

Effective Leadership and Communication during COVID-19

Cohort 6 Session 9

January 28, 2021

1:00 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

Ice Breaker (5 min)

Follow-up from Session 8 – Staff Returning to Work Safely during COVID-19 (5 min.)

Effective Leadership and Communication during COVID-19 (20 min.)

Breakout # 1: Effective Leadership Rounds and Huddles (10 min.)

Breakout # 2: Case Study (15 min.)

Wrap-up and Poll (5 min.)

Questions & Answers (30 min.)

Warm-up Ice Breaker

Name the City



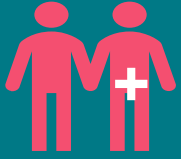
David Young-Hong
The Boston Home

Name the Country



Keith Beers
Spaulding Brighton

Session 8 Follow Up: Staff Returning to Work Safely



Symptomatic Infection:

- *14 days have passed since symptoms first appeared 24 hours since last fever without the use of fever-reducing medications, AND
- Symptoms improved

Asymptomatic Infection

- *14 days



Prolonged/Close Contact w/confirmed COVID-19 Positive & PPE protocol not followed:

- Exclude from work for 14 days after last exposure

Staff member had any other exposure

- No work restrictions
- Continue routine symptom monitoring and routine testing



Household with a person with confirmed Covid-19 during their infectious period.

CDC Guidance:

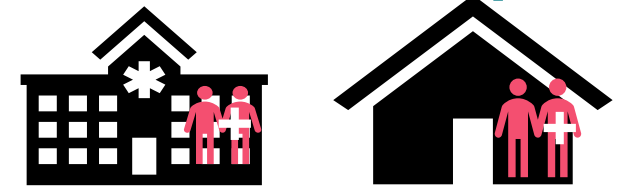
- Quarantine for 14 days.
- If symptoms arise, transition to return-to-work guidelines for symptomatic cases.



- Staff up early
- Identify Key Staffing Dashboard metrics
- Do not forget about support staff (i.e. housekeeping, dietary, supply, etc.)
- Communicate it is okay to call out sick
- Up to 35% of people with COVID-19 are asymptomatic
- Infected staff are one of the primary ways that COVID-19 is spread

Session 8 Key Take Aways: Staff Returning to Work Safely

- Up to 35% of people infected with COVID are Asymptomatic
 - Infected staff are one of the primary ways COVID spreads
- Knowing and following Staff Returning to Work guidelines is one key way to keep our homes safe
 - Do not forget about Support Staff
- Reviewed the 4 Main Return to Work scenarios:
 - After symptomatic or asymptomatic Infxn
 - After Confirmed Exposure at Work or at Home
- Reviewed what counts as Exposure (< 6 ft & > 15 min & PPE gap)
 - To minimize work exposures, remind staff to ask residents to wear masks when they are receiving care
- Time-based (NOT test-based) strategy is the recommended best practice
- Be proactive: Staff up early and leverage your staffing dashboard metrics
- Communicate it is OKAY to call out sick



Leadership and Communication during COVID 19

Adapted from
David Farrell, MSW, LNHA

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Joining Us Today

Melissa L.P. Mattison, MD, FACP, SFHM

Dr. Mattison is a graduate of Tufts University School of Medicine; she completed her training in internal medicine at Beth Israel Deaconess Medical Center and geriatrics fellowship at the Harvard Division on Aging. She has clinical experience working in long-term and post-acute care and currently is the chief of hospital medicine at Massachusetts General Hospital (MGH). She has developed and implemented a number of quality improvement programs to optimize the care of older adults experiencing illness, including strategies to mitigate the challenges of care transitions from the acute to the post-acute setting. She created the nation's first two ECHOs focused on older adults in post-acute and long-term care (ECHO-Care Transitions, and ECHO-AGE respectively). Currently, she works clinically in the inpatient setting and leads a team of 100 physicians and 40 APCs caring for 15% of all hospitalized patients at MGH.

Nursing Home in the Time of COVID 19



**Like a cruise
ship**



**Fear and
moral
distress**



**Conflicting
mandates**



Testing



**Ever
changing
guidance**

Nursing Home Leadership during Turbulent Times

- Emotionally demanding
- Overwhelmed
- Growth Opportunity



How Do You Want to be Remembered After This?

- Flexible
- Validate, support, encourage
- Act calm
- Present
- Listened
- Engaged
- Showed Compassion

How do I want my staff to remember me after all of this passes?



What do you want your team to say about you?

How can you be a respected leader?

- Share everything that you know – be honest!
- Be present and visible
- Share best-practices, citing sources/data when possible and appropriate
- Be consistent and predictable
 - Avoid special “deals” for specific employees / promote fairness & equity
- Set reasonable expectations
 - can’t ask for more if your team is already maxed out

Staying on Top of All of the Changes

AHCA Updates

Consumer Voice

AMDA

IHI Best Practices and Tips

LTC News, Skilled Nursing News

Research Studies

Expert Testimony at Hearings...

CDC Infection Control Updates

CMS Regulatory Changes

DPH Guidance Changes

MASS Health Regulatory Changes

Media/News Articles

Regulatory Pearls – Reporting & Notifications

- CMS requires notification of new COVID-19 positives (staff and/or residents) to families, residents and staff by 5PM following calendar day
- CDC's National Healthcare Safety Network (NHSN) at a minimum weekly
- DPH Epidemiologist (MAVEN)
- Local Board of Health

Peer Leadership – “The Influencers”

Who is the person/people without official titles you have seen that have been peer leaders?

What makes them a leader?

What Effective Leaders Do

1. Show and practice empathy; know your team

Check in with staff – what does this person need? What do all need?

- ✓ Place to eat/hydrate, food
- ✓ Groceries
- ✓ Place to stay

2. Be proactive – Step up

Ask your frontline workers what they need to be successful

- ✓ Reach out to families of vulnerable patients

3. Use creativity to solve challenges and create opportunities

- ✓ Ex: Are there ways to optimize sick and quarantine pay policies?

What More Can Leaders Do?

COVID-19 Huddles

- **Ensure everyone has the same information so that all**
 - *can pitch in and work together*
 - *understands the environment (e.g., who tested positive or negative and who is on watch list)*
 - *knows the interventions that work and how to access best practice*
- **Promote collaboration so that everyone:**
 - *has a voice*
 - *is a part of problem-solving*
 - *feels valued*

Communication Pearls and Guides

- **Be transparent and honest**
- **Listen and value all feedback, no matter how hard to hear**
- **Demonstrate commitment to your team and mission**
- **Communicate in a variety of formats to reach all**
- **Celebrate all wins – no matter how big or small**

Effective Leadership Rounds and Huddles - Breakout # 1

- We will break into 3 groups for 10 minutes
- One person offer to take notes and report back
- Address both questions
- You will automatically return to this room

Questions for breakout discussion #1:

Remember running “COVID Huddles” for your team in Spring 2020

- How did you manage COVID rounding/huddles?
 - What were some of the challenges?
- How did you adjust the process to overcome the challenges?

Case Study (continued)

- What do you believe are the top three most important qualities for Patty has a leader in this situation?

- Integrity
- Innovation
- Honesty
- Active Listening
- Self-Confidence
- Visionary
- Strong Communicator
- Delegation
- Decisiveness
- Problem Solving Skill
- Fairness
- Inquisitiveness
- Humility
- Kindness
- Self-Discipline
- Change Agent
- Passion
- Resilience
- Taking Ownership
- Supportiveness
- Tech-savvy
- Empathy
- Adaptability
- Poise

- If you were to give Patty one piece of advice about leadership, what would it be?

What to expect next...

Next Session: **February 4, 2021**

Topics:

- Session 10: The Role of CNAs

Send in your facility's best practices/challenges by Monday, February 1, to Marina Renton (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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