

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

Cohort 8 Session 14

March 5, 2021

11:00 AM

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Home COVID-19 Action Network**



Today's Agenda

Follow-up from Promoting Safe Visitation during COVID-19

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

Case Study

Performance Improvement Discussion & Breakout Rooms

Wrap-up and Poll

Questions & Answers

Follow-up on Promoting Safe Visitation during COVID-19



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

Key Elements for Ensuring a Safe Environment

Physical Environment

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

Monitoring Safety

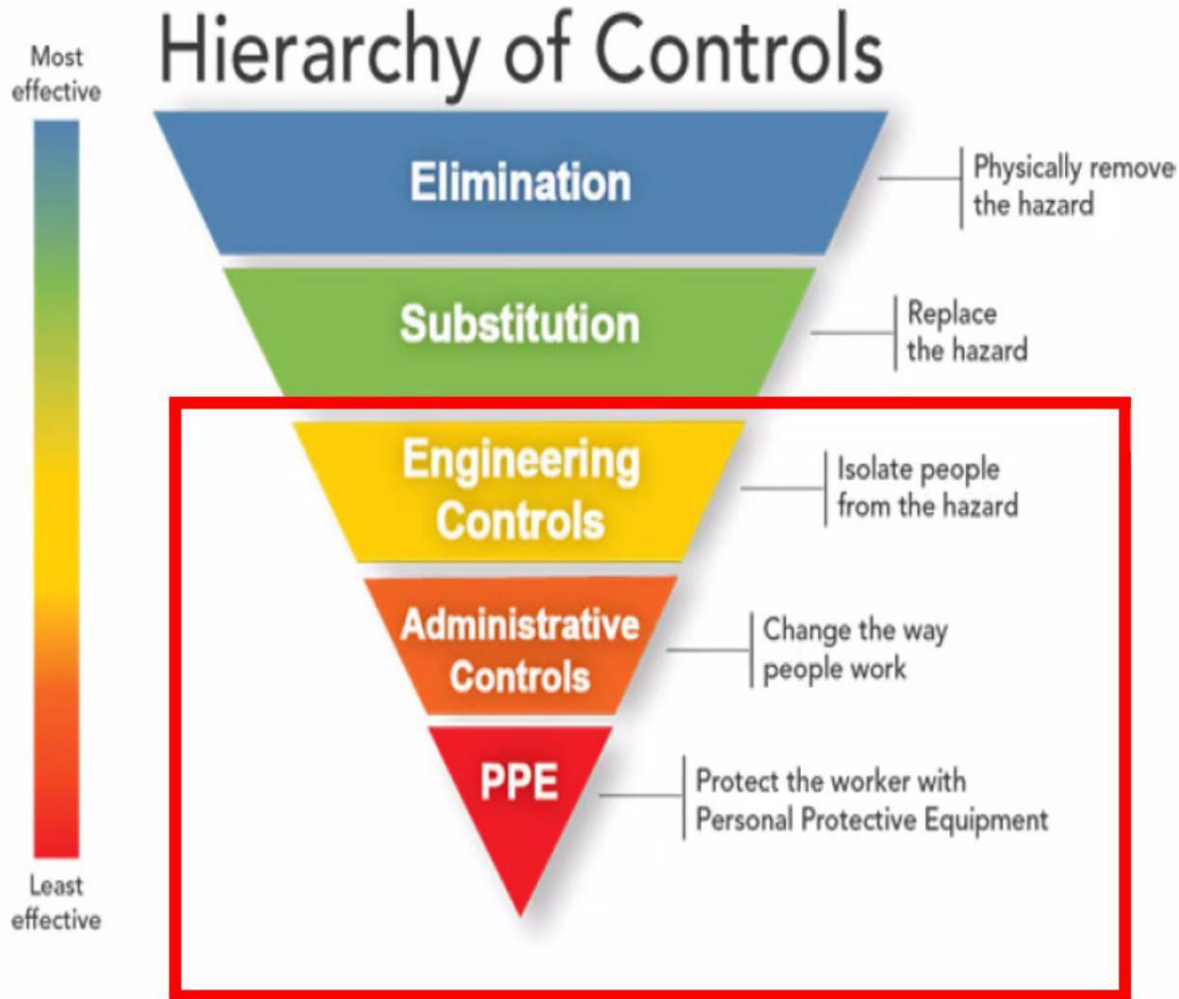
- Rounding
- Photos for QI

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!

Considerations: Physical Environment

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”**

Considerations: Physical Environment

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

Considerations: Physical Environment

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



Consideration: Physical Environment

Cleaning & Disinfecting

CDC Recommendations:

- 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
- Use dedicated medical equipment whenever possible
 - If not possible, clean AND disinfect prior to use with another resident
- Always follow facility policies and procedures for cleaning and disinfection
- First clean and then disinfect with EPA List N disinfectant
- Laundry, Food Service Utensils and Medical Waste can all be managed using routine procedures

Enhanced Cleaning Technology

- Electrostatic sprayers
- UV Disinfection Lighting

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

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
Resident Room - Confirmed COVID-19			
Preparation			
1. Prepares disinfectant to be used in cleaning and disinfecting resident room following product label			
a. EPA-List N			
2. Performs Hand Hygiene			
Donning of Personal Protective Equipment			
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			
Resident Room			
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			
Removal of Personal Protective Equipment			
Gloves			
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			
Gown			
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			
Exit Room after Glove/Gown Removal			
Perform Hand Hygiene			
Goggles/Face Shield			
1. Removes goggles/face shield using care to pull away from face not to touch front of shield or goggles			
Mask or Respirator			
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			
Medical Equipment			
1. Cleaning and Disinfection of medical equipment is performed following manufacturer's instructions and use of EPA List N Disinfectant			
Comments			

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
- 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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Discussion: Best Practices

- Signs, signs, and more signs! We have signage outside every room to indicate the proper PPE to be used for that specific room. We also have signs reminding to maintain social distance, and those signs are also located in our lobby for visitors who visit with their loved ones in our conference room right off the lobby.
- In the visiting area, we have seats already lined up 6 ft apart, as well as PPE and ABHR readily available for hand hygiene.
- Communal dining,- red X marks on the floor of the resident dining rooms
 - We have a bag for their masks labeled with their name that they can store their mask in while eating, and be able to put back on once done.
- Our PPE for staff donning at start of shift is right in the same room as our screening to start work, on big metal shelves where their re-usable protective eyewear can be stored.
- Protective eye wear is stored in a breathable (open) plastic bag, labeled with their name.
- There are SIGNS indicating the exact steps for donning right there, as well as the procedure for doffing at the doffing station when leaving work. The signs are clear, bright, and with numbered steps easily understandable for all.
- Currently in surgical masks unless on COVID unit (fit-tested N-95 for COVID unit) and they are thrown away at end of shift. No re-using masks at this time.
- Huge dry erase board on each unit in an easily viewable area, that is updated regularly with reminders for PPE, as well as the facilities status, and any reminders related to breaks in infection control so to avoid these breaks in re-occurring.

Discussion: Challenges

- We are having an issue with staff members letting outside personnel in through the basement (which is currently ONLY for regular employees), and therefore they don't screen in properly per our current protocol. Luckily, they know our protocol and went straight to where they needed to go to properly screen in as a "visitor", but if this was anyone else this would be a problem. So, I in-serviced both units immediately, and added in tips that if you don't recognize the face send them out front. We are working on this, but this is currently a challenge we face.

Your Visitation Innovations



Dwyer Home

Your Built Environment Innovations



Kelsey Oliveira

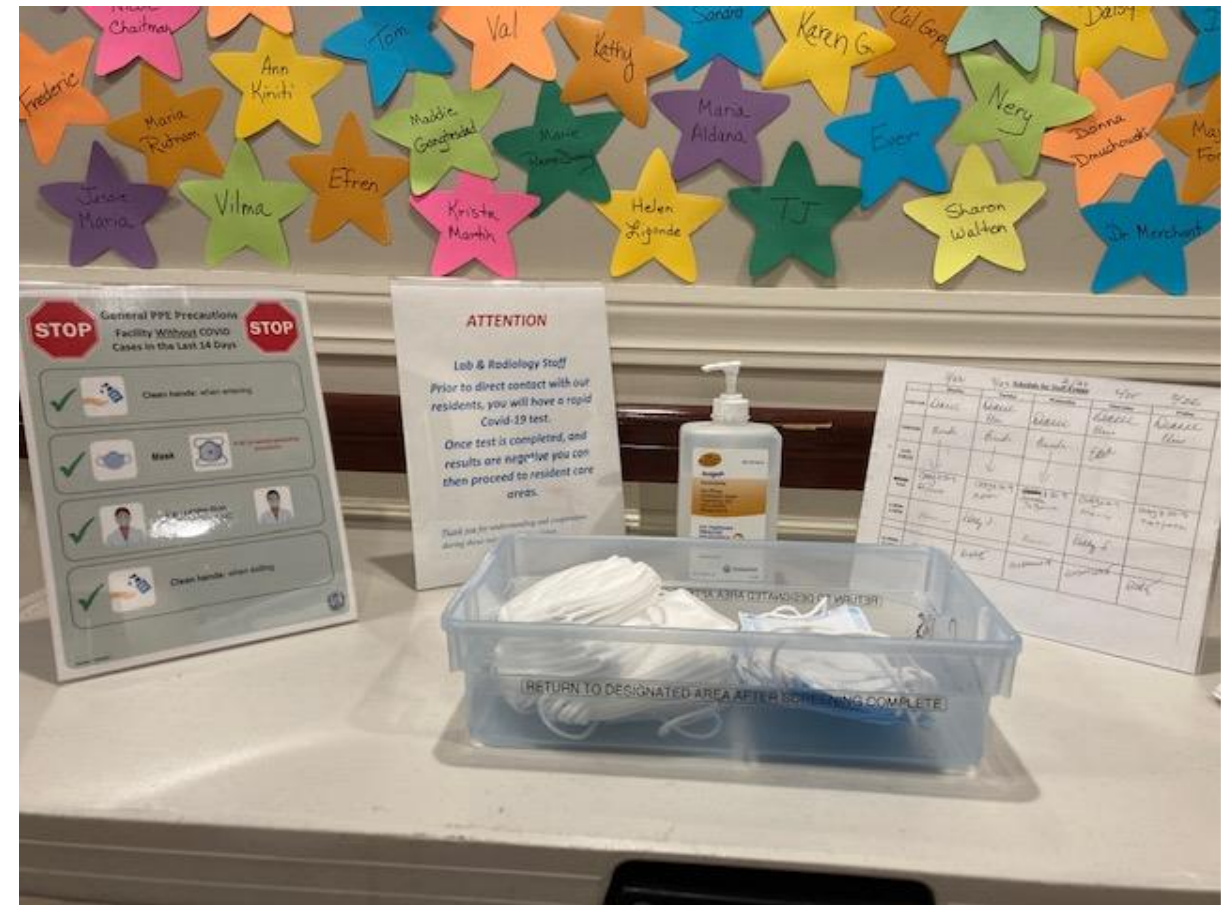


Your Built Environment Innovations



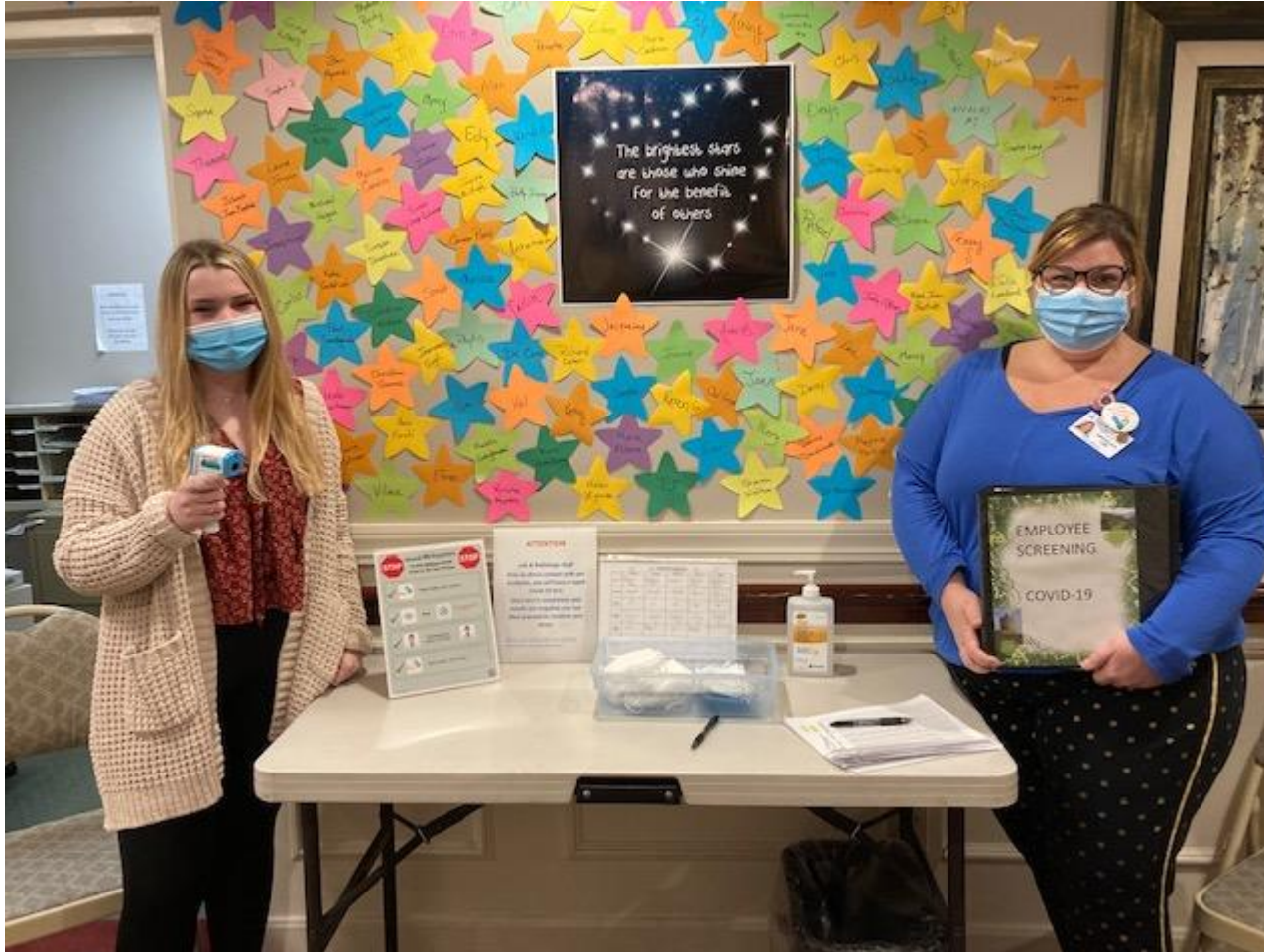
Anne Brennan and Christine Lilley

Your Built Environment Innovations



Anne Brennan and Christine Lilley

Your Built Environment Innovations



Anne Brennan and Christine Lilley



Front Lobby



Cinema Room



Courtyard



Main Dining Room – 6 Feet Apt.



Courtyard: Outside Visitations



Quarantine Room



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. 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. 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
Patient Exam/Treatment Rooms:						
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 disinfectant 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

A Picture Speaks a Thousand Words

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

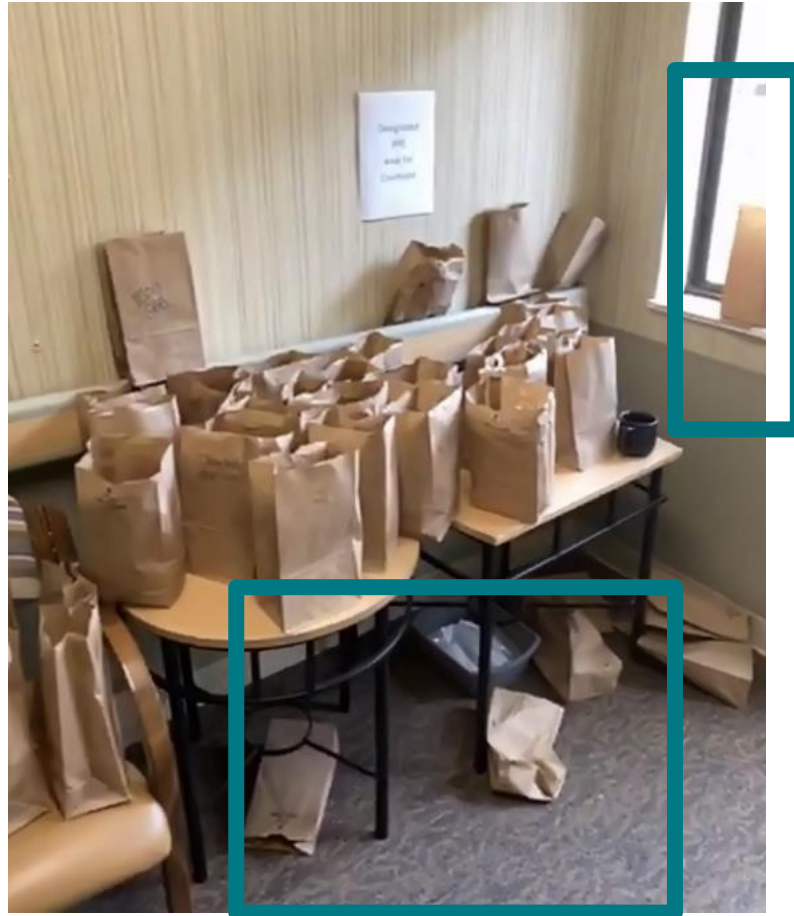
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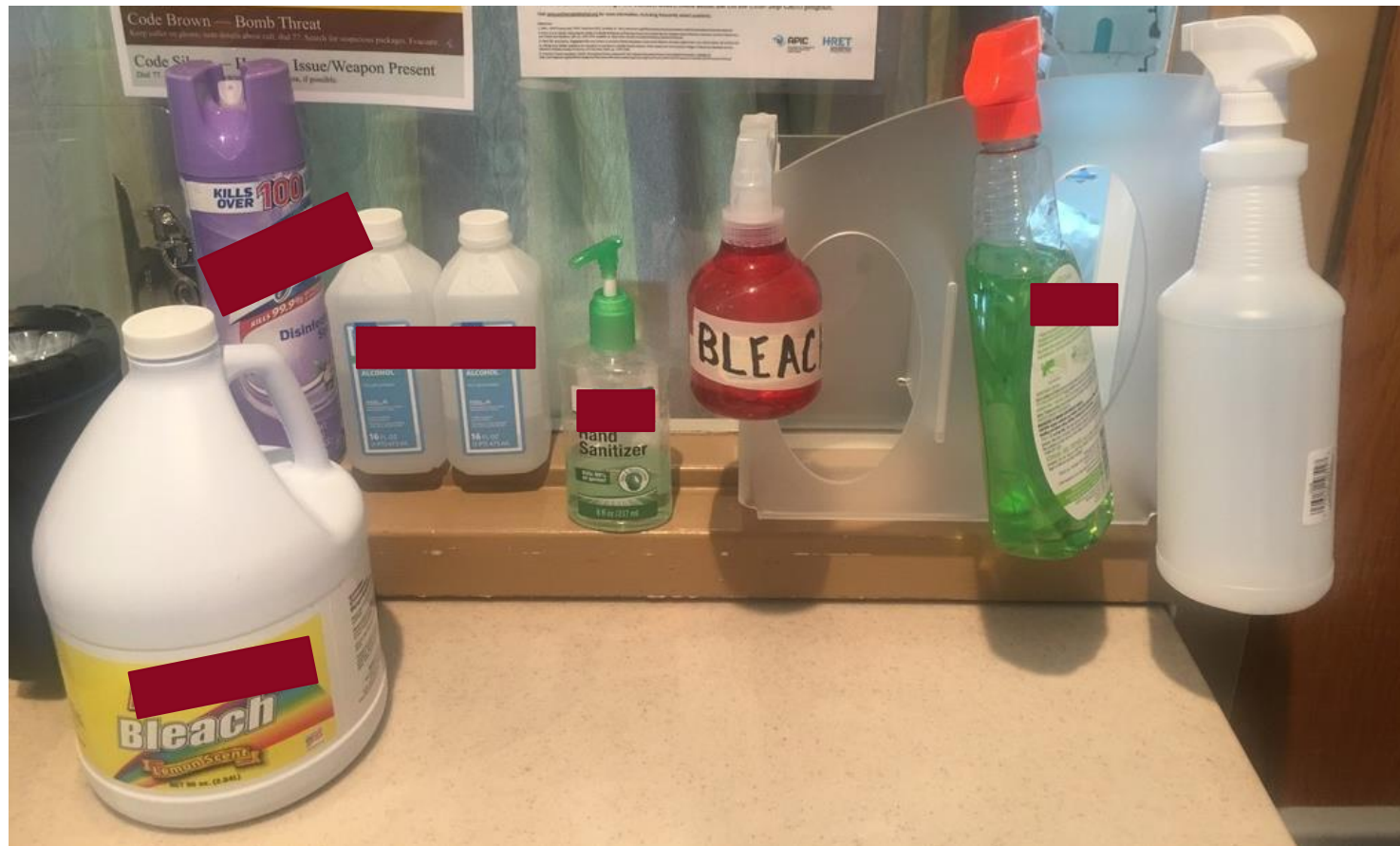
Keeping an ‘Eye’ on Care Practices and Photography

- 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 Opportunity



Improvement Opportunity



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 Safety

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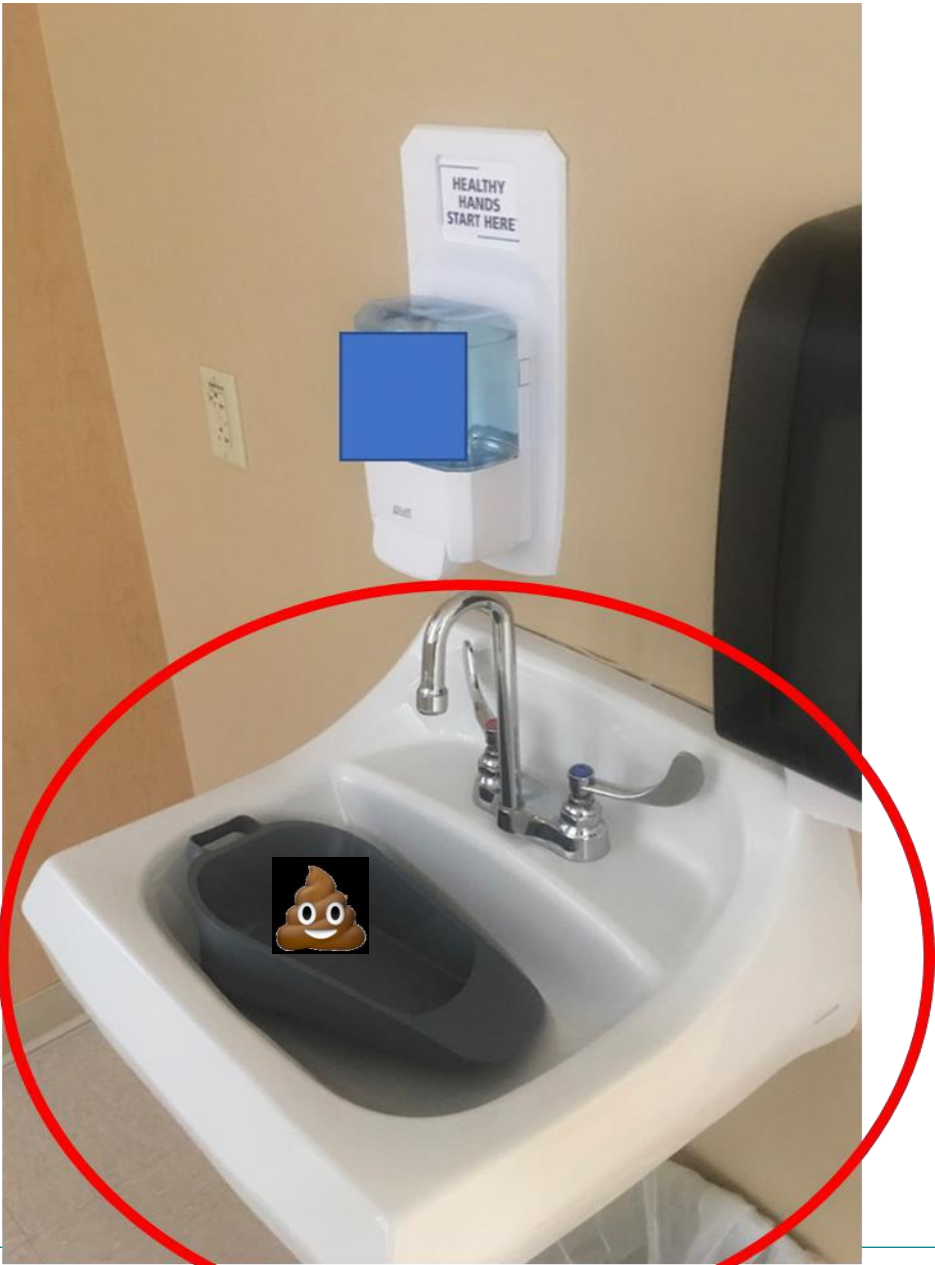


Communicating to Your Colleagues

- Keep the emotion out of the discussion; may want to vent with a friend, first
- In a timely manner, share findings with your leadership team.
- Be tactful, speak softly, with findings
- Share the reason why the correction is needed
- Keep the emotion out of the discussion
- Try to have the staff member make the corrections; reinforces positive, future behaviors
- Pictures, **taken per facility policy**, may be helpful.

Discussion

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



Performance Improvement

Martha Hayward, IHI

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Improvement teams

Martha Hayward, IHI

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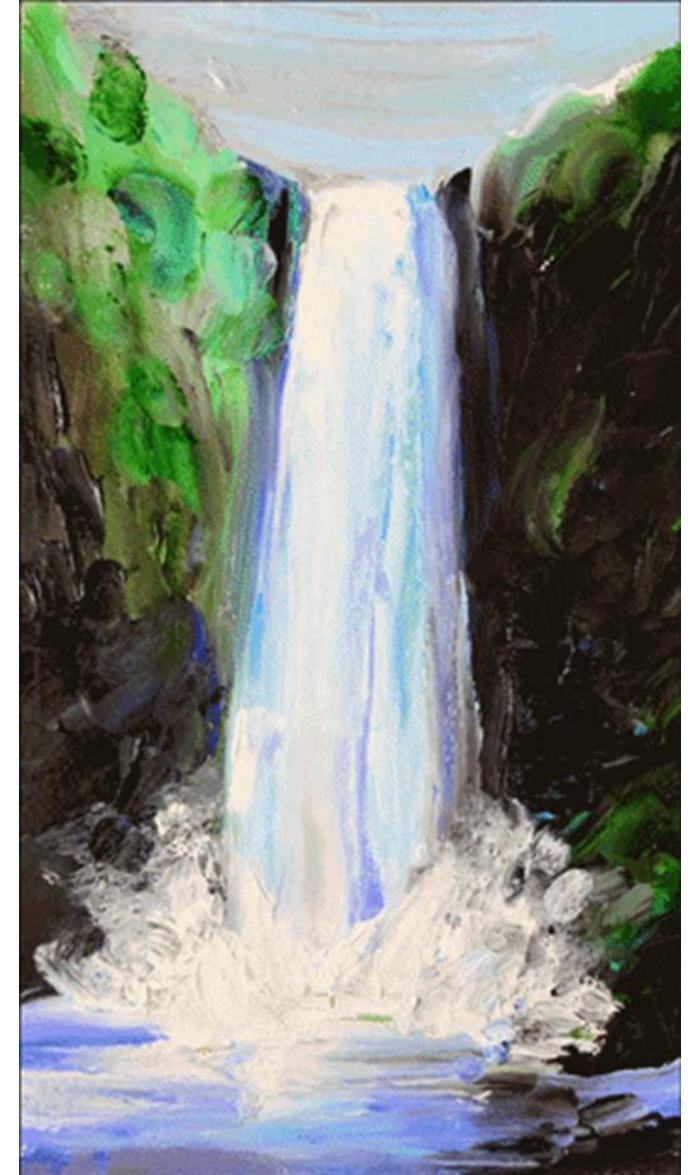
QAPI Temperature Check

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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!



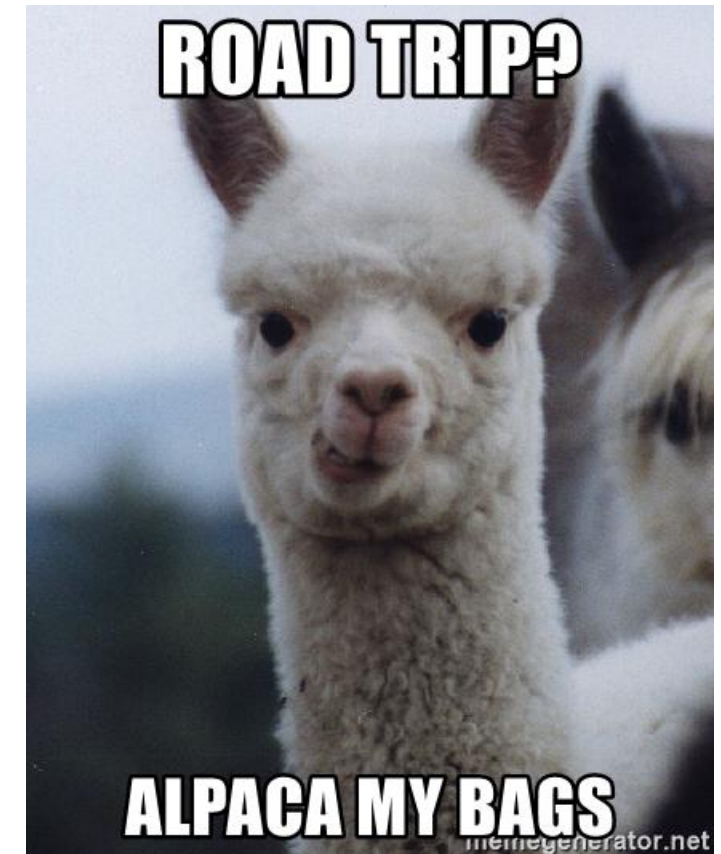
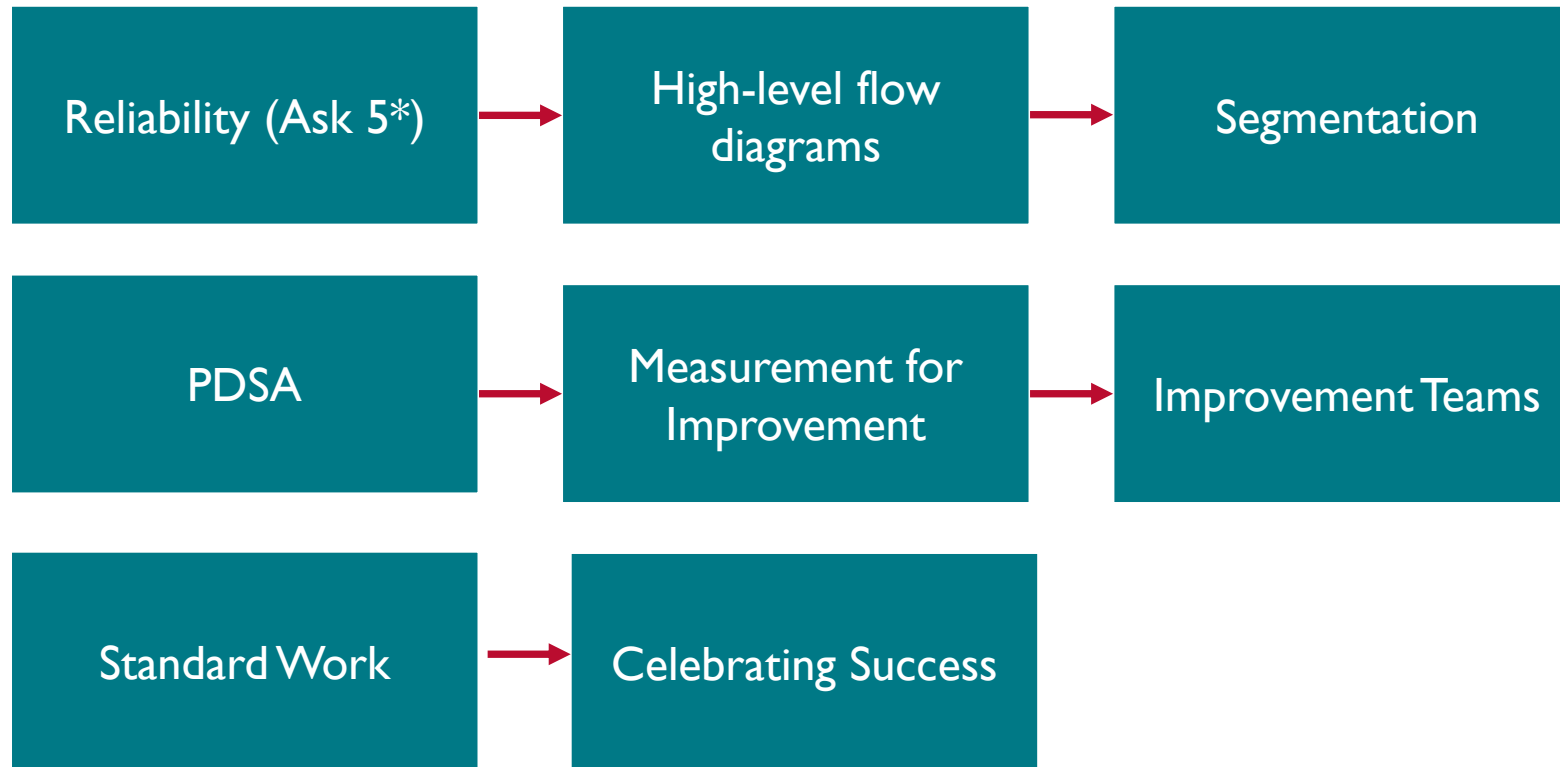
Last Name Between A-K

- 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

The QI Journey



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

QAPI Committee vs. Improvement Team

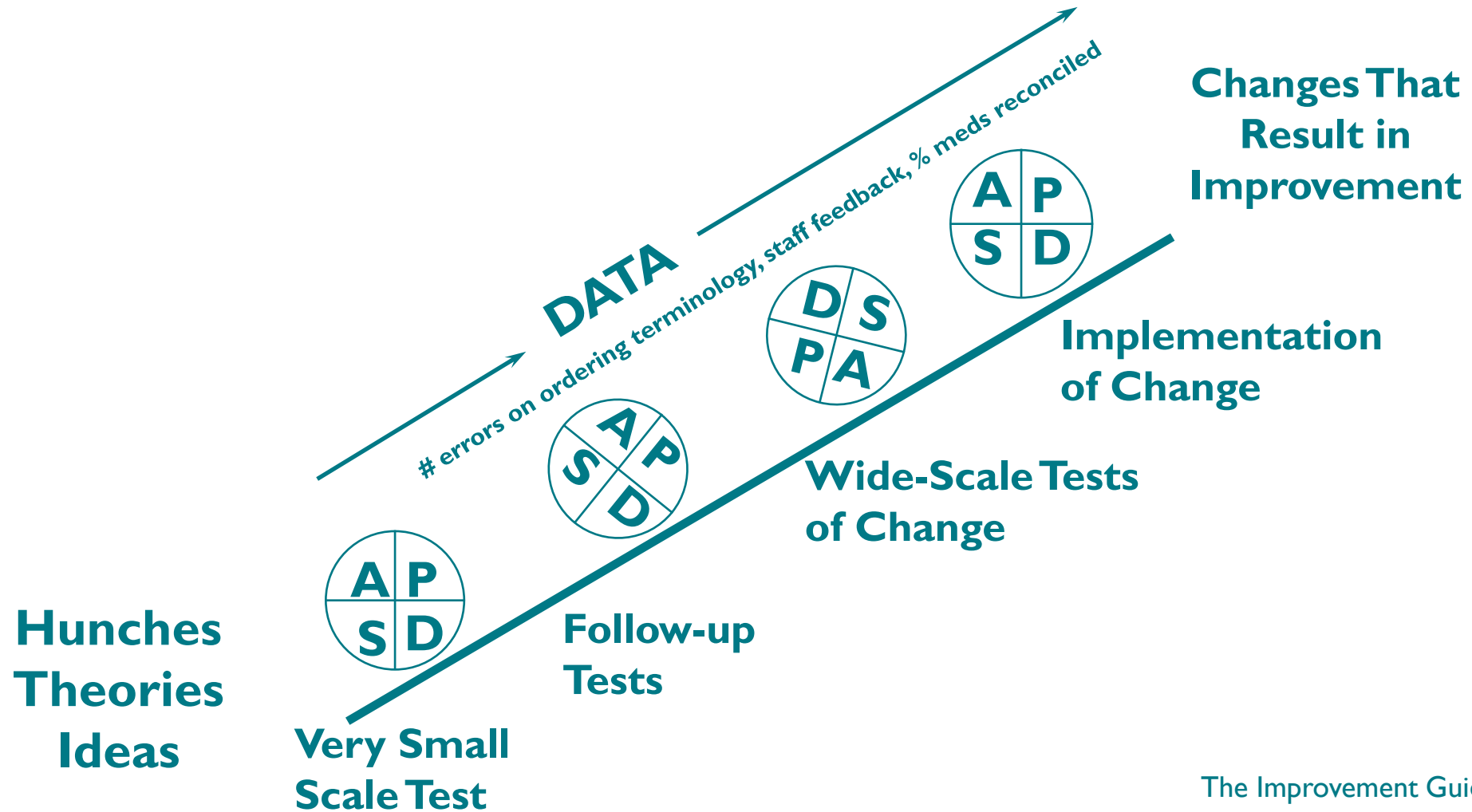
■ QAPI Committee

- 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: **CELEBRATION**

What to expect next...

Next Session: **March 12, 2021**

Topics:

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

Tabitha Fineberg @ Tabitha.Fineberg@hsl.Harvard.edu

Wrap Up and Poll

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



Questions?

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