Interprofessional Team Management of COVID 19 In Nursing Homes

Cohort 8 Session 11

February 12, 2021

11:00 AM

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 - Vaccine Clinic

Interprofessional Team Management of COVID 19 in Nursing Homes

Case Study and Chat Waterfall

Quality Improvement/Model for Improvement

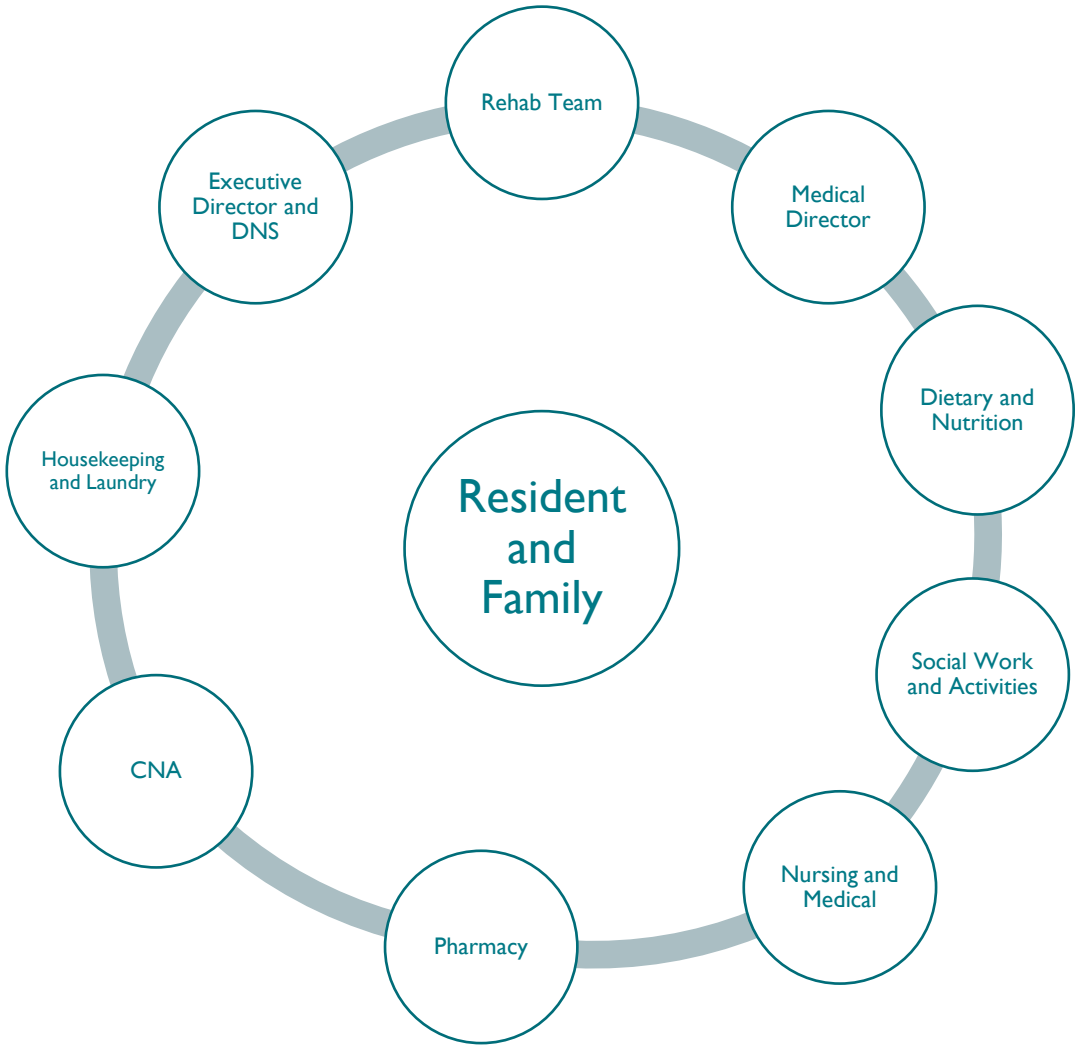
Wrap-up and Poll

Questions & Answers

Vaccine Clinic Follow Up

Interprofessional Team Management of COVID 19 In Nursing Homes

The Interprofessional 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 - _____

Interprofessional Team Management: Mr. Anthony Delgado

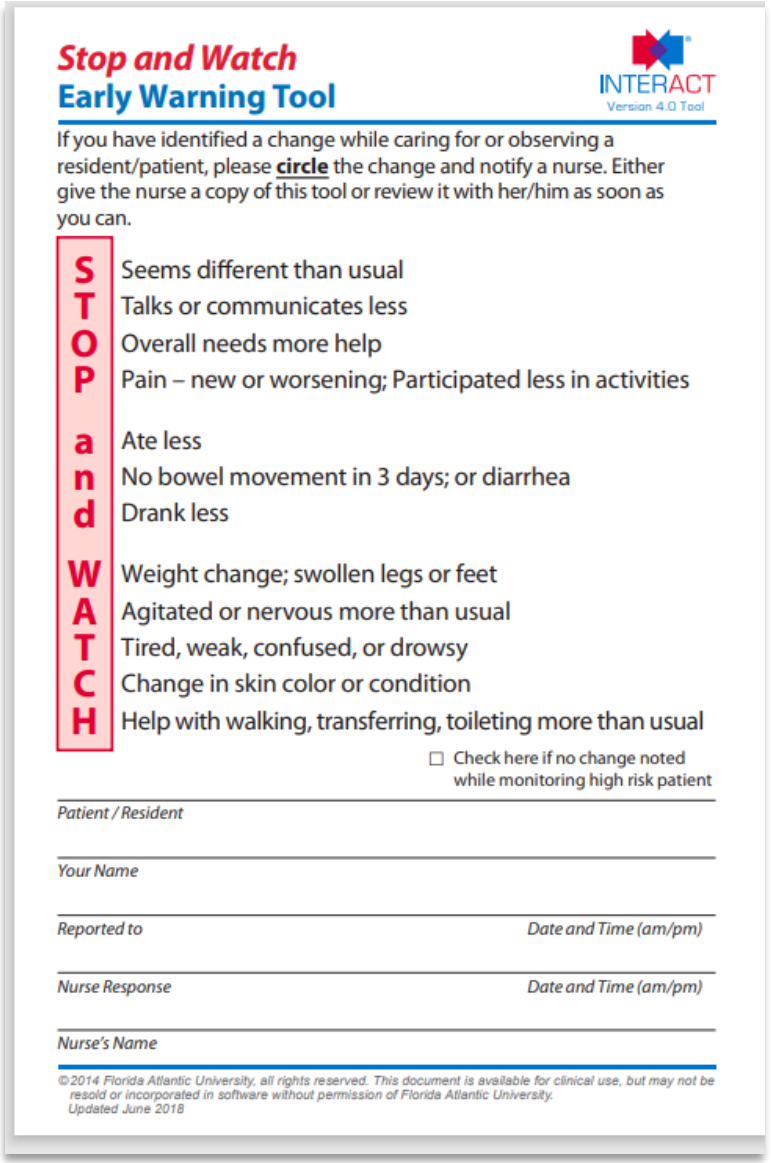
- 78 year-old long stay resident tests COVID positive during outbreak testing
- Initially asymptomatic
- Transferred to COVID positive unit where he develops fever and lethargy two days after transfer
- Case is reviewed during morning meeting and plan includes:
  - Increase vital sign monitoring to every 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
  - Labs ordered to rule out secondary bacterial infection
  - CXR to rule out pneumonia
  - 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)
- SBAR
  - Situation-Background-Assessment-Recommendation
  - Framework for communication between members of the health care team



Stop and Watch
Early Warning Tool

INTERACT
Version 4.0 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

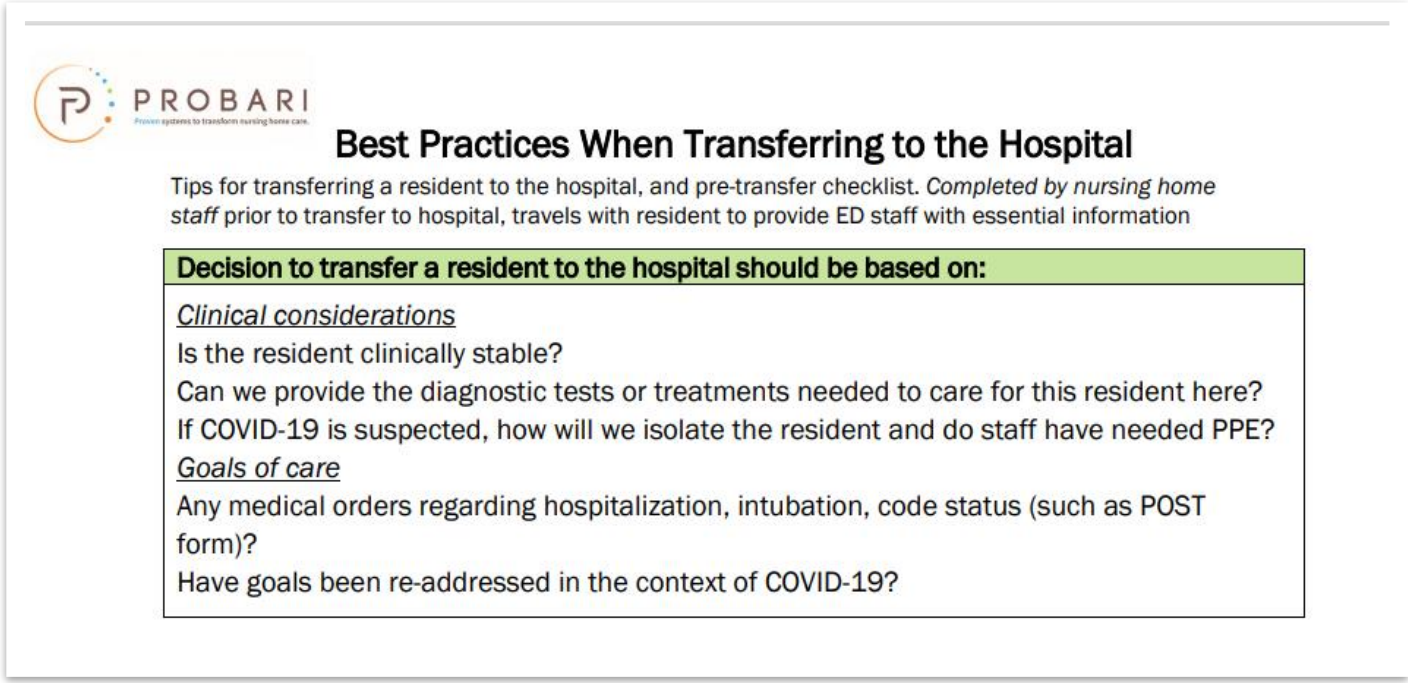
Updated June 2018

Pause and Reflect

- How does this clinical scenario compare to your experiences to date in treating COVID positive residents?
- What is the same?
- What is different?

Hospitalization: Clinical Indications

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



PROBARI

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

Promising Treatment in Nursing Home: Monoclonal Antibody Therapy

https://youtu.be/JLLFKDFoHd4

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Chat Waterfall

- We will ask you **two questions** about how we might leverage the group expertise:
- 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:
  - Which members of the interprofessional team are responsible for each of these care plan activities?
- 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 question:
  - How can all members of the interprofessional team be engaged in monitoring?
- 3-2-1 BEGIN

The Model for Improvement PDSA Cycles

Martha Hayward

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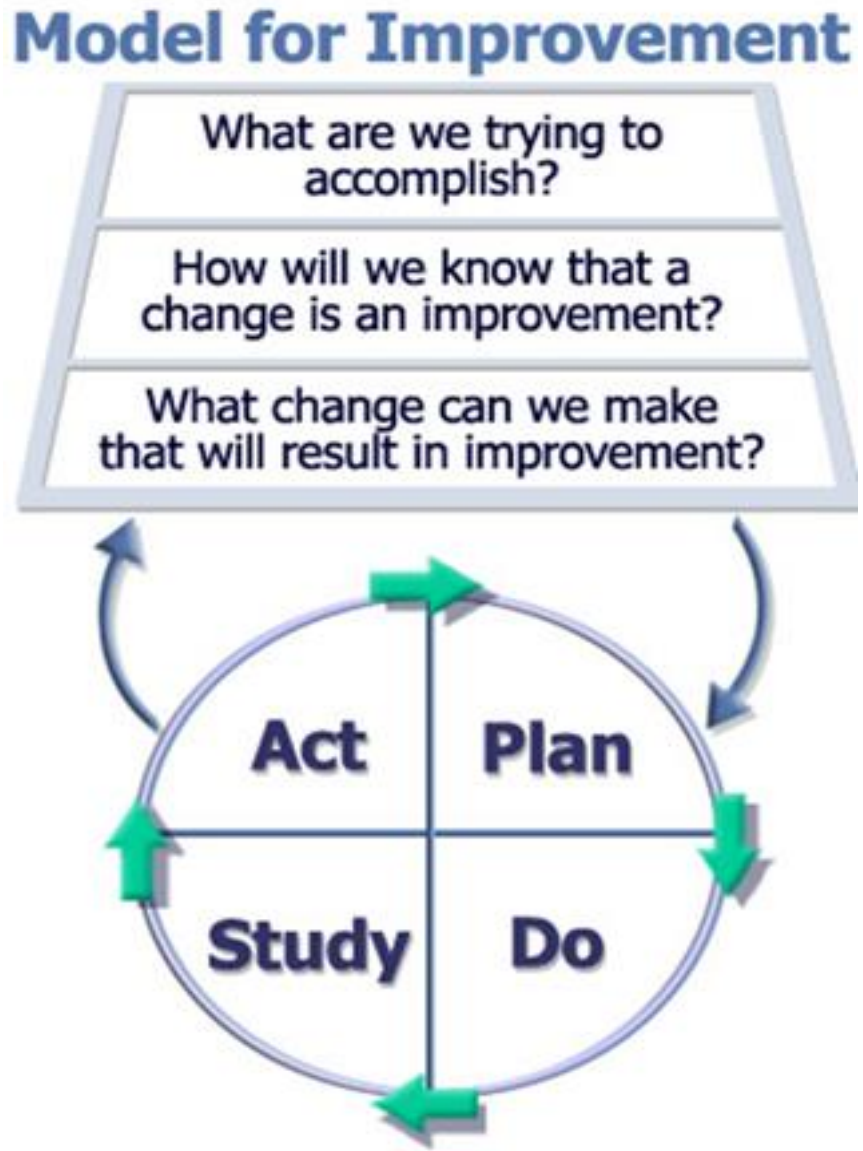
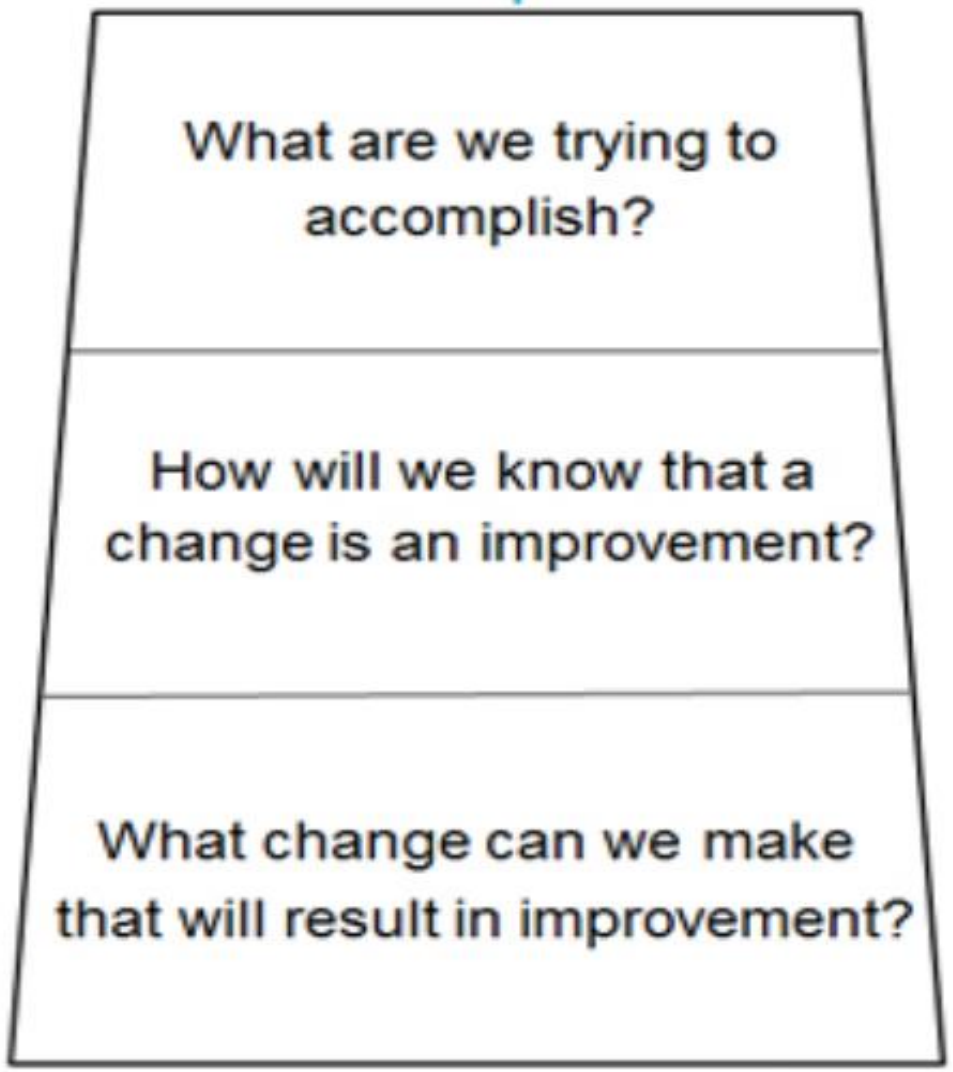
Training Hub Logo


Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
Act
Plan
Study
Do


We try harder.®

Model for Improvement



Setting Aims

The aim should be time-specific and measurable; it should also define the specific population of patients or other system that will be affected.

Establishing Measures

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

Selecting Changes

Ideas for change may come from those who work in the system or from the experience of others who have successfully improved.

Plan Do Study Act - PDSA

Testing Changes

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method adapted for action-oriented learning.

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

PDSA Example – Engaging Patients

- Knock
- Introduce
- Sit
- Ask question

What improvements are you making?

- Who is on your team?
- What is your aim?
- What will you test?
- What will you measure?

What to expect next…

Next Session: **February 19, 2021**

Topics:

- Session 12: Promoting Safe Care Transitions 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?