When, Where, How, What

Visualize the process you want to improve

- High-level flow diagram
- Can be completed in 5-10 minutes
- Limit to 3-5 boxes only
- *Include those who know the process*

Example for cleaning and disinfecting

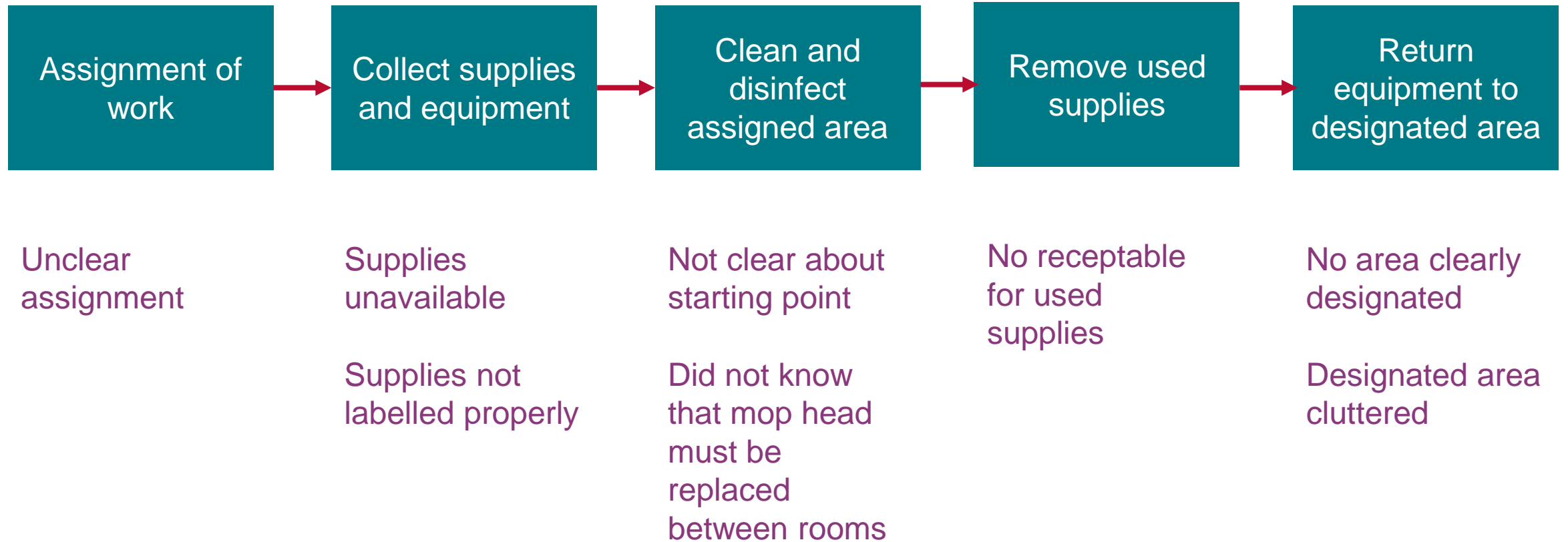


Get curious about the process

- Ask 5 to understand how reliable the process is:
 - Who, when, where, how, what
- Ask more open-ended questions:
 - Tell me what causes a bad day for you regarding cleaning and disinfecting
 - Tell me about the last time you were unable to clean and disinfect properly
 - Tell me about situations that make cleaning and disinfecting difficult

Don't try to solve the problems at this stage!

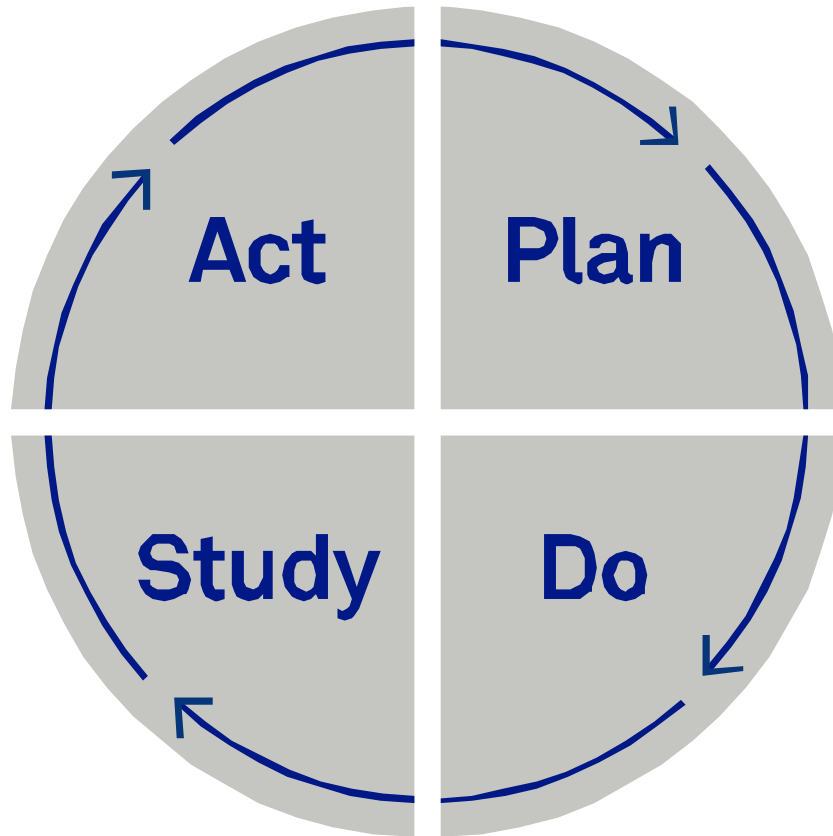
Associate problems with a box in the flow diagram



Generate change ideas

- Brainstorm potential solutions for the identified problem “supplies unavailable”

Design a PDSA for “supplies unavailable”



Who will perform the test?

When will they perform the test?

Where will they perform the test?

How will they perform the test?

With what will they perform the test?

Leave in action

- Generate a high-level flow chart
- Use Ask 5 and open-ended questioning to identify potential problems areas
- Associate problems with the correct box
- Generate at least one change idea that can be tested
- Be ready to share next week

Promising Treatment in Nursing Home: Monoclonal Antibody Therapy

<https://youtu.be/JLLFKDFoHd4>

What to expect next...

Next Session: February 18, 2021

Topic: Promoting Safe Care Transitions during 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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