Promoting Safe Visitation During COVID-19

Cohort 5 Session 13

February 25, 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

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 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

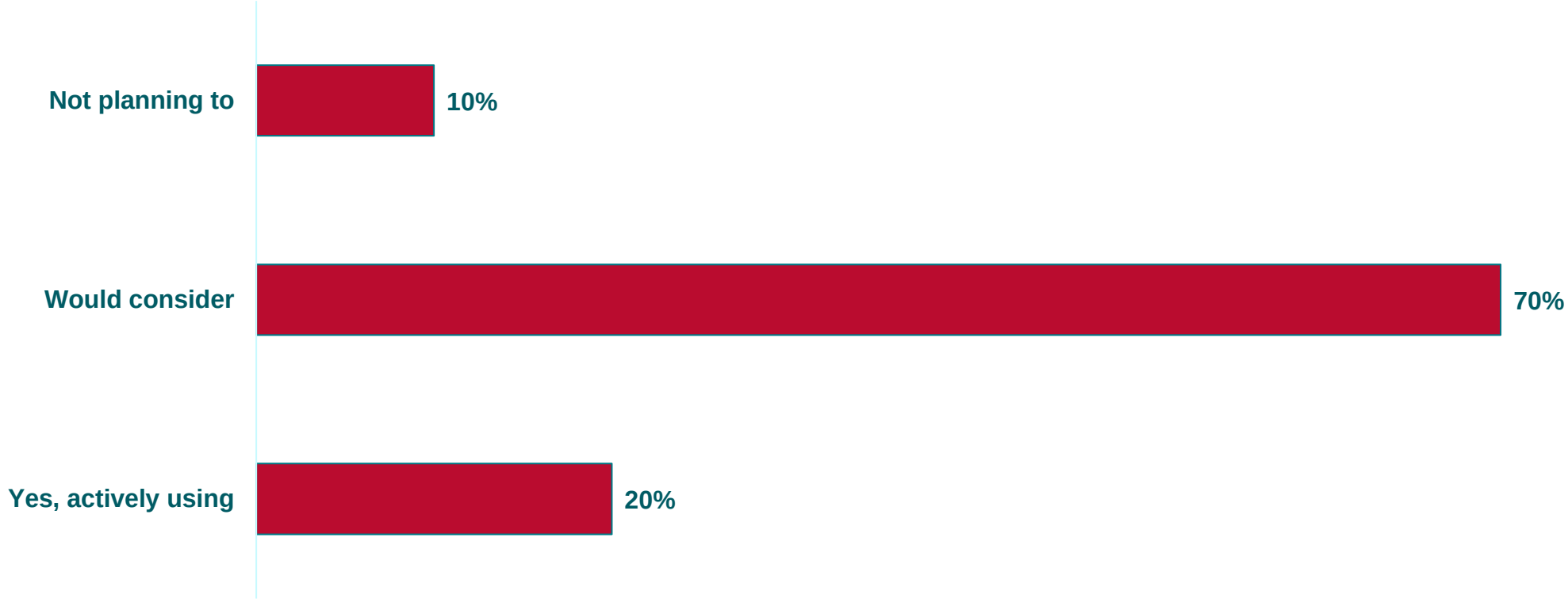
Promoting Safe Care Transitions During COVID-19

Monoclonal Antibody Treatments

Follow-up Questions?

Survey Responses from Last Week

Is your facility implementing monoclonal antibody treatments?



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

CMS.gov
Centers for Medicare & Medicaid Services

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

March 16
- Restrict all except Compassionate Care

July 2
- Outdoor Visits

September 15
- Indoor Visits – no confirmed or suspected cases on the unit, wing or floor in the past 14 days

November 4
- Visitor Testing

December 7
- Indoor visit – no confirmed or suspected cases in the facility in the past 14 days

February 3
- Revert to September Guidance

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 as outlined in visitation guidance from the Department of Public Health (DPH)**. This policy was recently revised as prior to this change, visitation was not allowed when there were *any* positive cases in the facility. 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 so long as there have not been any new cases on your loved one's floor or unit for 14 days. As outlined in the visitation guidance from DPH, facilities must allow residents the opportunity to visit for at least 45 minutes with their loved one; 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.

Stop the Spread Recommendations for Long Term Care Staff:

Staff members have played a vital role in caring for loved ones in LTC facilities and further play an important role in protecting the health and wellbeing of residents. Staff continue to take preventative measures such as wearing a mask both at work and in the community, social distancing, and practicing proper hand hygiene regardless of whether they have been vaccinated. These measures protect the staff, their families and others in the community.

When will my loved one's facility return to "normal"?

We know that the past year has been extremely difficult for families, their loved ones and the staff that care for them. While we are entering a promising new phase, we must remain vigilant and continue to follow public health recommendations that can reduce the spread and impact of the virus.

In the months ahead, the Commonwealth will consider changes in recommendations for visitation, testing, screening, personal protective equipment use, and isolation/quarantine, for long-term care facilities after reviewing any future recommendations from the CDC and other national partners. Until that time, long-term care facilities should continue to follow current state and federal guidance.

Family Resources and Information

Additional resources and information for families and loved ones of residents in nursing homes, rest homes, and assisted living facilities can be found at the Long Term Care COVID-19 Family Information Center.

If you have additional questions, the Nursing Home Family Resource Line at 617-660-5399 is available for family members and loved ones of nursing home, rest home, and assisted living residents.

The Nursing Home Family Resource Line is staffed Monday through Friday from 9:00 AM – 5:00 PM. Staff field questions on a range of topics and coordinate across state agencies to help provide answers.

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 a bout 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

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 Study

- 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 Study

- 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

For each following scenarios, what would you like to see?

1. Resident and Visitor are both vaccinated

2. Resident is vaccinated, visitor is not

3. Resident is new admission on quarantine, received one dose of vaccination

Report Out

- How did you do?

Human Frailty and Standard Work

Brian Bjoern, IHI

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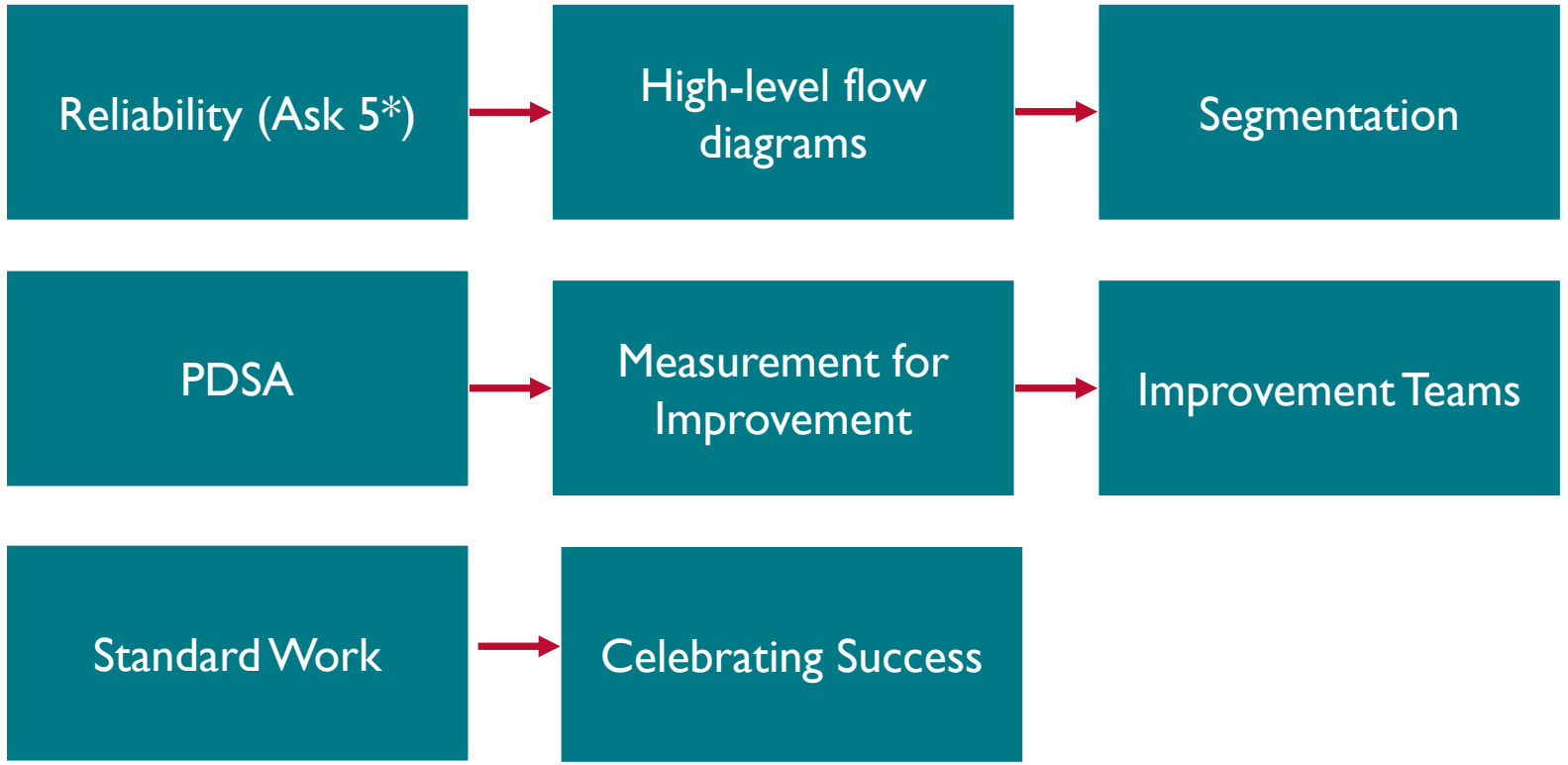
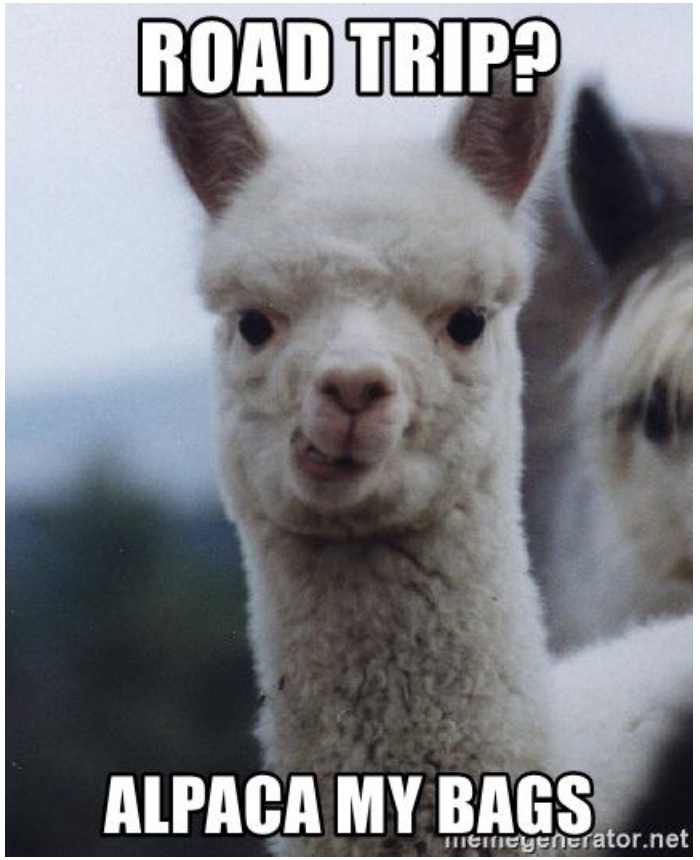
The QI Journey





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

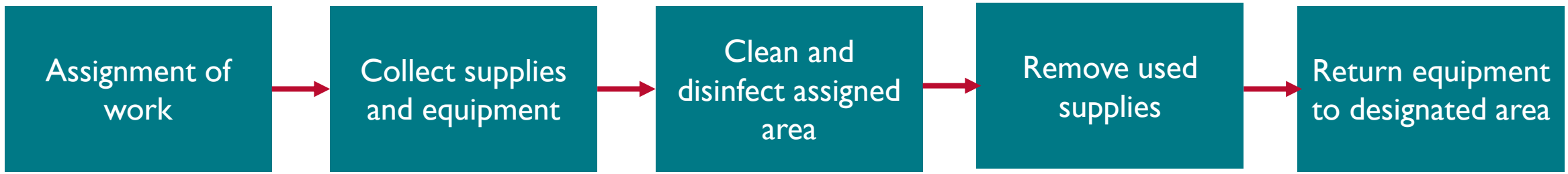
Double checks

Reminders

Mechanical interfaces

Habits and patterns

Associate problems with a box in the flow diagram



Assignment of work	Collect supplies and equipment	Clean and disinfect assigned area	Remove used supplies	Return equipment to designated area
Unclear assignment	Supplies unavailable	Not clear about starting point	No receptable for used supplies	No area clearly designated
	Supplies not labelled properly	Did not know that mop head must be replaced between rooms		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 4, 2021

Topics:

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

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Wrap Up and Poll

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

Questions?