

# Promoting Solutions for Making the Built Environment Safer During COVID-19

## Cohort 6 Session 14

March 4, 2021

1:00-2:30 p.m. ET

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.

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# Today's Agenda

Follow-up from Promoting Safe Visitation during COVID-19

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

Best Practice Sharing – Newbury Court & St. Patrick's Manor

Breakout Room Discussion Challenge

Performance Improvement

Wrap-up and Poll

Questions & Answers

# Follow-up on Promoting Safe Visitation during COVID-19

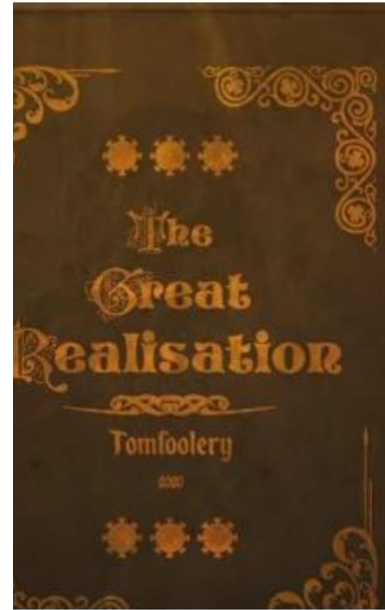
Why is it so important to reopen nursing facilities to visitation?

- Humans are social beings
- Social Isolation and Loneliness are related but different
- Social Isolation REALLY matters
- The elderly are particularly vulnerable to the effects of isolation



# Chaplain Tony...

- The Great Realization – Tomfoolery
  - ‘Why did it take a virus ...?’
- You make a difference
- You can do something
- You are not alone
- You matter



- ‘Use your voice box – don’t let it get in the way’



# The Mary Ann Morse Quilt



# Promoting Solutions for Making the Built Environment Safer During COVID-19

# Waterfall Discussion

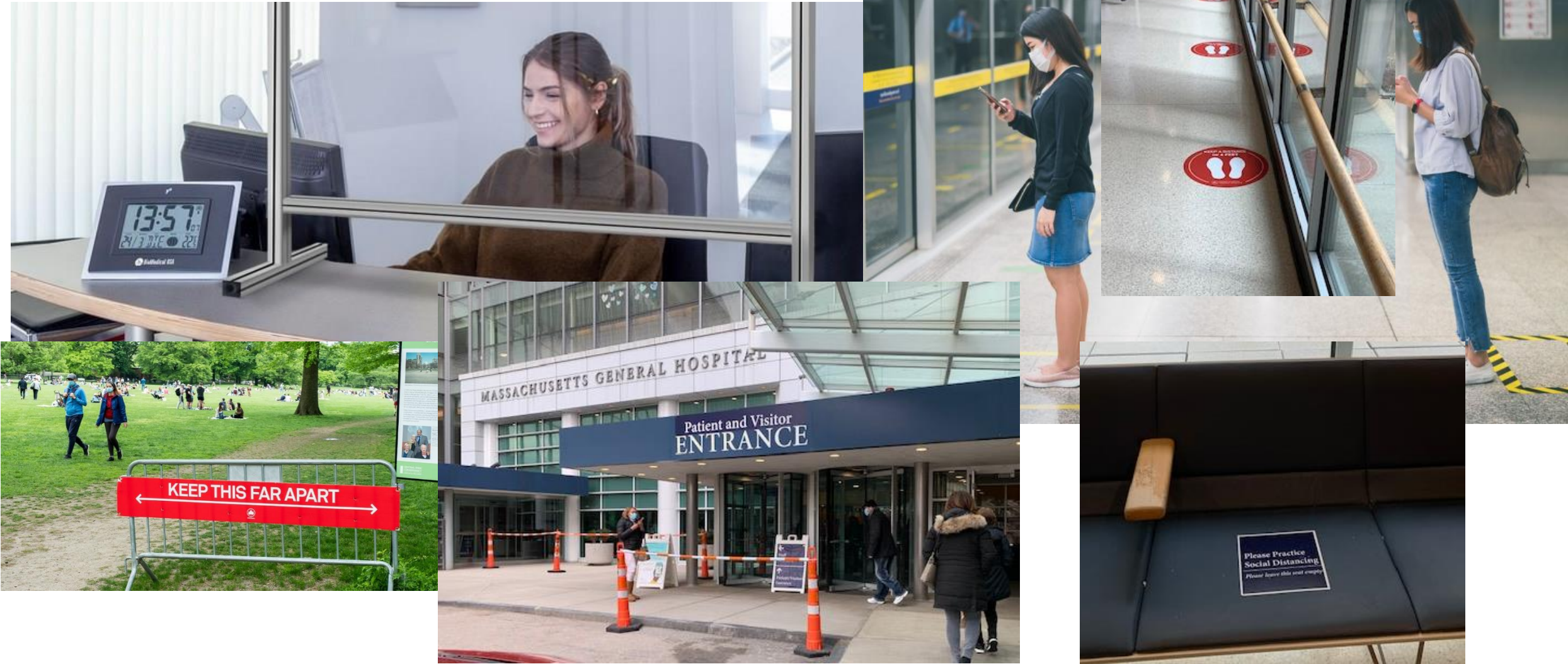
- GROUP 1 (A – L): List up to three changes to the NON-work built environment around you due to Covid-19
- GROUP 2 (M – Z): List up to three changes to your WORK built environment due to Covid-19

Please enter your responses in the chat.

Do not press enter until the count down.



# ‘We’re not in Kansas anymore...’





# Key Elements for Ensuring a Safe Environment

## Physical Environment

- Reimaging Space
- Ventilation
- Design for Success
- Cleaning & Disinfecting

## Monitoring Safety

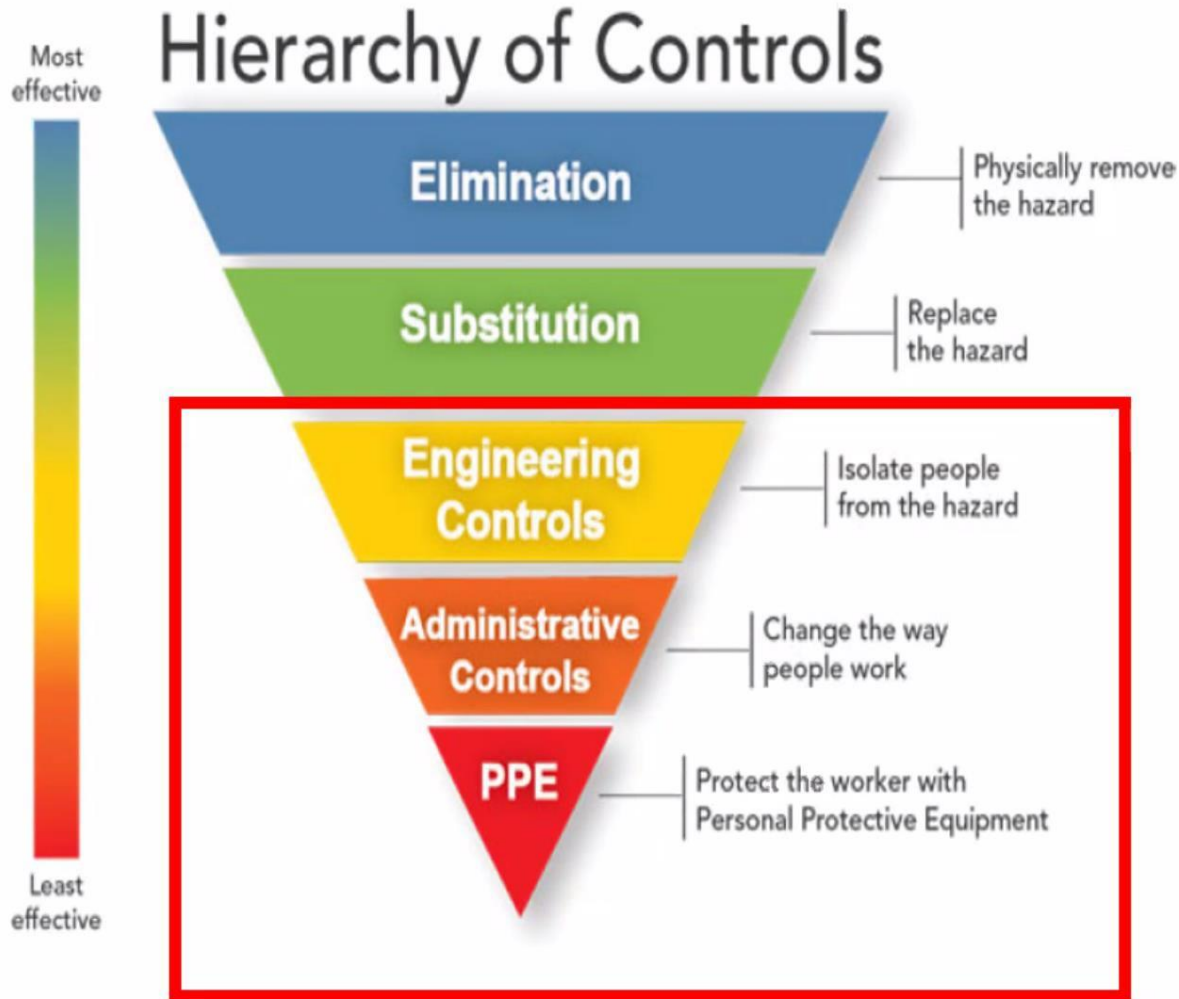
- Rounding
- Photos for QI

## Communicating Safety

# Physical Environment

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The pandemic and preventing COVID introduction and transmission is a daily challenge for all facilities. Always remember:

- **THE BASICS!** Ensuring basic infection prevention practices are in place to prevent bacterial and viral infections.
- **TO BE SAFE!** Maintaining a safe work environment, for the protection of all.
- **WHEN WE KNOW BETTER, WE DO BETTER!** Quality assurance and performance improvement is *always* ongoing!

# Physical Environment Considerations

## Re-imagine your space

- **Resident rooms:** The ability to physically separate residents is greatly enhanced when rooms are occupied by only a single resident.
- **Plastic curtains as separators**
- **MAB Infusion Areas**
- **Vaccine Clinics**
- **Use of dining areas, chapel, activities rooms for visitation**
- **One way “traffic flow” for COVID positive units**
- **Donning and Doffing areas**
- **Hallway “activities”**



# Physical Environment Considerations: **Ventilation**

- Reduce risk of transmission by:
  - Open windows where possible
  - Industrial fans
  - Supplementing systems with equipment that can further purify air (e.g., air ionization, air purifiers)
  - Adjusting existing systems to support infection control (e.g., creating negative pressure, replacing filters)
  - Air scrubbers

# Physical Environment Considerations: **Design for Success**

To help staff do the right thing, make it easier by putting things where they are likely to see or use them. (Ex: dispenser location and visibility within resident's rooms significantly affected hand hygiene adherence)

Engage direct care staff in work environment redesign; those closest to the work will know best how to make it better





# Cleaning



- **Use dedicated equipment whenever possible**  
If not - clean AND disinfect prior to use with another resident
- **Always follow facility P&P for cleaning and disinfection**
- **Follow Manufacturer's Directions for Use.**
- **First clean and then disinfect with EPA List N disinfectant**
- **Ensure staff know contact time of products being used and how to determine the contact time of products**



# Physical Environment: Cleaning & Disinfecting

- Increase the frequency of routine environmental cleaning including bathrooms and around the resident's living space
- Particular attention should be given to cleaning objects that are frequently touched
- Identify High Touch Items and Areas and Clean them Frequently
- Ensure Staff Can Tell you the High Touch Items and Cleaning Frequency
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Laundry, Food Service Utensils and Medical Waste can all be managed using routine procedures

## Enhanced Cleaning Technology

- Electrostatic sprayers
- UV Disinfection Lighting

# Cleaning & Disinfection Audit Tool

## Infection Prevention and Control Manual Interim Cleaning and Disinfection Audit COVID-19 Pandemic

### Cleaning and Disinfection Audit - COVID-19 A



PROCEDURE	YES	NO	COM
<b>Resident Room - Confirmed COVID-19</b>			
<b>Preparation</b>			
1. Prepares disinfectant to be used in cleaning and disinfecting resident room following product label			
a. EPA-List N			
2. Performs Hand Hygiene			
<b>Donning of Personal Protective Equipment</b>			
1. All recommended PPE is gathered prior to entering the room (Gown, gloves, eye protection, N95 or mask)			
2. Gown is donned first and tied at waist and neck			
3. Dons mask or N95 respirator			
4. Secures nosepiece with both hands			
5. Secures elastic bands or tie securely			
6. Mask or N95 fits snug to face and below chin			
7. Goggles or face shield is donned			
8. Gloves extend to cover wrist of isolation gown			
<b>Resident Room</b>			
1. Housekeeping cart does not enter the resident room			
2. Unattended chemicals should be securely locked			
3. Performs cleaning and disinfection of high touch areas:			
a. Doorknobs			
b. Handrails			
c. Bath rails			
d. Skin handles			
e. Call buttons			
f. Call light cords			
g. Soap dispensers			
h. Telephones			
i. Remote controls			
j. Wheelchairs			
k. Walkers			
l. Bedside tables			
m. Light switches			

## Infection Prevention and Control Manual Interim Cleaning and Disinfection Audit COVID-19 Pandemic

n. Other surfaces near resident bed/chair			
4. Cleans and disinfect bathroom			
5. Mops floor			
6. Performs cleaning and disinfection from cleanest surfaces to dirtiest surfaces			
a. If surfaces are visibly soiled, clean first then disinfect			
7. Cleans areas that are not re-contaminated			
8. Cleaning cloths and solutions are used for only one room			
9. Cleaning cloths do not soak in dirty cleaning solution			
10. Mop head is laundered after each use			
<b>Removal of Personal Protective Equipment</b>			
<b>Gloves</b>			
1. Grasps outside of glove with opposite gloved hand and peels off			
2. Holds removed glove in gloved hand			
3. Slides fingers of ungloved hand under remaining glove at wrist			
4. Peels glove off over first glove			
5. Discards gloves in waste container			
<b>Gown</b>			
1. Unfastens ties			
2. Pulls away from neck and shoulders, touching inside of gown only			
3. Turns gown inside out			
4. Folds or rolls into a bundle and discards			
a. Disposable gowns: Discards in waste receptacle			
b. Reusable/cloth gowns:			
c. Places in soiled laundry receptacle			
<b>Exit Room after Glove/Gown Removal</b>			
<b>Perform Hand Hygiene</b>			
<b>Goggles/Face Shield</b>			
1. Removes goggles/face shield using care to pull away from face not to touch front of shield or goggles			
<b>Mask or Respirator</b>			
1. Grasps bottom, then top ties or elastics and removes			
2. Does not touch the front of the mask or respirator (contaminated)			
3. Disposes of properly			

This resource was developed utilizing information from CDC and CMS.  
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## Infection Prevention and Control Manual Interim Cleaning and Disinfection Audit COVID-19 Pandemic

5. The employee used the proper technique and order to don and removed PPE			
6. PPE was removed at doorway or anteroom			
7. Perform Hand Hygiene			
<b>Medical Equipment</b>			
1. Cleaning and Disinfection of medical equipment is performed following manufacturer's instructions and use of EPA List N Disinfectant			
<b>Comments</b>			

Employee \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Date \_\_\_\_\_

### References and Resources:

- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Preparing for COVID-19 in Nursing Homes. June 25, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Centers for Disease Control and Prevention. Clinical Questions about COVID-19: Questions and Answers. August 4, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
- Centers for Disease Control and Prevention. Interim Infection Prevention and Control recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. July 15, 2020: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)
- Centers for Medicare and Medicaid Services. QSO-20-14-NH. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED). March 13, 2020: <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
- Centers for Medicare and Medicaid Services. Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes. QSO-20-29. May 2, 2020: <https://www.cms.gov/files/document/qso-20-29-nh.pdf>
- United States Environmental Protection Agency (EPA). Pesticide Registration List N: Disinfectants for Use Against SARS-CoV-2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

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# Your Built Environment Innovations

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Improvement



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ASSOCIATION



Hebrew  
SeniorLife



HARVARD MEDICAL SCHOOL  
AFFILIATE

# Monitoring for Safety

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# What are Walking, or Environmental Rounds?

- Walking rounds are “seeing” the direct experiences of:
  - **Patients:** Going to the bedside, including the resident’s bathroom, with a structured focus, and assessing the resident, and their environment for potential improvement opportunities to prevent harm and foster healing.
  - **Staff:** Going to the staff environment (bedside, work areas, rest areas)...are they effective and efficient?
  - **Visitors:** Does the environment allow for safe connections?

# Why Perform Walking Rounds?

- Rounding processes are about **changing habits and communication patterns**
- Rounds are helpful in **organizing the work** in such a way as to decrease chaos, structure conversations, and design an opportunity to “see” patient and staff needs more reliably.
- *Infection prevention, and a culture of safety, cannot be totally improved from sitting at a desk all day.*

# What You Can Gain from Rounding

1. Greater visibility and approachability; staff will start to inform you
2. Improved trust; over time, more information will be shared
3. Greater awareness of what's going on
4. Positive reinforcement and Accountability; the key is to follow-up, be consistency
5. Morale may improve when staff are listened to
6. Productivity; additional creative ideas may develop
7. Meet new residents, develop relationships

A sense of personal gratification may be obtained when resident care, and the environment, is improved and made safer.

# Walking Rounds – Tool & Checklist



## Environmental Rounds Worksheet for Infection Control

AREA INSPECTED:	DATE:	INSPECTOR:
-----------------	-------	------------

Use separate sheet for each department or patient care unit. Check as follows:  
 C = Compliant; NC = Not compliant; CAC = Corrective action completed; FU = Follow-up required; NA = Not applicable

Criteria	C	NC	Finding or Comment	CAC	FU	NA
<b>Patient Exam/Treatment Rooms:</b>						
Floors and walls clean						
Cubicle curtains clean and free of tears, etc.						
Furniture clean and in good condition						
Sink clean						
Soap & Paper Towel Dispensers are stocked and working						
Alcohol Handsanitizers are available						
Gloves, PPE available as per policy						
No supplies stored under sinks						
No food or drink in Patient Care Areas						
Blood spill kits available						
Vent grills clean						
High-level dusting performed						

<https://health.usf.edu/medicine/internalmedicine/infectious/medicalhealthadmin/~media/Files/Medicine/Internal%20Medicine/Infectious%20Disease%20and%20International%20Medicine/Medical%20Health%20Admin/environmental-rounds-worksheet.ashx?la=en>. Accessed October 20, 2020



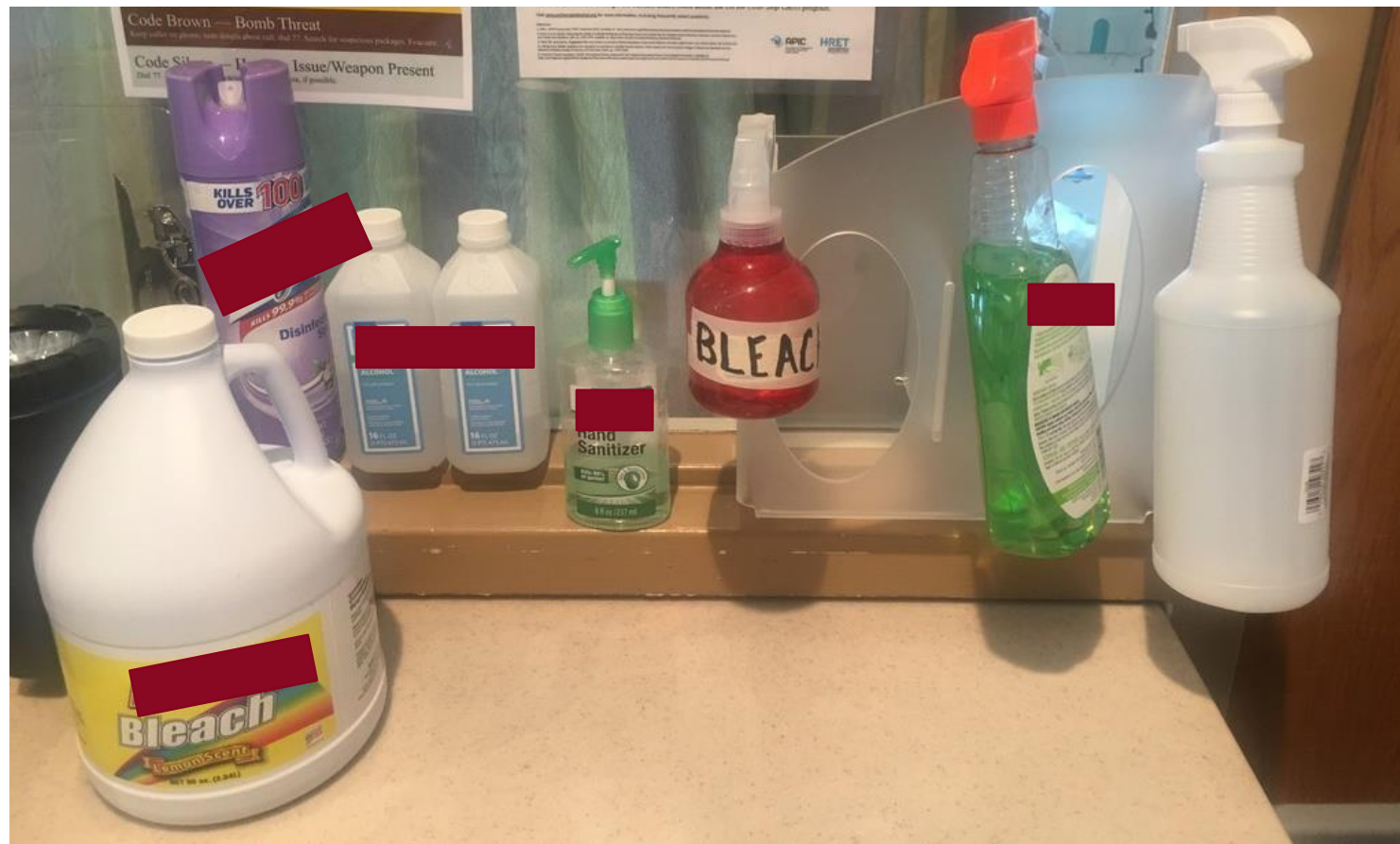
# Walk Rounds Improvement Opportunity

What's wrong with this picture?



# Walk Rounds Improvement Opportunity

What's wrong with this picture?



CDC. Guidelines for environmental infection control in healthcare facilities. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>.

OSHA. General duty clause. <https://www.osha.gov/laws-regs/oshact/section5-duties>. Accessed October 25, 2020.

OSHA. The hazard communication standard. <https://www.osha.gov/dsg/hazcom/>. Accessed October 25, 2020.

# Communicating Effectively about Safety

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# Communicating Effectively to Your Colleagues

## 1. The WHAT

- In a timely manner, share findings with the team
- Consider using pictures (per facility policy)
  - *‘During rounds it was brought to my attention...’*

## 2. The WHY

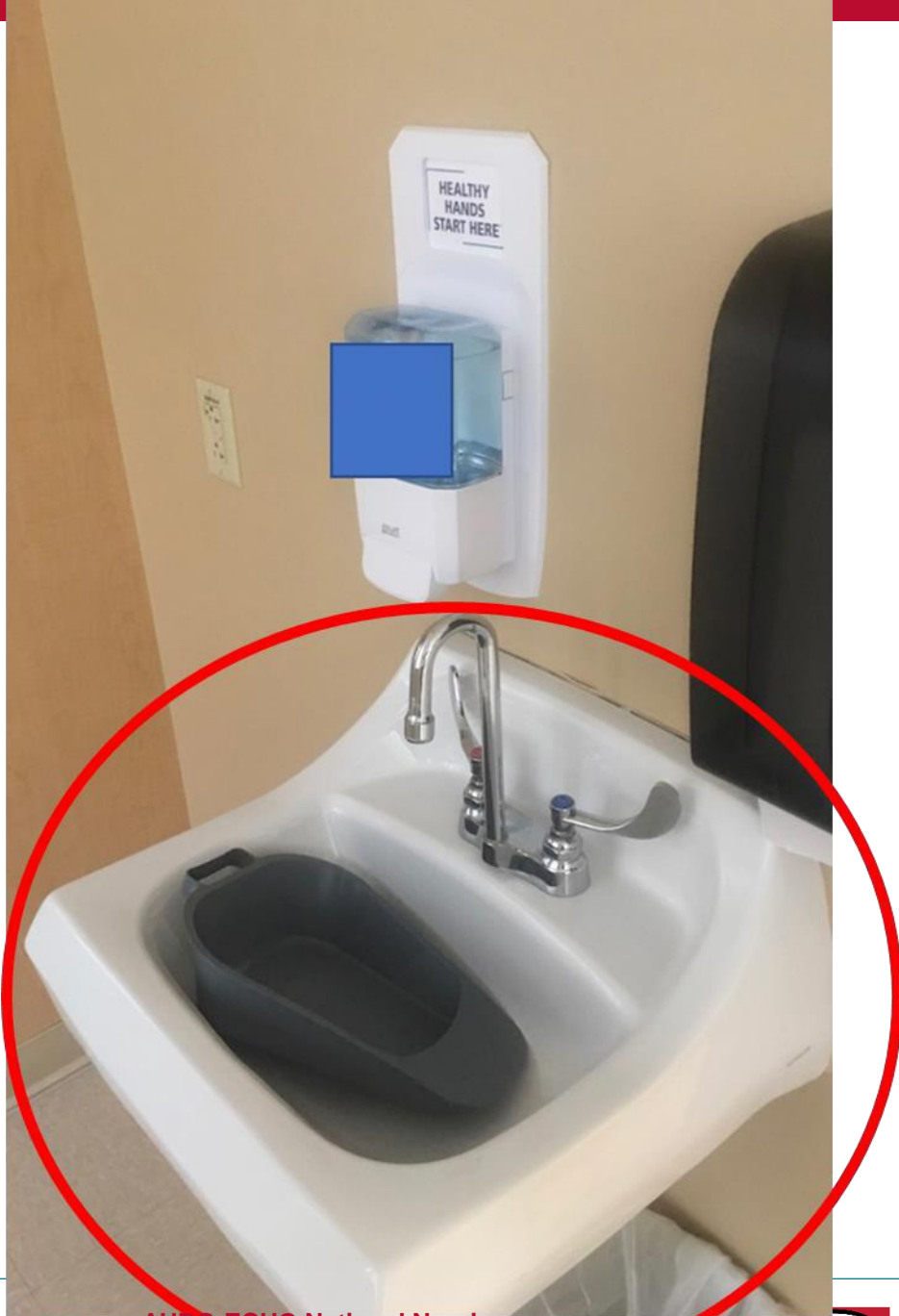
- Share the reason why the correction is needed
  - ‘WE should

## 3. The HOW

- Be tactful, speak softly, with findings
- Use ‘WE’ rather than ‘I’
- Keep the emotion out of the discussion (may help to vent with someone else first)
- Try to have the staff member make the corrections; reinforces positive, future behaviors

# Discussion

Based on the previous slide, with no blaming or shaming, how would you guide this conversation?





# Breakout Exercise

GROUP 1: How might you redesign the environment to improve safe PPE storage for your staff and optimize PPE conservation?



GROUP 2: How might you redesign the environment to lower this from happening?



# A Picture Speaks a Thousand Words

Using photos as a “no blame, no shame” QI approach

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# Keeping an ‘Eye’ on Care Practices and Photography

- Using pictures of the environment
- Must know, and adhere to, your facility’s photography policy and procedure.
- Sometimes, you might have to recreate the pictures to preserve resident dignity.
- Clinical pictures may strongly influence thinking and practice changes
  - Catching YES! That...
  - “Seeing” what needs some attention

# Improvement teams

Nizar Wehbi, IHI

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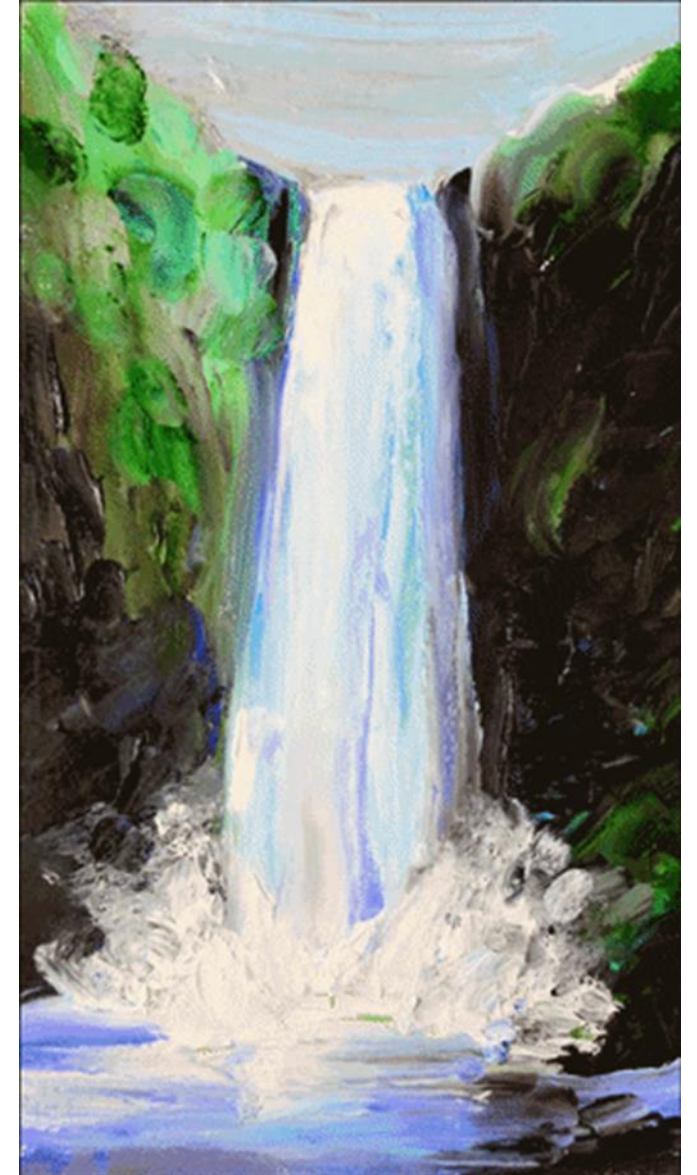
# QAPI Temperature Check

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# Chat Waterfall

- We will ask you **two questions** about how you organize your QAPI work
- Don't hit send until I count you down!





# Last Name Between A-K

- Type your response to the question below
- Respond “Everyone”
- **DO NOT HIT SEND UNTIL I TELL YOU TO!**
- Here is the question:
  - How many members on your QAPI Committee? Are all members always able to go to the meeting?
- 3-2-1 BEGIN

# Last name between L-Z

- Type your response to the question below
- Respond “Everyone”
- **DO NOT HIT SEND UNTIL I TELL YOU TO!**
- Here is the question:
  - What was the biggest barrier to progress with your QAPI work pre-Covid?
- 3-2-1 BEGIN

# QAPI Committee vs. Improvement Team

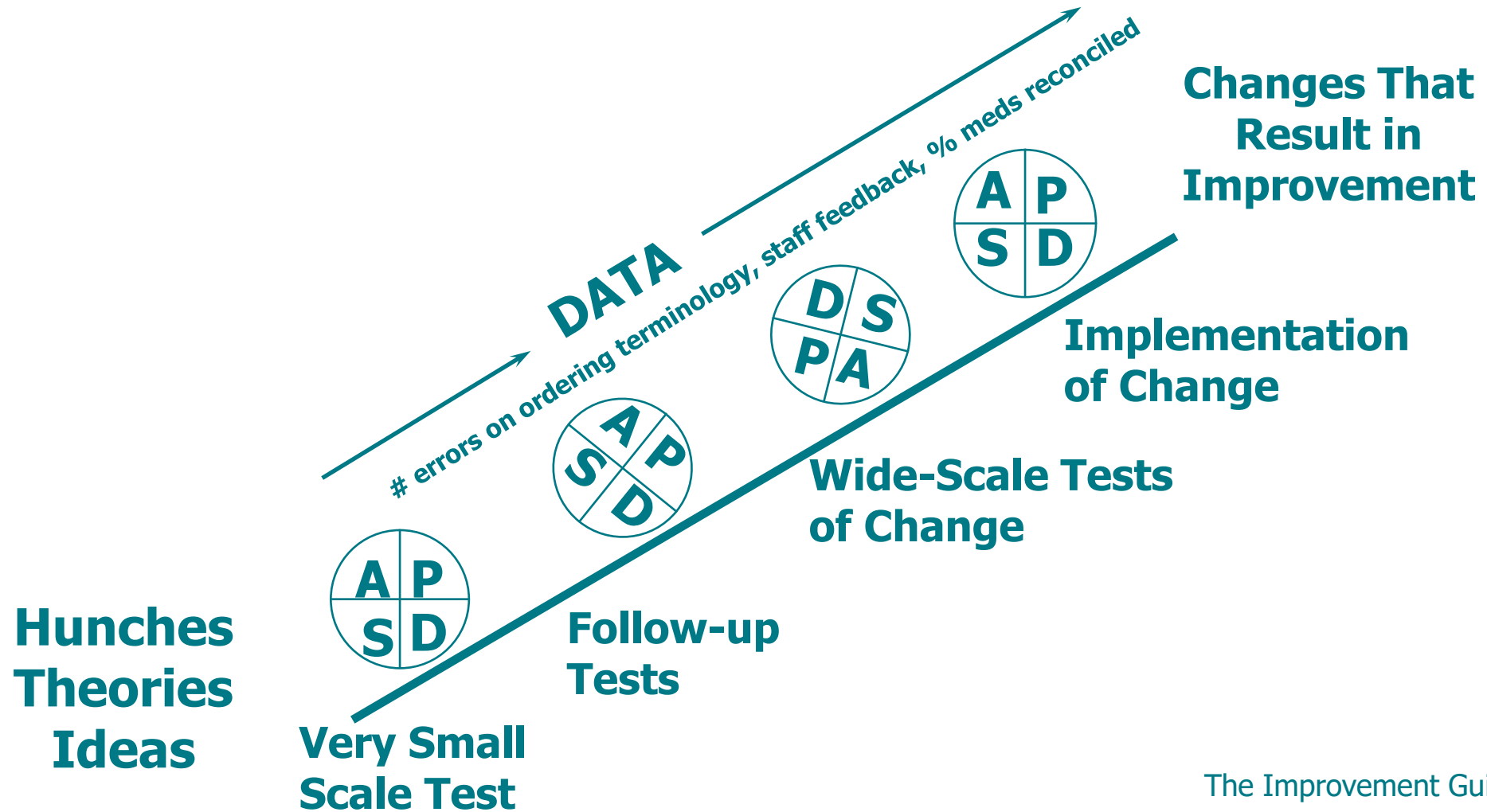
## ■ QAPI Committee

- Ownership
- Regulatory compliance
- Direction
- Priorities
- Defines the problem

## ■ Improvement Team

- Boots on the ground
- Testing ideas
- Creative
- Speed
- Finds the solution that works

# Repeated Use of the PDSA Cycle



# Improvement Team

- Specific to the problem at hand
- End users of the process must be included
- Volunteer or voluntell?
- Keep it small or scheduling will get in the way
- Provide basic training

# The ideal team size for improvement is ... 2

- You need at least one person to question your ideas
- Two people can find time to talk more easily than a larger group
- Formal meetings not necessary for small team



# Leave in action

- Think about how you have celebrated success and what will you do in the future
- Next week: PLAN FOR **CELEBRATION**
- How to properly recognize work?

# What to expect next...

Next Session: **March 11, 2021**

Topics:

- Session 15: What's Next for Nursing Facilities & How to Prepare?

Questions/comments/suggestions? Email Marina  
([mrenton@maseniorcare.org](mailto:mrenton@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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# Case Study: Mr. Doe

- Resident (Mr. Doe) currently hospitalized at a local hospital after a fall on a Friday night - **Feb. 12<sup>th</sup>**.
- Mr. Doe tested positive for COVID on a rapid test in their ER on Saturday – **Feb. 13<sup>th</sup>**.
- Resident has had no signs or symptoms and the test was performed as part of routine screening.
- Resident also had a negative PCR at the LTC facility screening the day prior, **Feb. 12<sup>th</sup>**, as residents are tested twice weekly.
- Mr. Doe had COVID last spring and also finished the 2<sup>nd</sup> round of vaccination Tuesday – **Feb. 9<sup>th</sup>**.
- A CNA on his unit tested positive on Friday – **Feb. 12<sup>th</sup>** (CT value in the low 30s), but that CNA was not assigned to resident. A second CNA who worked with him had non-specific symptoms on Sunday but tested negative on their last swab on Thursday – **Feb. 11<sup>th</sup>**.

# Case Study: Mr. Doe, continued

- Before the CNA COVID-19 positive staff member, the LTC facility had not had a staff case in long-term care in over 2 weeks. Moreover, the LTC facility have not had a long-term care resident test positive since last summer.
- Even still, our staff wears full PPE for all patient care, including N95s, gown, gloves, and eye protection. Subsequent PCR testing on Sunday – **Feb. 13<sup>th</sup>** - in all the residents on floors worked by the staff member this week were negative. There were no positives thus far among the staff who could have been contacts.
- Based on these factors above, hospital staff agreed to re-test Sunday – **Feb. 14<sup>th</sup>** - and that was reportedly negative. However, their infection control now maintains that Mr. Doe should not have been re-tested and, by hospital protocol, the new positive test >180 days after initial infection should be considered a new infection, regardless.



# Questions To Ponder?

- Who do you call for help?
- What should I do now?
- How is this reasonable?
- Why does this always happen on a weekend?



# Unattended Consequences

- Outbreak status extended
- Family visitations impacted
- Because of the need for a precautions will be a potential disruption to this resident and others (including moving their rooms to meet the need for isolation)
- Not having a more definitive diagnosis, with consideration of the particular clinical circumstances of the situation, as opposed to unmovable decisions determined by protocol.
- Additional clinical workup (i.e., x-rays, medications, labs, etc.)

# Lessons Learned – Putting the Puzzle Together



- In line with DPH guidance for recovered individuals in long-term care settings (10/16/20), isolation is not recommended for this individual based on the 2/13 positive result.
- DPH Guidance, October 16
  - <https://www.mass.gov/doc/considerations-for-caring-for-covid-19-recovered-residents/download>

# Discussion

- How are you *designing for success* by impacting staff choices?
- Where are some areas in which you can make the design more intuitive to improve it?
- What are some of the modifications you have made to your physical environment to keep people safe and prevent the spread of COVID?
- Challenges